

Two Steps Forward, One Step Back

The Complexity of Defining and Measuring Clinical Activity

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CREDITS

Special thanks to:

- AMSPDC+AAAP cFTE Working Group

(AMSPDC – Drs. Ann Reed, Lucky Jain, Mo Gessouroun; AAAP – Melody Altman, Liz McCarty, Susan Kline)

- AAAP cFTE Team

(AAAP - Desiree Brown, Angela Fuste, Gil Pak, Kristine Kirstein, Liz McCarty, Susan Kline; Data Collection/Summary – David Dellinger)

- AAAP and AMSPDC Board Members





AGENDA

- Background
- Survey Structure, Assumptions & Constraints
- Summary of Results
- Next Steps

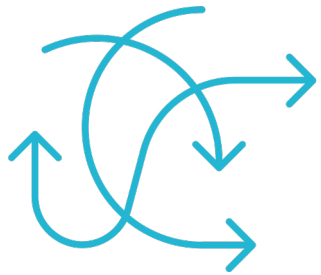


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BACKGROUND

Let's start with some context and history

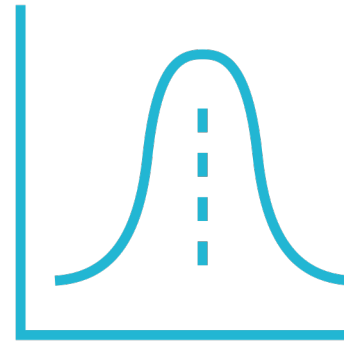




No comprehensive benchmarks; many email inquiries and webinars highlighting what some groups are doing



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



Consistent definition can ensure alignment in reporting of productivity data, salary for benchmarking, and workforce planning purposes.

WHY IS UNDERSTANDING CLINICAL EFFORT (cFTE) IMPORTANT?

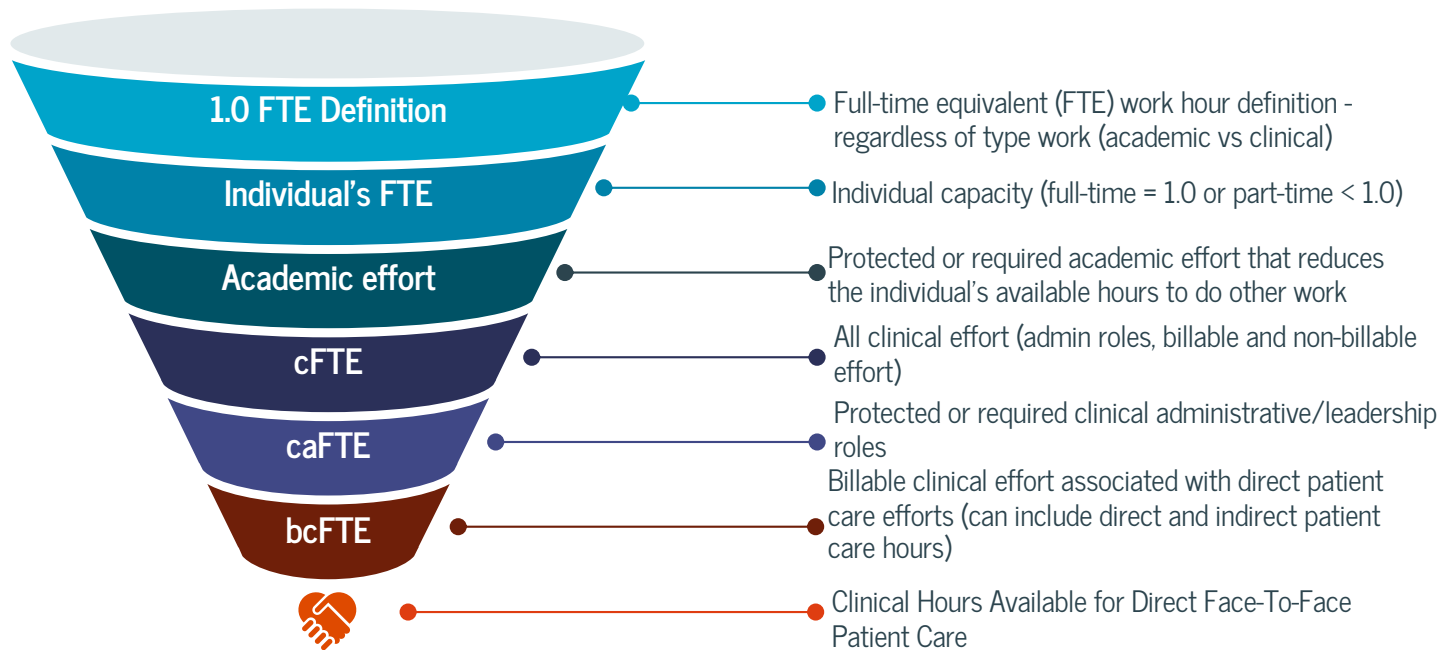
Defining cFTE is always a topic of interest for everyone:

