Unifying Compensation:
The Lehigh Valley Physicians Group Experience

American Medical Group Association
Orlando, FL
March 15, 2013

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Chair, Compensation Committee

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Physician Executive Director
Lehigh Valley Physician Group
Conflicts

- No real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of this CME activity.
LVPG Compensation Journey

- **Overview**
  - Area
  - Lehigh Valley Health Network
  - Lehigh Valley Physician Group

- **Baseline**
- Compensation I
- Compensation II
- Compensation III
- Summary
Lehigh Valley Health Network

- Premier academic community hospital
- 90 miles west of New York City
- 60 miles north of Philadelphia
- University of South Florida College of Medicine
  - Regional campus
Who We Are

- Largest academic community hospital in PA
- 3 hospital campuses
- 981 acute care beds
- Revenues of $1.8 Billion
- 54,056 admissions
- 173,678 ED visits

- Magnet Hospital
- Employees – 11,967
- Medical Staff – 1,193
- Largest Level 1 Trauma Center in region
- Certified Comprehensive Stroke Center
Awards and Recognition

- Top Hospital in 2011

Incl. 65 out of 1200

THE LEAPFROG GROUP

Informing Choices. Rewarding Excellence.
Getting Health Care Right.

4th year in a row

Recognized for 17 consecutive years
<table>
<thead>
<tr>
<th>Year</th>
<th>Milestones</th>
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| 2008 | • America’s Best Hospitals for digestive disorders, geriatrics, and heart care and heart surgery- U.S. News & World Report  
• Nation’s Highest Heart Attack Survival Rate-Centers for Medicare and Medicaid Services (CMS)  
• Leapfrog Top Hospital- The Leapfrog Group  
• Burn Care Re-verification for Adults and Children-American Burn Association and the American College of Surgeons  
• Best 100 Companies to Work For-FORTUNE  
• 100 Best Places to Work in Healthcare-Modern Healthcare  
• Blue Distinction Center for Complex and Rare Cancers-Highmark Blue Shield  
• Top 100 Integrated Health Networks-Verispan  
• 100 Most Wired and 25 Most Wireless Hospitals & Health Networks  
• First LEED-Certified Inpatient Facility in Pa.- U.S. Green Building Council |
| 2009 | • America’s Best Hospitals for geriatrics, and urology-U.S. News & World Report  
• Pennsylvania’s Highest Heart Attack Survival Rate-Centers for Medicare and Medicaid Services (CMS)  
• Accredited Chest Pain Centers-Society of Chest Pain Centers  
• Best 100 Companies to Work For-FORTUNE  
• Leapfrog Top Hospital-The Leapfrog Group  
• Full Accreditation- Association for the Accreditation of Human Research Protection Programs (AAHRPP)  
• Outstanding Program Achievement Award-American College of Surgeons-Cancer Commission on Cancer (CoC)  
• Get With the Guidelines-Stroke Gold Performance Achievement Award-American Stroke Association  
• 100 Most Wired and 25 Most Wireless Hospitals & Health Networks  
• EPA Mid-Atlantic Region Environmental Achievement Award-U.S. Environmental Protection Agency  
• One of the 10 Best Hospitals in America-Becker’s Hospital Review |
| 2010 | • America’s Best Hospitals for geriatrics-U.S. News & World Report  
• No. 1 in PA and No. 2 in the Nation for Heart Attack Results-Centers for Medicare and Medicaid Services (CMS)  
• Top 5 Academic Medical Centers in U.S.-University HealthSystem Consortium (UHC)  
• NCI Community Cancer Centers Program-National Cancer Institute, U.S. National Institutes of Health  
• 100 Most Wired and 25 Most Wireless Hospitals & Health Networks  
• Top 100 Integrated Health Networks-SDI  
• Leapfrog Top Hospital- The Leapfrog Group  
• One of the 30 Best Hospitals in America-Becker’s Hospital Review  
• 100 Best Places to Work in Healthcare-Becker’s Hospital Review  
• Carolyn Boone Lewis Living the Vision-American Hospital Association (AHA)  
• American Hospital Association  
| 2011 | • America’s Best Hospitals for endocrinology, gastroenterology and geriatrics-U.S. News & World Report  
• No. 1 and No. 2 Hospitals in the Region-U.S. News & World Report  
• Magnet Hospital redesignation for nursing excellence-American Nursing Credentialing Center  
• Top Performer on Key Quality Measures-Joint Commission  
• Architecture and Design Award for environmentally friendly health care-GreenCare  
• Top 100 Integrated Health Networks-Verispan  
• 100 Most Wired Hospitals-Hospitals & Health Networks  
• NCI Community Cancer Centers Program (NCCCP) redesignation-National Cancer Institute, U.S. National Institutes of Health  
• 100 Best Places to Work in Healthcare-Becker’s Hospital Review  
| 2012 | • America’s Best Hospitals for gastroenterology, orthopedics and pulmonology-U.S. News & World Report  
• Leapfrog Top Hospital-The Leapfrog Group  
• Accredited Chest Pain Centers-Society of Cardiovascular Patient Care  
• 100 Most Wired Hospitals-Hospitals & Health Networks  
• NCI Community Cancer Centers Program (NCCCP) redesignation-National Cancer Institute, U.S. National Institutes of Health  
• 100 Best Places to Work in Healthcare-Becker’s Hospital Review  
• Computerworld Honors Laureate-Computerworld Magazine  
• VHA Leadership Award for Supply Chain Management Excellence-VHA  
• HealthGrades Emergency Medicine Excellence Awards (LVH and LVH-Muhlenberg)-HealthGrades  
• Certified Comprehensive Stroke Center-Joint Commission |
Lehigh Valley Physician Group

