Metrics for Clinical Productivity

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COM TUCSON FY 11 Expenditures by Fund Source

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE</td>
<td>56,937,160</td>
</tr>
<tr>
<td>AUXILIARIES</td>
<td>7,540,000</td>
</tr>
<tr>
<td>DESIGNATED</td>
<td>18,363,623</td>
</tr>
<tr>
<td>SPONSORED PROJECTS</td>
<td>142,261,336</td>
</tr>
<tr>
<td>AGENCY – UAHN PRACTICE PLAN</td>
<td>88,983,027</td>
</tr>
<tr>
<td>OTHER RESTRICTED</td>
<td>30,735,710</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>344,820,856</strong></td>
</tr>
</tbody>
</table>

Fringe & ERE = 16.3 M  
Malpractice = 7 M  
Total = $112,233,000
University of Arizona Health Network
FY12 Revenue Contribution

- Health Plans: $321,912
- South: $172,372
- University: $122,144
- Physicians: $617,624

Total = $1.2B
All Funds Approach to Faculty Salaries

Clinical  +  Research  +  Teaching  =  100%
Profit and Loss statement

Clinical Funding

RVU reimbursement model
What does CFTE Mean to You?

Clinical Full-Time Equivalent

OR

Constantly Fighting about Time and Effort

The Academic Conundrum:

Since faculty time is spread among clinical, research, teaching, and administrative activities, time and effort must be normalized when benchmarking.
Faculty Practice Solutions Center

- Began as UHC CPT Database in 1995
- FPSC Advisory Group created in 2000
- FPSC created in 2001
- 88 participating institutions nationwide
- 65,000+ participating physicians
- 108 unique subspecialties
- 200+ million records, 40 gigabytes of data
- Hundreds of performance measures
Automated Electronic Transfer Allows Efficient Data Capture

Participants send physician-level billing data to FPSC. Data is electronically extracted and sent from the billing office.

**Data In (at the procedure-level):**

- Total Billings for ea. Procedure
- Site of Service for ea. Procedure
- CPT Code for the Procedure
- Payer Class for ea. Procedure
- CPT Code Modifiers
- ICD-9 Codes (first four)
- Frequency of Billed Procedure
- Patient MRN
- Patient Demographics Data: age, sex, race, zip code
RVUs Defined

“A comparable service measure used by health care entities to permit comparison of the amounts of resources required to perform various services with a single department or between departments. It is determined by assigning weight to such factors as personnel time, level of skill, and sophistication of equipment required to render patient services. RVUs are a common method of physician bonus plans based partially on productivity.”

FPSC–Benefits and Value

• Statistically rigorous benchmark data on academic clinical practice
• Comprehensive analyses on critical areas of focus
• Practical tools to help you achieve your performance goals
• Best practice Case Studies and Opportunity Alerts
• Networking opportunities with over 4,000 FPSC users
• Access to additional resources for custom analyses and consultation to meet your specific needs
Benefits of FPSC Benchmark Measures

FPSC
- Data set comprised of faculty physicians
- Broad scope of specialties
- Data submitted electronically
- Consistent methodology in RVU calculation
- Individual MD detail allows exclusion of outliers and analysis of coding behaviors
- Feedback and refinement via member involvement

Other Sources
- Comparative data not fully reflective of AHC faculty groups
- Survey-based data collection process, which can lead to
  - Inaccuracies in data
  - Missing or misclassified data
- Significant year-to-year variability
- Averaging entire data set corrupts benchmark with outliers
From Data to Information to Action

**Phase 1**
Little to no information to affect change

**Phase 2**
Information available, but little to no understanding of the data

**Phase 3**
Data acceptance begins, but individuals may not know how to apply it

**Phase 4**
Data is used to measure performance, decisions are made, and data is continued to be used to track ongoing performance
Conclusions

• Rewards providers for what they can control
• Provides for consistent benchmarked compensation model
• Emphasizes relation to financial success of the entire organization (UAHN)
• Aligns with the key missions of the COM
• Anticipates healthcare reform