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



THE EFFORT FUNNEL

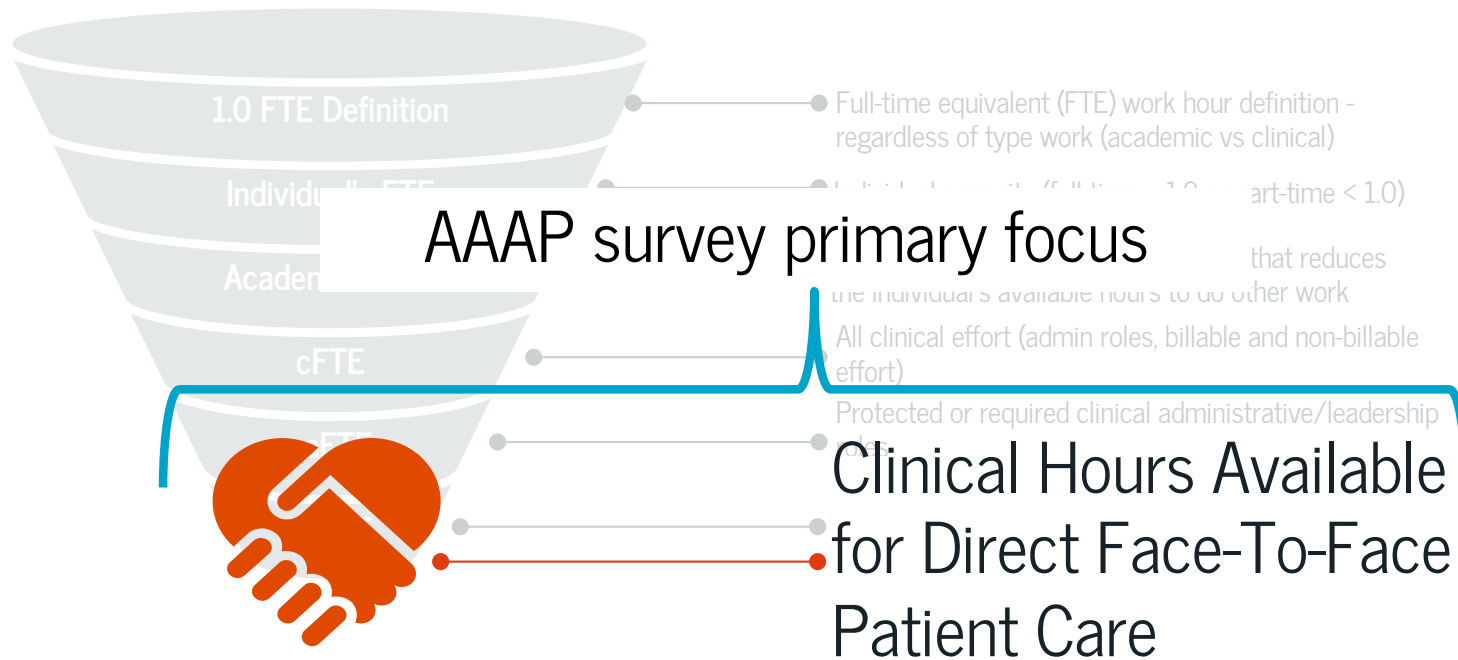
UNDERSTANDING THE COMPONENTS OF EFFORT





THE EFFORT FUNNEL

UNDERSTANDING THE COMPONENTS OF EFFORT



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AAAP Survey

Structure, Assumptions & Constraints



PROJECT OBJECTIVES



Our approach was to initiate a **DEMONSTRATION PROJECT** to:

- Gain an understanding of **institutions' 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.

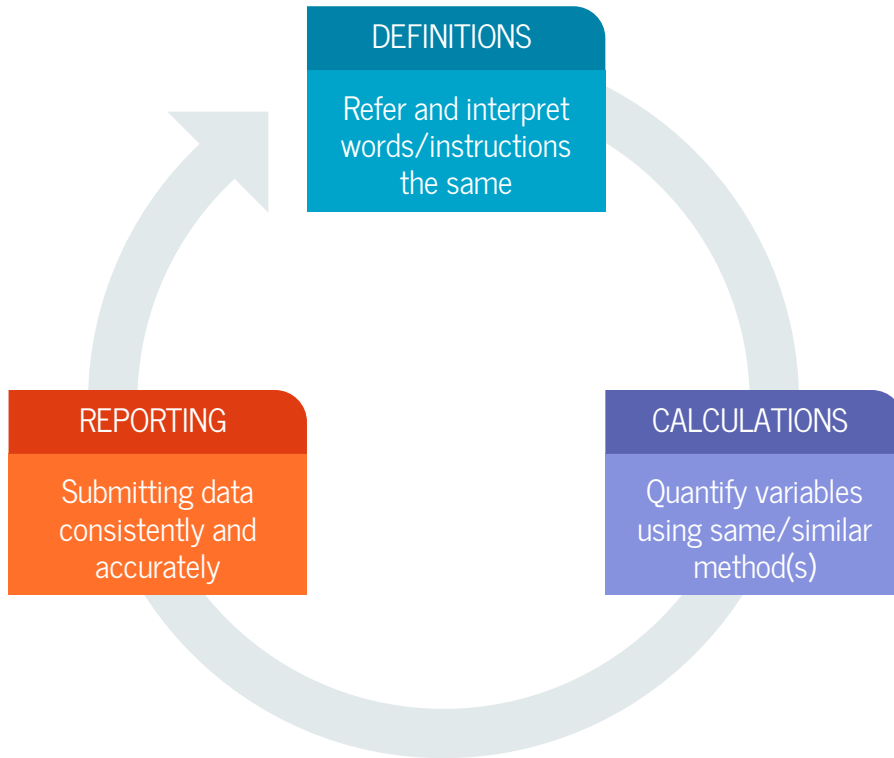


Our initial **KEY GOALS** were to be able to do the following:

- Develop **consistent terminology and definitions** we use with each other and when we talk about FTE and cFTE
- Collate a data summary to begin **understanding what actual work is being performed** at reported cFTE levels in each specialty.



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 (CONT.)

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)



FIRST TIME EVER...

Request for actual clinical work data at provider level that most institutions manually collected/calculated.





DO YOU
KNOW
YOUR DATA?