- Subsidiary of LVHN (501c3)
- Started in 1994
- Currently 600 physicians + 275 APCs
- 145 practice sites
- 400,000+ unique patients
  - Almost half the population of our primary service area
- 2,600+ employees
- Anticipate growth to 1,000 providers by year end
  - Over 50% of LVHN’s medical staff
  - Touch over 80% of LVHN inpatients
- Projects for 1.8 million visits/year
- $400M operating budget (almost 25% of LVHN)
LVPG Compensation Journey

- Overview
- Baseline
  - Old compensation plans
- Compensation I
- Compensation II
- Compensation III
- Summary
Old Compensation Plan Philosophy

- **Market-based**
  - By specialty
  - Survey data from 3 independent sources

- **Customization**
  - Adjust for team or individual performance
  - Consideration of other factors
    - Program-based achievements and development
    - Academic roles (non-wRVU generating)
Old Compensation Plan Types

- Base salary + wRVU incentive 10%
- Base salary + wRVU incentive + goals bonus 16%
- Guarantee (12 - 24+ months) 6%
- Salary 10%
- Per-Diem 10%
- >50% wRVU based 14%
- Base salary + goals bonus (non wRVU) 34%
### Physician Compensation Survey Data

**Year Published:** 2008,  **Data Year:** 2007  
**Specialty:** Family Practice (w/o OB)  
**Department:** Family Medicine  
**PRIMARY CARE**

#### TOTAL CASH COMPENSATION SURVEY DATA

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>National Responses (n)</th>
<th>East Responses (n)</th>
<th>National 25th%ile</th>
<th>East 25th%ile</th>
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**Weighted Averages:**  
- **East 90th%ile:** $269,868
- **East 90th%ile:** $242,338

#### wRVU SURVEY DATA

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<thead>
<tr>
<th>Survey Name</th>
<th>National Responses (n)</th>
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**Weighted Averages:**  
- **East 90th%ile:** 6339
LVPG Compensation Journey

- **Overview**
- **Baseline**
- **Compensation I**
  - Clinical base salary
  - Value adjustment / Value reserve
  - Physician Incentive Plan
- **Compensation II**
- **Compensation III**
- **Summary**
Physician Compensation I

**Why re-design:**
- Rapid growth, resulting in 39 different comp plans
- Lack of aligned incentives
- Starting to impact LVPG’s financial performance

**Guiding Principles:**
- Fair market value pay across the specialties (productivity)
- Align incentives
  - Physicians, medical group, network
- Engage physicians
- Standard, transparent and consistent methodology
- Accountability
- Improved budget process and accuracy
Compensation I Plan

- “The Snowman”
  - Incentives
  - Productivity Adjustment
  - Base salary
Compensation I

- Base salary
  - Market-survey based:
    - 85% of median
    - Corresponding wRVU expectations
Compensation I

- **Value Adjustment (VA)**
  - Salary increase for high production & experience

- **Value Reserve (VR)**
  - Salary withhold & earn back
  - Metrics:
    - Growth
    - Citizenship
    - Costs
    - Quality
    - Education/Research
Physician Incentive Plan (PIP)

- Funded by each practice’s financial performance
  - Better than budget
- 50% of positive practice margin equals PIP $ pool
- Align incentives (practice, medical group, network)
- Eligibility:
  - Satisfactory performance evaluation score
  - Employed entire year
- Maximum distribution = 10% of salary
- Metric “switches” for distribution methodology
Metric Switches for PIP Distribution

