

An Enhanced Approach to Measure Physician FTE Counts

Presentation to CAHSPR

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Acknowledgements

- Alberta Medical Association: Physician Compensation Committee and Sections for providing feedback
- Alberta Health and Wellness for providing data



Notes

- Due to confidentiality concerns, some data slides presented at the session are not available in the posted version of this presentation and the section for remaining slides was changed
- Certain assumptions are populated based solely on applying the methodology to allocation. Within the AMA, the workload measure is called the Sectional Allocation Equivalent. FTE is being used in this presentation because it is common nomenclature



Project Goals

- Better understanding of physician workload and remuneration
- Enhance the FTE definition for FFS practitioners
- Develop a FTE definition for ARP practitioners that is consistent with the FTE approach
- More consistency among sections and over time
- Improved transparency



CIHI Methodology: Current Definition

- National definition developed in 1984
- Quantifies each physician's practice relative to estimated billing for a full-time workload
- Based on 40th to 60th percentiles of total annual billings for physician
 - Within range treated as FTE
 - Outside of range – prorated counts
- Physicians must provide \$1 or more of services in each quarter to be included in percentile distributions
- All FFS physicians are included in FTE counts



Selected Issues with Current Definition

- Methodology does not incorporate ARP/APP or salary physicians
- Counts may be insensitive to shifts in average hours
 - Workforce patterns are changing over time, possibly related to demographics and lifestyle choices
 - Increasing presence of “part-time” fee-for-service physicians
 - Part-time practice / semi-retired physicians
 - ARP/APP physicians (billing limited FFS)
 - Out-of-province Locum-service physicians
 - Private pay and WCB services
- Assumes historical work patterns correct
 - Physician shortages in certain sections may result in excessive workloads
- \$1 per quartile is an unrealistic trimming data point for FTEs
 - \$ value trimming may be less equitable than percentile trimming
- Shift away from FFS as sole source of clinical income



Proposed AMA Definition

- Provider FTE contribution based on comparison of total annual billings to the annual billings benchmark range
- For benchmark range, partition annual billings into:
 - Average billings per day worked
 - Number of days worked per year
- Conceptually similar to current CIHI definition but statistical analysis is conducted at a more micro level



Proposed AMA Definition: Trimming

- Include only pure FFS physicians for creating benchmarks
- Require claims in 11 or 12 calendar months
- Eliminate days where claims is less than 5% of the mean claims on that day of the week (section-specific)
- Remove time-of-day and weekend/holiday premiums from billing
- Physicians billing in multiple sections assigned to section with highest annual billing



Proposed AMA Definition

- **Average billings per day worked**
 - Treat each day of the week and holidays separately
 - Patterns often differ significant among days
 - Assume days between Christmas and New Years and single-days between statutory holiday and weekends are holidays
 - Use 40th to 60th percentiles for billings per day worked
 - Physicians working 20 non-holiday Mondays will have 20 data points in the Monday “billings per day” distributions