3

Initial Findings

Institutional and Clinical Work Data





INITIAL DATA EXCLUSIONS

VAGUE SPECIALTY

Providers that had no clinical specialty – example: “Chair” or “Other”

NO VALUES

Institutions noted if data element was N/A, they did not know where to get the data or they had the data but not enough time to gather

LOW OR NO bcFTE

Any provider with reported 20% or less billable cFTE (bcFTE)

NP/PA RESPONSIBILITY

Many had no bcFTE reported or no reported clinical work data





70,000+

Submitted and cleaned unique data points



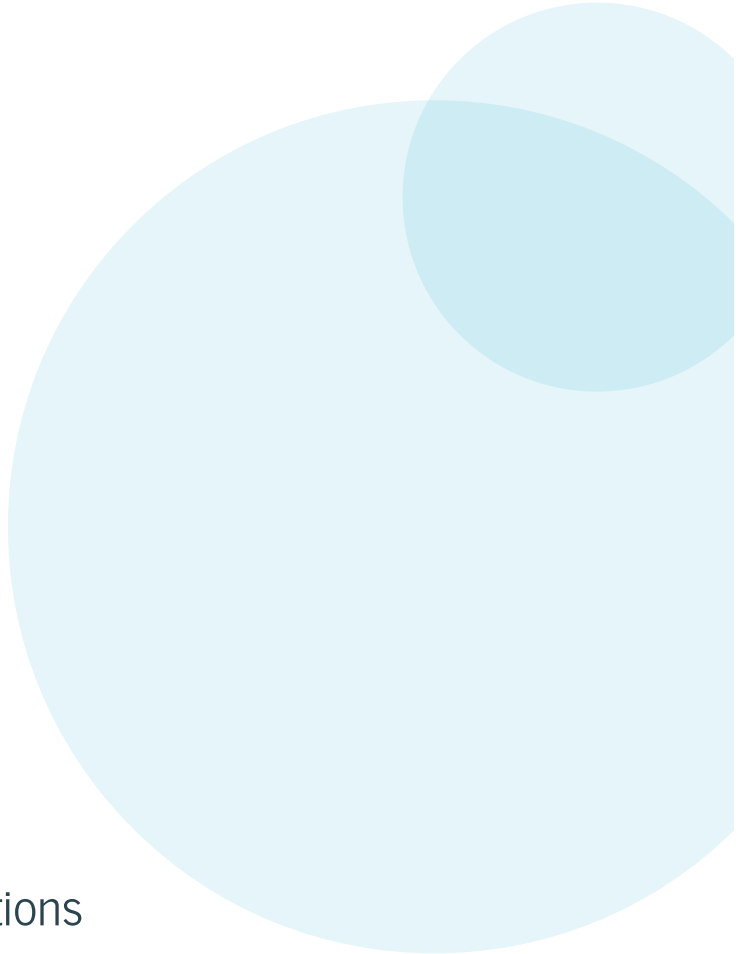
6,300+

Individual physicians included in summary



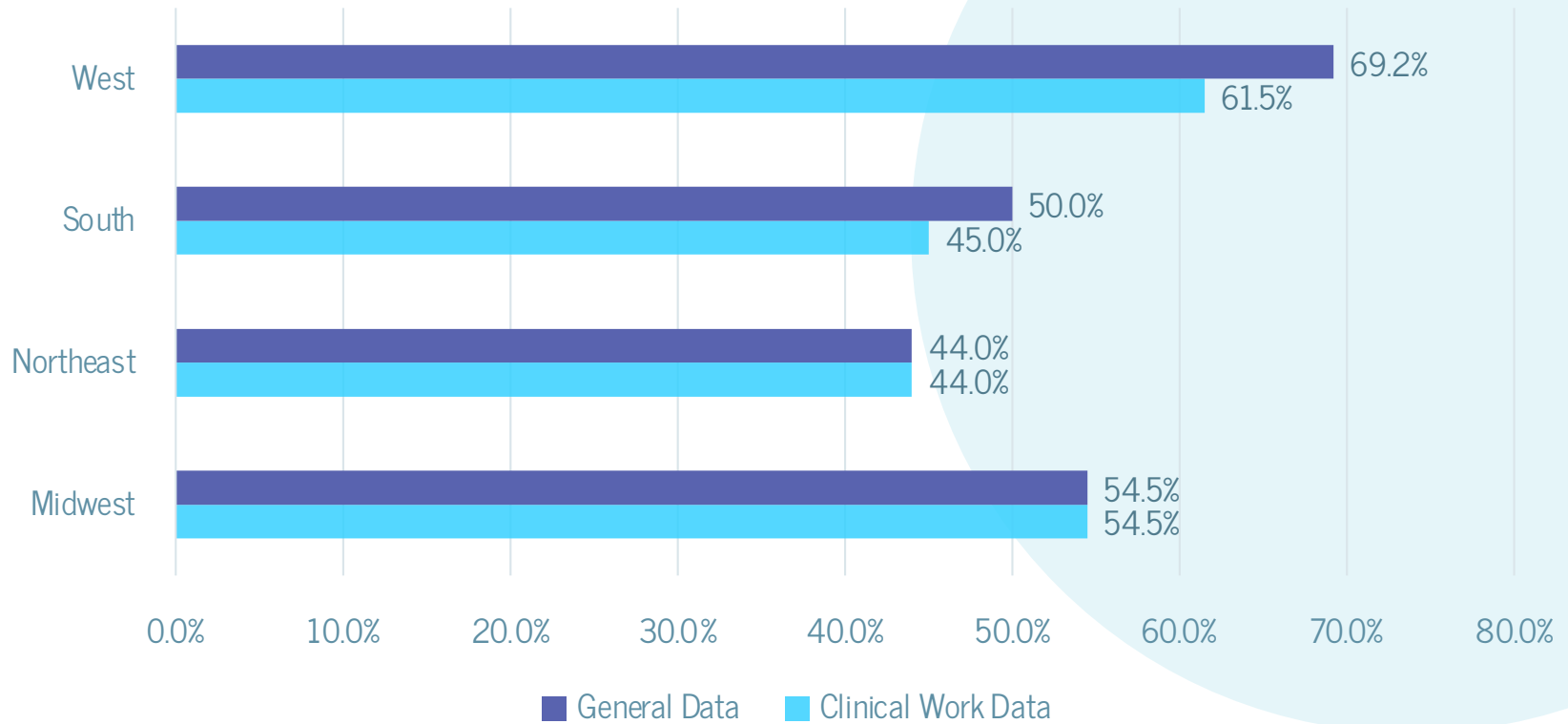
52%

Overall survey response rate of all AAAP member institutions



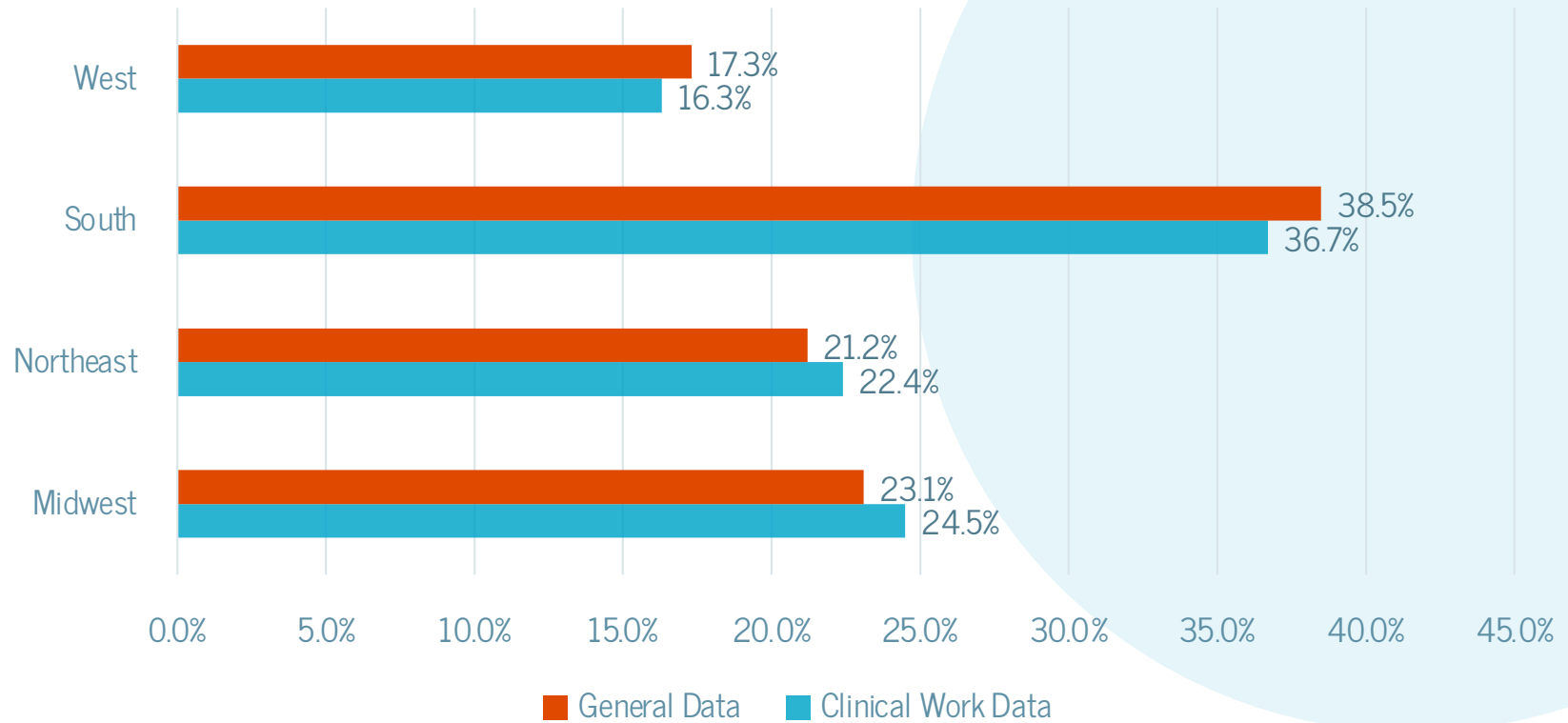


REGION RESPONSE RATE





NATIONAL RESPONSE RATE





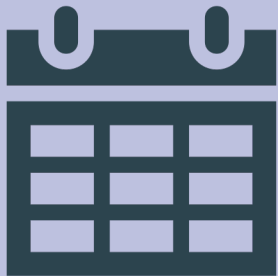
80.8%

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

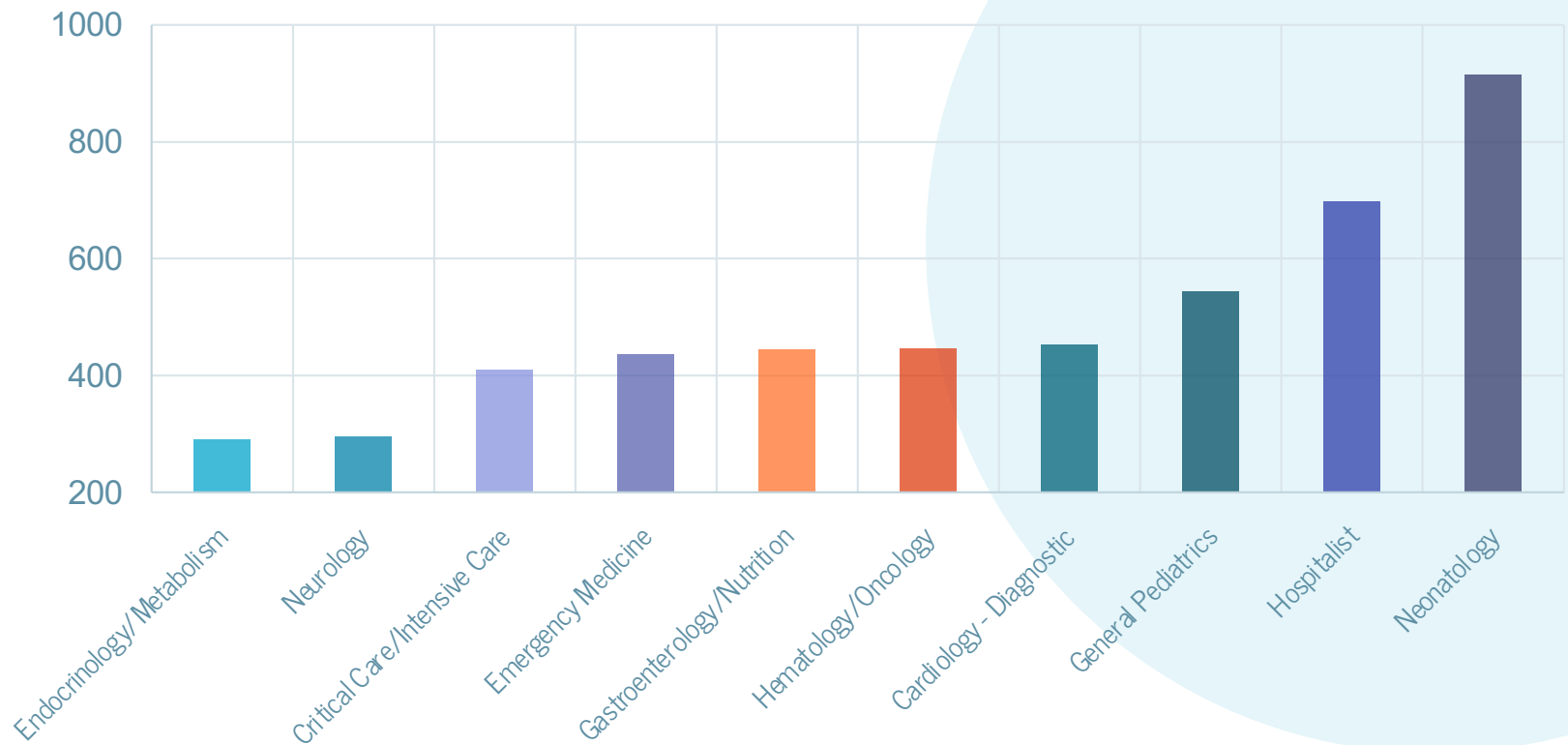


63.5%