Practice favorable "margin" 30%
  • Revenue – expense

LVPG favorable "margin" 40%
  • Revenue – expense

LVHN: Operating margin > budget 30%
LVPG Compensation Journey

- Overview
- Baseline
- Compensation I
- Compensation II
  - Review / Elimination of Value Reserve
  - CARTS
  - Measurement system
- Compensation III
- Summary
Compensation I Challenges

- Clinical base salary can be confusing & insulting
- Value Adjustment is difficult to predict
- Value Reserve is inconsistent and met with resistance
- PIP achievement met with skepticism
Value Reserve Solution

- Since withhold interpreted as a penalty…eliminate
- Incorporate basic expectations into performance evaluation
- Standardize performance metrics across LVPG:
  - **People** – LVPG meeting attendance (citizenship), professional development
  - **Service** – patient satisfaction, access/schedule standards
  - **Quality** – align w/ LVHN and PHO goals
  - **Cost** – achieve budget targets
  - **Growth** – align w/ department and LVHN goals
  - Education/Research - departmental
CARTS Model

- Clinical
- Administrative
- Research
- Teaching
- Strategic
Paycheck Salary

BASE SALARY
- 85% of Median Total Cash Compensation
- Fair Market Value survey publications

CARTS
- **Clinical:** Productivity greater than 85% of Median, based on $/wRVU
- **Administrative, Research, Teaching, and Strategy:** Budgeted FTE allocations and corresponding market-based stipends
PIP

- Aligns practice, LVPG, LVHN

- Guard against budget “gaming” with:
  - look at growth c/w prior year
  - survey data for comp & productivity benchmarks

- Opportunity to include APCs (PIP = Practitioner Incentive Plan) and staff (pilot)
End Result

I. Base Salary

II. CARTS

III. PIP

Salary

Total Cash Compensation
Measurement of Productivity

- Corridor System
- Salary Adjustments
- 4th Quarter Adjustment
Current Compensation Model

- Prospective planning of wRVU (budget)
- Corridor monitoring and reports
- Potential quarterly adjustments
  - First quarter +/- 15%
  - Second quarter +/- 10%
  - Third quarter +/- 5%
  - Fourth quarter +/- 1%
- Chair and Physician Executive Director of LVPG approval required for corridor adjustment relief
Corridor Salary Adjustments

- Adjustments to salary may be made if wRVU productivity in any quarterly review falls outside of the corridor range.
- Adjustments in Quarters 1, 2 or 3 are not retroactive.
4th Quarter Adjustment

- Within +/- 1% of budgeted wRVUs
  - No action required

- Outside +/- 1% of budgeted wRVUs
  - Requires salary adjustment
wRVU Above +1% Corridor

- 1% corridor threshold subtracted
- Difference between actual and budgeted wRVUs paid in lump sum
- Adjusted salary difference added to practice expense (for PIP calculation)
Example 1: Provider with 6000 wRVU finishes year 130 wRVIs (2%) better than budget. They would receive a clinical settlement payment for the salary difference.
wRVU Below -1% Corridor

- 1% corridor threshold added
- Difference between actual and budgeted is applied as a salary adjustment to next fiscal year
  - Salary adjustment occurs in 18 bi-weekly pay periods
  - Option to make shortfall in one-time salary adjustment
- Adjusted salary difference credited to practice revenue (for PIP calculation)
Example 2: Provider with 6000 wRVU target finishes year 160 wRVUs (-3%) worse than budget. They would receive a clinical salary adjustment for the next FY salary. The total salary adjustment would account for the difference the under the 1% corridor.

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<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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Settlement

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<tr>
<td>Salary commensurate w adjusted wRVU</td>
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Difference of adjusted and realized salary | -3500
# Impact of Compensation Plan II on LVPG Financial Performance

<table>
<thead>
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<th>FY</th>
<th>New Comp Plan (# Physicians)</th>
<th>PIP ($ payments)</th>
<th>LVPG Variance (c/w Budget)</th>
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<tbody>
<tr>
<td>’09</td>
<td></td>
<td></td>
<td>(5.38M)</td>
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<tr>
<td>’10</td>
<td>68</td>
<td>336K</td>
<td>(7.28M)</td>
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<tr>
<td>’11</td>
<td>130</td>
<td>1.09M</td>
<td>2.83M</td>
</tr>
<tr>
<td>’12</td>
<td>322</td>
<td>1.56M</td>
<td>4.52M</td>
</tr>
</tbody>
</table>
LVPG Compensation Journey

- Overview
- Baseline
- Compensation I
- Compensation II
- Compensation III
  - Evaluation of Productivity
  - Value-based Incentive
- Summary
Compensation II Challenges

- Expectation of \( \geq \) median work and meeting budget:
  - Applied to everyone
  - Gets impacted by strategic moves (with low output)