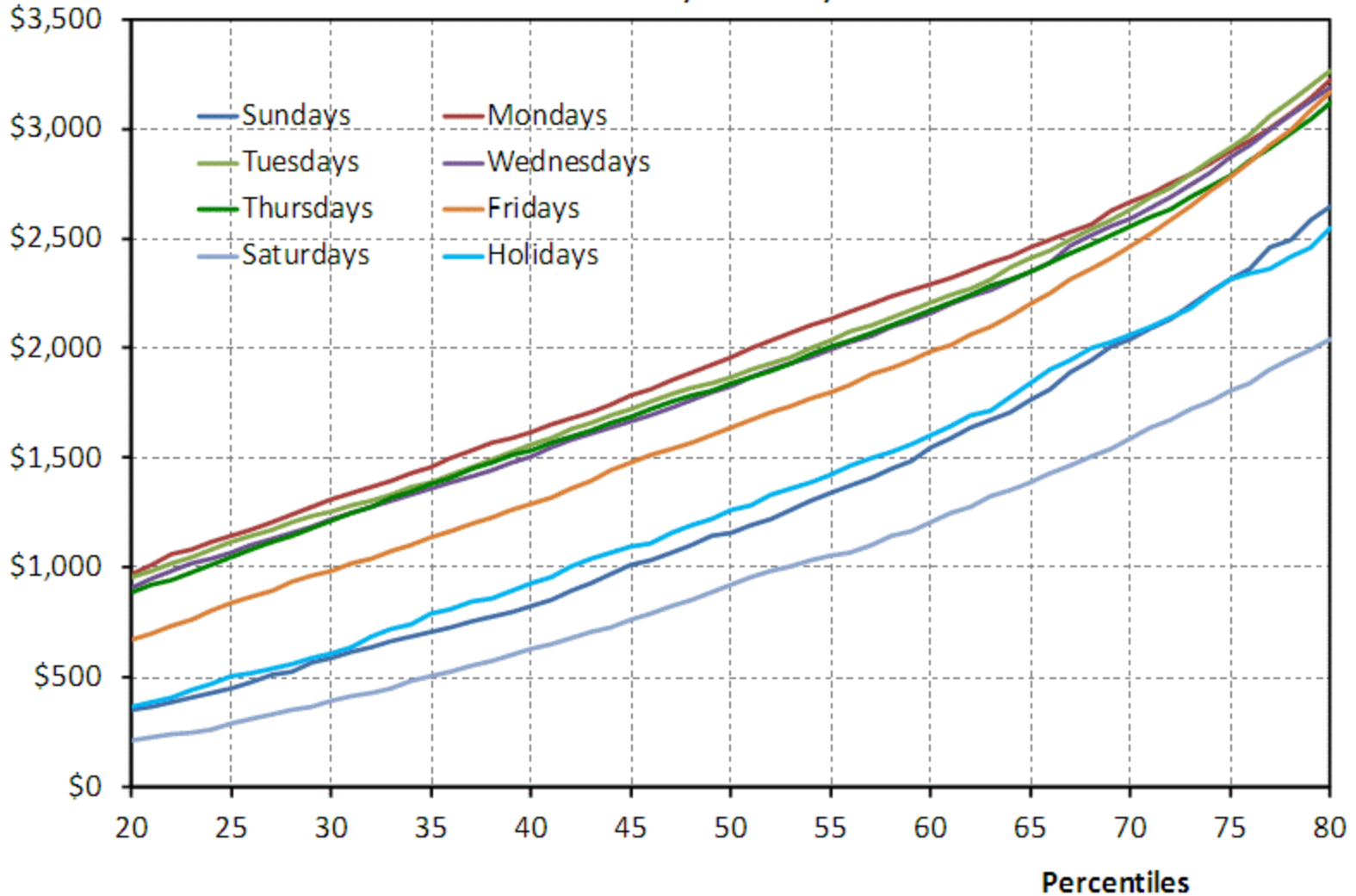
Proposed AMA Definition

- **Number of days worked per year**
 - Potential to have multiple “purpose-specific” values
 - Allocation
 - Human resource planning
 - For allocation, AMA is considering 70th percentile up to a maximum of 209 days
 - Potential to locking value over time
 - Use percentage of total days worked in a section to weight days



Representative Section: Claims per Day

Daily Claims Distribution by Day of the Week
Excludes Date of Service/Time of Day Premiums

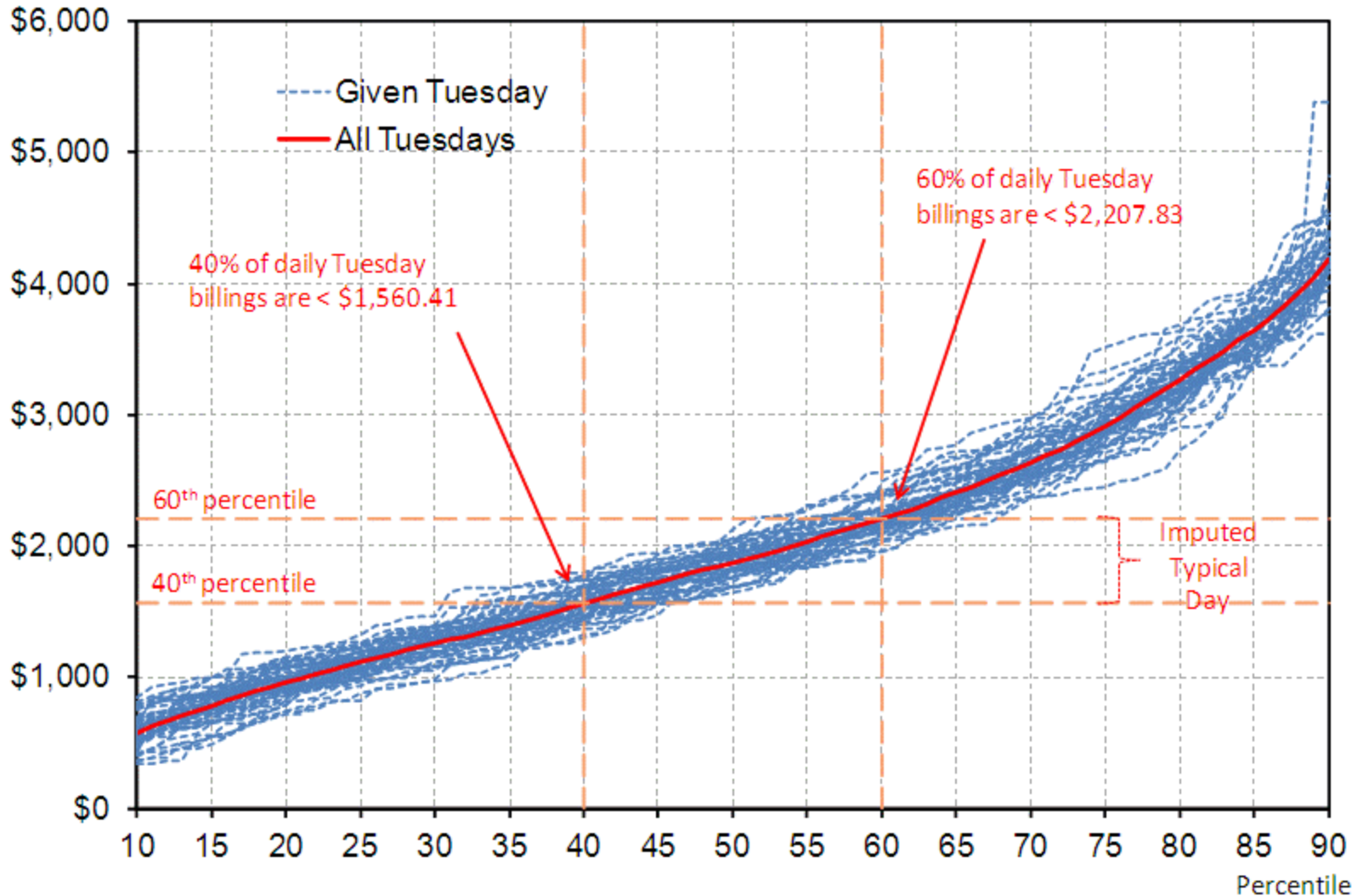




Representative Section: Daily Billings

Daily Physician Billings
Net of Premiums

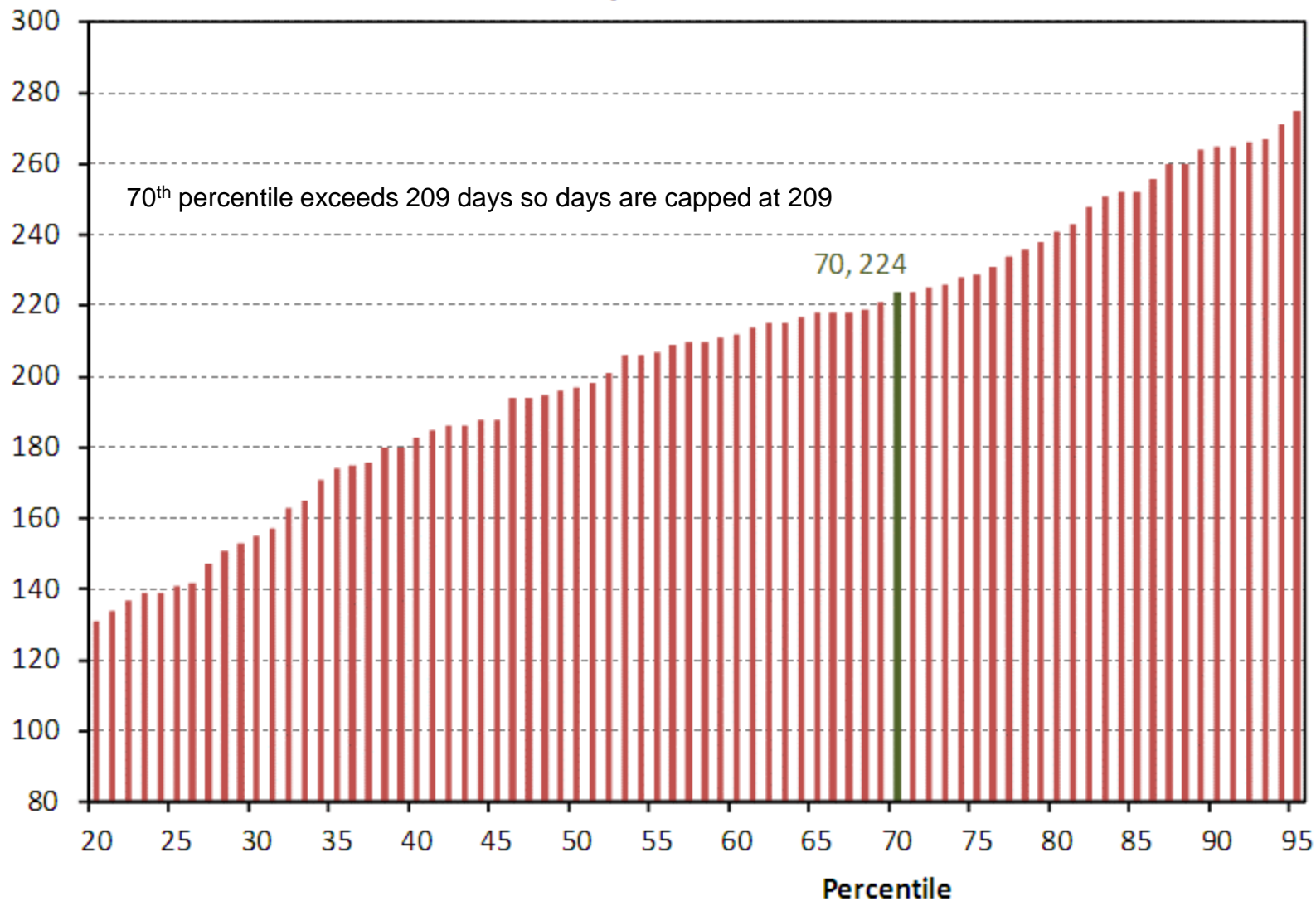
Daily Claims: Tuesdays





Representative Section: Days

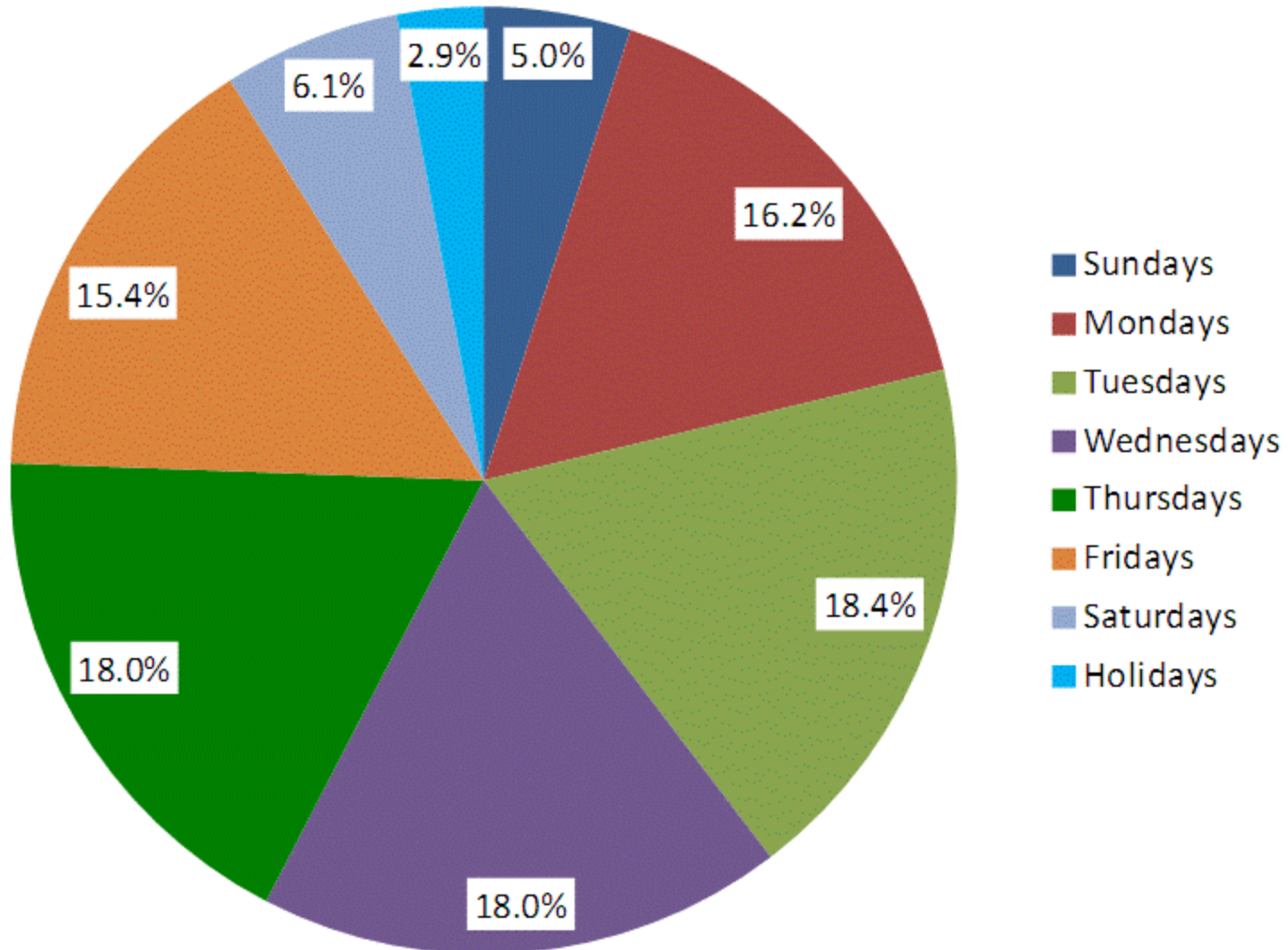
Days Worked





Representative Section: Day Weights

Day of the Week Weights





Representative Section: FTEs

	% Work Units	Work Units 70 th Percentile	Lower Claims 40 th Percentile	Upper Claims 60 th Percentile	FTE Benchmark Lower Claims	FTE Benchmark Upper Claims
Sunday	5.0%	10.5	\$827	\$1,547	\$8,678	\$16,232
Monday	16.2%	33.9	\$1,618	\$2,292	\$54,888	\$77,726
Tuesday	18.4%	38.4	\$1,560	\$2,208	\$59,932	\$84,798
Wednesday	18.0%	37.6	\$1,507	\$2,159	\$56,609	\$81,124
Thursday	18.0%	37.6	\$1,534	\$2,171	\$57,645	\$81,561
Friday	15.4%	32.2	\$1,291	\$1,983	\$41,600	\$63,901
Saturday	6.1%	12.7	\$627	\$1,205	\$7,933	\$15,246
Holidays	2.9%	6.2	\$929	\$1,603	\$5,723	\$9,869
Total	100.0%	209			\$293,007	\$430,457
Head Count:	237.0					
FTE Count:	180.2					



Proposed AMA Definition: ARP

- Days worked provides methodology to link FFS and ARP physicians