Assign academic time for scholarly work, regardless of funding or funding source

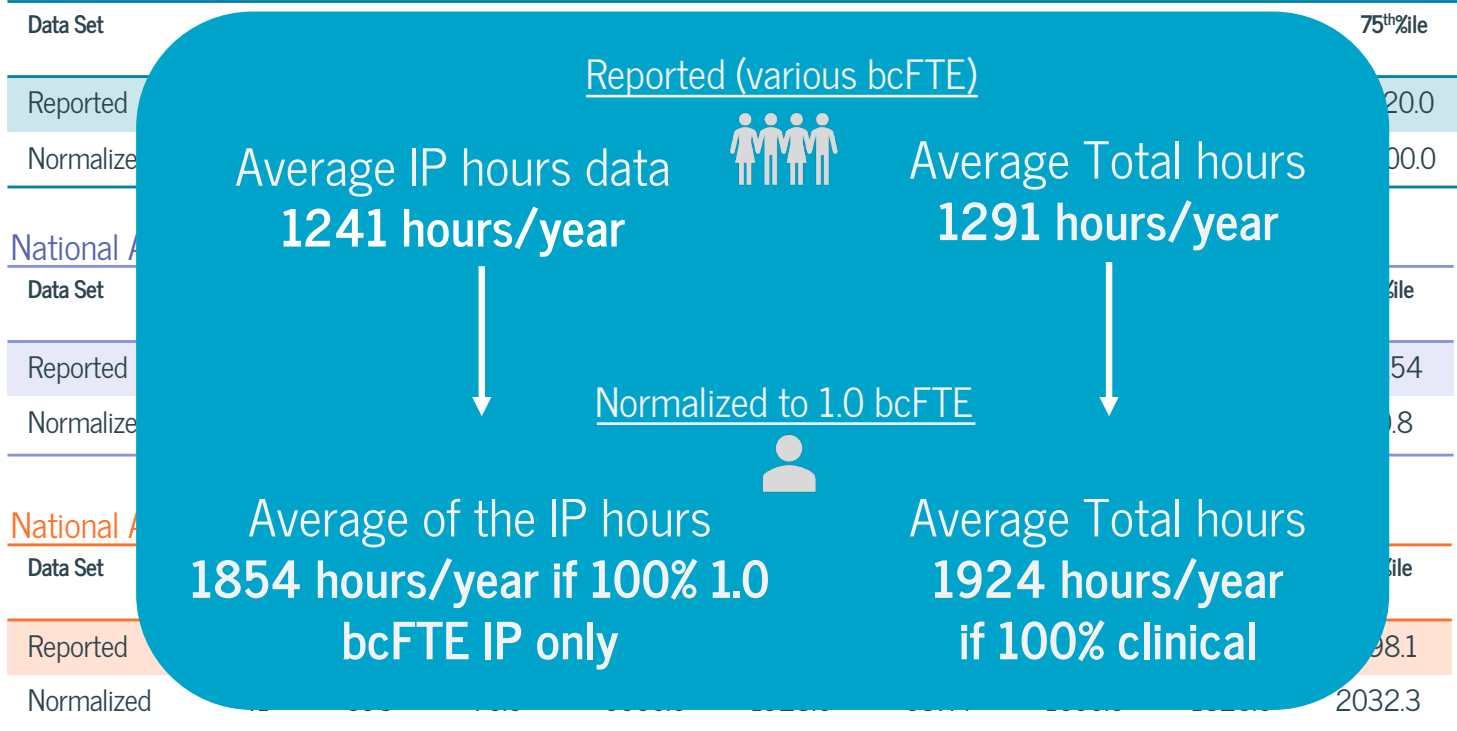


TOP 10 SPECIALTY RESPONSES



EXAMPLE – Primary IP Specialty (reported bcFTE range: 0.21-1.00)

National All – Inpatient Hours



EXAMPLE - IP/OP SPECIALTY (reported bcFTE range (0.21-1.00))

National All – Inpatient Hours

| Data Set | 75 th %ile |
|-------------------|-----------------------|
| Reported | 21.3 |
| Normalized | 81.4 |
| National Data Set | %ile |
| Reported | 3.7 |
| Normalized | 6.8 |
| National Data Set | %ile |
| Reported | 266.0 |
| Normalized | 2187.2 |

| Reported (various bcFTE) | |
|---|---|
| 50 th % OP sessions 118.9 (2.5 session/week) | 50 th % Total hours 948.8 (21 hrs/week) |
| Normalized to 1.0 bcFTE | |
| 237.2 (5 sessions/week) if 100% OP only | 1731 hours/year (38 hrs/week) If 100% clinical |

NEXT STEPS ROADMAP

Distributed inaugural Clinical Work Survey and collected data



Share summary/recommendations with AAAP and AMSPDC members



Education Bootcamps – Spring and Summer 2024



Analyze and develop summary plus recommendations related to survey goals – definitions and insights on how reporting is done



AAAP develop and education common definitions and frameworks on clinical effort



AAAP and AMSPDC leadership working on next data collection activity – surveys to collect expectations of 1.0 cFTE and individual actuals



THANKS!

Any questions or future ideas?

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