
Compensation and Burnout Among Reproductive Urologists

Akanksha Mehta, Robert M. Coward, James M. Dupree,
Dattatraya Patil, James F. Smith

Disclosures

- None

Introduction

- Changes in healthcare reimbursement and, consequently, physician compensation, have led to growing financial pressures on urologists
 - Less time for teaching
 - Less time for research and innovation
 - Less time for individual patient care
 - Potentially increased risk of medical errors
 - Increased risk of burnout

Introduction

- The use of “productivity” based models to determine physician compensation is increasing nationwide
 - Charges
 - Collections
 - wRVUs
 - Combination of some or all of the above

Introduction

- Physicians do not always have a good understanding of their compensation model
- Some models (RVU-based) are unable to accurately capture productivity for reproductive urologists

Objective

- To investigate the impact of RVU-based productivity and compensation models on practice patterns and burnout amongst reproductive urologists

Methods

- A 53-item anonymous survey was electronically distributed to members of the Society for the Study of Male Reproduction (SSMR)
- Survey items spanned the following domains: demographics, practice setting, income and compensation, and satisfaction (including items from the Mini-Z Burnout Survey)
- Responses were collected over a 4-month period

Sample Survey Questions

“How is your compensation structured? Select all that apply.”

- Fixed salary
- Percentage of RVUs generated
- Percentage of collections
- Percentage of gross charges
- With bonus/incentive
- Without bonus/incentive
- Academic productivity
- Administrative service
- Other

“How knowledgeable do you feel about RVU and other compensation/productivity measurements?”

- Not at all knowledgeable
- Somewhat knowledgeable
- Moderately knowledgeable
- Very knowledgeable

“Do you have an RVU target you need to achieve every year?”

- No
- I don't know
- Yes (please specify _____)

“Do you find it difficult to achieve your RVU goal?”

- Extremely difficult
- Somewhat difficult
- Not difficult

Sample Survey Questions

“How strongly have you considered increasing your clinical work and decreasing other types of work in order to increase your compensation/reputation/quality of life in the past two years?”

- Very strongly considered'
- Strongly considered
- Considered somewhat
- I have not considered this at all

“If you have considered considered increasing your clinical work and decreasing other types of work, please describe the reason for your consideration:”

- I am seeking to leave academic practice to join a private practice.
- I am seeking to leave private practice to join an academic practice.
- I am seeking better compensation.
- I am seeking better work-life balance.
- I am seeking a decreased call burden.
- I am seeking more control over my reimbursement/productivity.
- I am seeking more appreciation for my effort by my colleagues.
- I am seeking more access to research opportunities.
- I am seeking a better geographical location.
- There is too much competition in my local area.

Mini Z 2.0 Survey

1. Overall, I am satisfied with my current job:

5.Strongly agree 4.Agree 3.Neither agree/disagree 2.Disagree 1.Strongly disagree

2. Using your own definition of “burnout”, please circle one of the answers below:

5. I enjoy my work. I have no symptoms of burnout.
4. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
2. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
1. I feel completely burned out. I am at the point where I may need to seek help.

3. My professional values are well aligned with those of my department leaders:

5.Strongly agree 4.Agree 3.Neither agree/disagree 2.Disagree 1.Strongly disagree

4. The degree to which my care team works efficiently together is:

5 – Optimal 4 – Good 3 – Satisfactory 2 – Marginal 1– Poor

5. I feel a great deal of stress because of my job

5.Strongly disagree 4. Disagree 3.Neither agree/disagree 2.Agree 1. Agree strongly

6. The amount of time I spend on the electronic medical record (EMR) at home is:

5 – Minimal/none 4 – Modest 3 – Satisfactory 2 – Moderately high 1 – Excessive

7. Sufficiency of time for documentation is:

5 – Optimal 4 – Good 3 – Satisfactory 2 – Marginal 1– Poor

8. Which number best describes the atmosphere in your primary work area?

5. Calm 4 3.Busy, but reasonable 2 1. Hectic, chaotic

9. My control over my workload is:

5 – Optimal 4 – Good 3 – Satisfactory 2 – Marginal 1– Poor

10. The EMR adds to the frustration of my day.

5.Strongly disagree 4.Disagree 3.Neither agree/disagree 2.Agree 1.Strongly agree

Inclusion Criteria

- Urologist
- SSMR Member
- Actively practicing in the United States

- Participants were not mandated to answer all items in the survey

Statistical Analysis

- Bivariate analyses (SAS v.4; significance set at $p=0.05$)
 - Variability in compensation
 - Determinants of job satisfaction
 - Determinants of burnout
- Categories with <5 responses are not reported