- CARTS
  - CARTS has the elements of VA
  - Sources of “ARTS” funding $$’s need to be understood and transparent
Productivity Considerations

- **Low producers:**
  - Manage or dismiss low producers
  - Pay at appropriate level
  - Understand effect on entire group
  - Chair’s assistance:
    - Not giving special deals
    - Applying to all new hires
    - Help manage productivity

- **High producers:**
  - Comp plan can’t be viewed as punitive
Productivity Considerations

- “Average” producers
  - Increase incentive to perform
  - Improve productivity
  - Better financial outcome for all
Greater than median compensation
Greater than median productivity

LESS than median compensation
LESS than median productivity

LVPG Physician Clinical Median,
104% TCC, 111% billing wRVU

Greater than median compensation
Greater than median productivity

LESS than median compensation
LESS than median productivity

Total Cash Compensation Percentage of Median

Practitioner wRVU Productivity and Clinical Cash Compensation
(Physician production numbers include APC work)
Clinical Base Salary (CBS)

- 85% of Median (= 25th %tile)
- Educate misconception of CBS vs Total Cash Comp
  - Developed for new grads!
  - Corresponding 25th % for base salary and productivity
- Remember CBS + CARTS = Actual Salary
CARTS

▪ CARTS:
  - Accuracy of clinical FTE is paramount
  - Minimum LVPG productivity expectation = median wRVU (adjusted for clinical FTE)
    - Goal is 60th percentile
    - Allow for clarity and performance feedback
    - Move control of schedule to practice leadership
    - Higher productivity results in higher compensation

▪ CARTS:
  - Develop/implement consistent methodology and budgeting
  - Requires job descriptions and productivity expectations as well
  - Review current state for non-clinical FTE
LVPG Value-based Incentive Plan (VIP)

- **Purpose:** To reward practitioners for Value-based activities with NEW $ into current compensation plan
- **Start:** FY 2013
- **Amount:** $5K per eligible physician into VIP pool, $2.5K per eligible APC into VIP pool
- **Payout:** October of following Fiscal Year

Tiered distribution methodology
## VIP SCORING GRID

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<th>People</th>
<th>Citizenship</th>
<th>Patient Satisfaction</th>
<th>Learning</th>
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<td>20</td>
<td>Performance evaluation score &gt;= 3.0</td>
<td>Attend 8-10 meetings</td>
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<td>100% of modules completed</td>
<td>Eligible for MU attestation by December 31 of each Calendar Year</td>
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<td>15</td>
<td>Attend 6-7 meetings</td>
<td>&gt;= 75th percentile and &lt; 90th percentile</td>
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<td>Successfully attested for MU by deadline</td>
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<td>Attend 4-5 meetings</td>
<td>&gt;= 50th percentile and &lt; 75th percentile</td>
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<td>Performance evaluation score &lt; 3.0</td>
<td>Attend &lt; 2 meetings</td>
<td>&lt; 25th percentile</td>
<td>&lt;25%</td>
<td>Did not meet MU attestation requirements</td>
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**Quality**
- Otherwise - Coding and Compliance
## Impact of Compensation Plan III on LVPG Financial Performance

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<th>New Comp Plan (# Physicians)</th>
<th>PIP ($ payments)</th>
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<td>FY ’12</td>
<td>322</td>
<td>1.56M</td>
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<td>FY ‘13 (Thru 2Q)</td>
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(Annualized = 12.02M)
LVPG Compensation Journey

- Overview
- Baseline
- Compensation I
- Compensation II
- Compensation III
- Summary
Assessment of Current State

- Provider comp market is moving quickly
  - Demand >> supply
  - Market survey data already stale (1.5 years behind)

- Recruitment and Retention remain challenges

- Paying more for less (higher $/wRVU)
  - Changing workforce demographics and expectations

- What keeps us up at night:
  - Financial pressure of increasing demand for non-clinical FTE time
    - Both salary expense and revenue loss
  - Reaching the flat part of productivity curve
    - Provider burnout
    - Decreasing opportunity for more revenue to offset expense increases
LVPG Compensation Summary

- FY’08 through FY’12
  - 52% growth in providers
  - 83% growth in patient visits

- 3 compensation plan modifications resulting in
  - More accurate budgeting
  - Better than budget performance

- Future steps
  - Move from volume to value
Question for the Group:

- What has your organization done with regards to physician compensation as we move from “Volume to Value”?
  
  - Incentives – New $$.... Or withhold & earn back?
  
  - What % of compensation is related to value?
  
  - Value metrics utilized?
  
  - PCMH?
Questions?

Contact Information: