

SAAA Salary and Practice Survey

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- No conflicts of interest

Learning Objectives

- Upon completion of this learning activity, participants should be able to.....
 - Describe the methodology used to assess the status of faculty and finances in the SAAA survey
 - Compare this methodology to that used for the AAMC and MGMA surveys
 - Create a construct for applying SAAA survey results to negotiate with your healthcare system

Responsibilities of Department Chairs in the School of Medicine

- Strategic Planning
- Faculty
- Promotion of Teamwork
- Educational and training programs
- Research programs
- Patient care programs
- Facilities
- Finances and Budget
- Remuneration of Departmental Personnel
- Cultural Values

• Dean's Office University of Virginia
 • 12/12/15

Chair of a Department – Now a Different Job

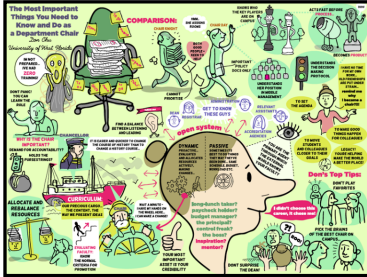
- “more administrative and less academic as the financial managerial roles of chairs have increased and the size of departments have grown”
- “increasingly dependent on the support of executives at their university hospitals who as the source of funds and facilities...”

• Kastor J: Academic Medicine, July 2013

Chair

- “ responsible for growing clinical volume and ensuring quality across several hospitals and...education programs for students, residents and fellows. All this occurs in the highly competitive, corporate environment of health care delivery, reporting to deans who are beholden to CEOs or, in effect, reporting to the CEO directly.”

• Ende J: Academic Medicine, June 2013



- If you've seen one academic institution ... Then you've seen one academic institution. Each is riddled with individual challenges and interactions. It is the chair's responsibility to navigate the individual program and ensure it's success. However there are trends in clinical and financial areas that bond all practices.
- A survey producing a snapshot of clinical and financial trends is a powerful tool.

SAAA survey

- Provide Chair with a framework to plan for the future
- Provide information to medical school deans and hospital administrators
 - Specialty specific
 - Academic departments
 - Up to date

Data is:

- Specific to U.S. training programs
- Demographic, workforce and financial information
- Yearly for 17 years
- Chair/Department Administrator responsible for input
- Email followup
- High response rate – 61 – 73 %
- Rapid turnaround - months

MGMA/AAMC

- MGMA
 - Physician Compensation and Production Survey
 - National averages for salaries, costs, productivity hours
 - Includes academic practice compensation and production report
- AAMC
 - National average compensation for academic physicians
- Lower response rate – 9 – 35%
- Longer turnover – lag of 1 year
- Less specific information

Snapshot in time

- Demographics
- Revenue
- Expense
- Institutional Support
- Margin

Statistics

- Descriptive – mean, median, 25th and 75th percentiles, confidence intervals
- Derived financial concepts
 - Faculty support = Total institutional support – CRNA support
 - Faculty support per FTE = Faculty support/FTE
 - Units/site = Total ASA units/total number of sites

2015 Average Department Demographics

- 62.8 faculty
- 50.8 residents
- 9.6 fellows
- 44 CRNAs – 90% departments have CRNAs

- 3.9 open faculty positions – 100% had open positions
- 4.5 open CRNA positions – 72% had open positions
- Average nonclinical time – 14.6%

2015 Average Department Revenue

- \$32,824,158 – clinical
 - Per FTE – \$542,346
- \$1,772,563 – research
- \$10,472,349 – institutional
 - \$8,176,628 – hospital
 - \$1,012,692 – medical school
 - Per FTE - \$191,388
- \$45,513,357 - total

Expense/Margin

- \$43,389,617 – total
 - Per FTE - \$734,004
- \$3,069,624 – margin
 - 25% - loss, 75% profit

Cases/ ASA units

- Cases – 43,430
- ASA Units – 785,703
 - Per FTE - 13,996

- ORs covered - 41
- Non OR off site – 11
- ICU and Pain locations

Salary Survey

- Regions – Midwest, Northeast, South, West
- Faculty by academic rank
- CRNAs by years of service

Trends

- Growth in number of faculty, residents and CRNAs
- Growth in the number of sites covered daily
- Institutional support is growing despite increased numbers of departments with positive margins
- Academic time is decreasing
- Widening gap between revenue and expenses is driver of increasing support

Financial Wellbeing

- Hospital support for clinical and administrative services
- Additional service = additional support
- Appropriate size house staff to balance clinical and service obligations
- GME funding for resident training
- Adequate payment from capitated/bundled contracts
- Minimum unit value acceptable in contract negotiations to ensure positive margin

SAAA Salary and Practice Survey References

1. Tremper KK, Barker SJ, Gelman S, et al. Surviving the perfect storm: the financial environment of academic anesthesia, October 2000. White paper commissioned by the Society of Academic Anesthesiology Chairs and the Association of Anesthesiology Program Directors (SAAC/AAPD)
2. Tremper KK, Barker SJ, Gelman S, et al. A Demographic, Service and Financial Survey of Anesthesia Training Programs in the United States. *Anesth Analg* 2003;96:1432-46
3. Tremper KK, Shanks A, Morris M. Trends in the Financial Status of United States Anesthesiology Training Programs: 2002 to 2004. *Anesth Analg* 2006; 102:517-23
4. Kherterpal S, Tremper KK, Shanks A, et al. Six Year Follow-Up on Work Force and Finances of the United States Anesthesiology Training Programs: 2000 to 2006. *Anesth Analg* 2009; 108:263-72
5. SAAA 2015 Salary and Practice Survey