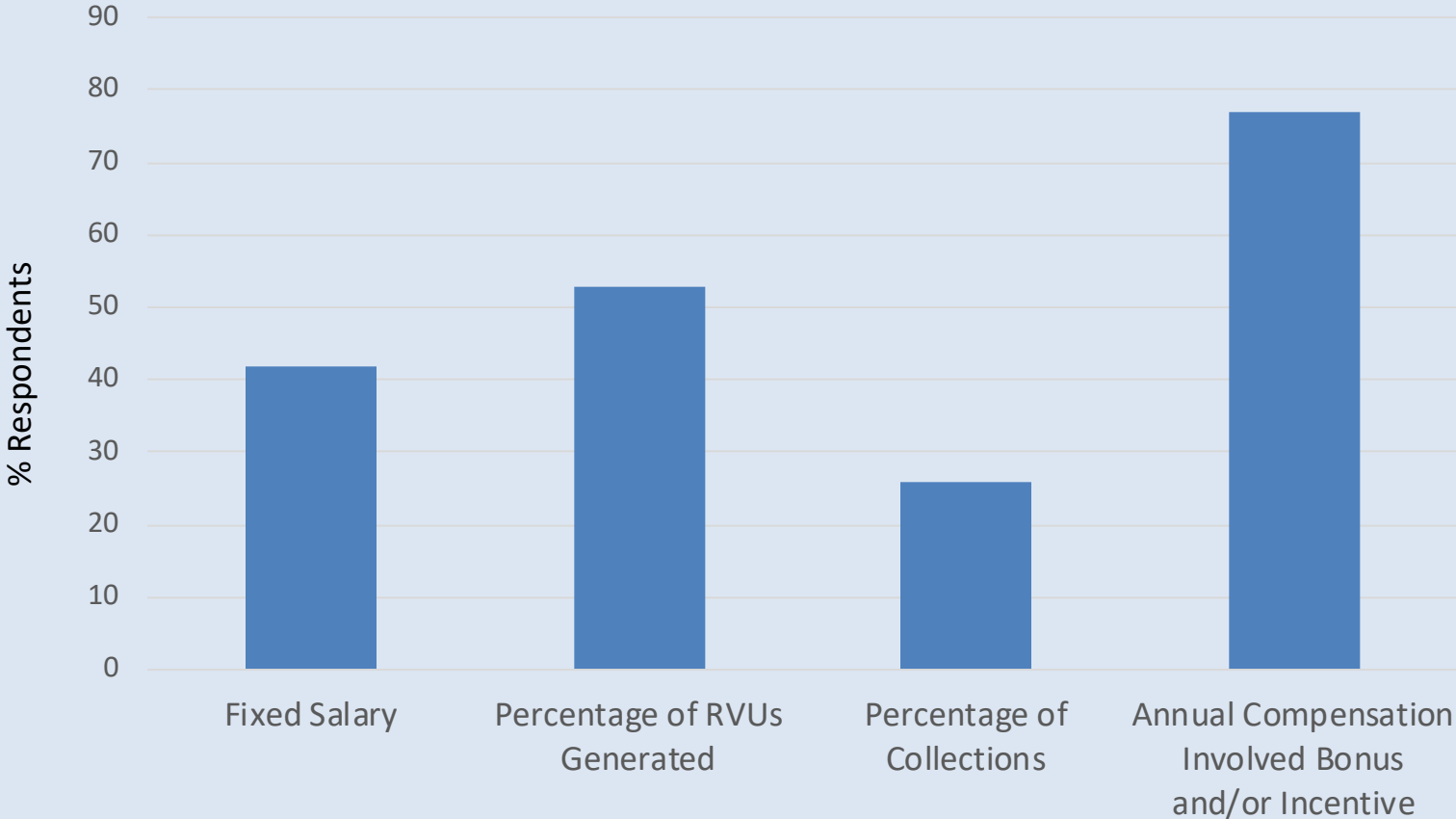
Results

- 77 respondents
- Represented all regional sections of the AUA
- Demographics:
 - 91% male
 - 77% White
 - 55% academic setting, 45% private practice

Income and Compensation

- 52% were only somewhat or not at all knowledgeable about RVU and other compensation/productivity measurements
- 37% had no knowledge of how procedures without CPT-based RVUs were handled in their practices

Figure 1: Variability in Compensation Structure



Income and Compensation

- Of those who reported an annual RVU target
 - 40% found it somewhat difficult to achieve target
 - 15% found it extremely difficult to achieve target
- 28% felt compensated unfairly compared to their peers in rank/years in practice

Burnout

- 45% reported significant job-related stress
- 40% reported some symptoms of burnout
- 66% had considered changing their clinical work in order to improve their quality of life
- At least 11% reported actively trying to leave academic practice for private practice

Bivariate Analyses

- Job related stress was significantly associated with symptoms of burnout
- Feeling unvalued by colleagues, and feeling unfairly compensated compared to peers, were associated with desire to transition from academic to private practice settings

Conclusion

- There is considerable heterogeneity in compensation and productivity measurements in Urology practices nationwide
- Use of RVU-based compensation models can lead to job-related stress for reproductive urologists, and impact physicians' practice patterns and risk of burnout