- Validation can be provided through comparing ARP contractual amounts to annual benchmarks by section



Physician Feedback

- Appropriateness of one definition for multiple purposes
 - Contract definitions
 - Recruitment and retention
 - Allocation and income assessment
- Difficulty in recognizing the workload associated with prolonged periods of coverage
 - 24-hour shifts and or week long service coverage
- Concerns that those working night shifts cannot work the next day even if the night has very few service claims
 - Patient safety culture of expectation of work hours and reality of affordability for MDs to work unpredictable workloads on call
- Non-measurable but required work activities associated with providing clinical care
 - Administration, quality assurance, practice management



Selected Issues

- Are adjustments required for overnight shift work?
- Is methodology robust when shifts extend past midnight and therefore span two days?
 - Data does not reveal time of service curtailing ability to assign to a specific shift
 - Impact is mitigated by large numbers working day shifts, unintended linking of evening and morning services and percentile methodology
- Are long and short shifts appropriately captured through trimming and choice of claims by day percentiles?



Quantification of AMA and CIHI Approaches

- Total FTE count is 5.0% lower using AMA approach
- Annual benchmark claims are not strictly comparable between the two approaches
- Only intra-sectional data is used to derive FTEs within a section
- Paediatrics has the biggest difference in FTE counts in terms of percentage change



Enhancements

- Inclusion of days worked enables stability over time, improved comparisons among sections and greater transparency
- Inclusive of FFS and ARP MDs as able to extrapolate to ARP clinical expectations
- Blends historical patterns with reasonable work load calculations



Future Work

- Best FTE measure depends on application
 - More than one approach/set of assumptions required
- Establish and maintain linkages between remuneration methods
- Ongoing shareholder work. Definition is a dynamic process and future adjustments are anticipated
 - Explore adjustments for those working shifts over more than one calendar day or long hours
 - Other enhanced data
 - Practice pattern changes



Questions / Comments

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