

Infectious Diseases Society of America
ID Compensation Conversations; The Fundamentals of ID Physician Compensation:
What Are the Options for Deciding Which Model to Choose?
November 2021

Webinar Q&A

1. **Question/Comment:** Often the RVU-based component of a salary is clearly defined, and in some payment models, bonuses are provided when more than the expected RVUs are produced. During the pandemic ID physicians performed activities that did not generate RVUs. How is IDSA addressing this issue?
 - **Answer/Response:** *Often, we observe a common flaw in many compensation models such that there isn't an effective way of recognizing non-RVU generating work. IDSA is addressing this issue through our work with the Board led Physician Compensation Initiative (PCI).*
2. **Question/Comment:** How are these materials and this discussion related to pediatric infectious diseases physicians?
 - **Answer/Response:** *Much of the material presented is universally applicable, and many of these concepts may apply to pediatric infectious diseases physicians.*
3. **Question/Comment:** Is it relevant that there exists Medicare Conditions of Participation for Hospitals that include stewardship and infection control? Will understanding this help in negotiations?
 - **Answers/Response:** *Yes. The administrative work associated with ASP programs is an important component of many ID physicians value to the health care system. IDSA's PCI is intended to help IDSA's members be recognized for the value they provide. These CMS requirements represent an example of where ID physicians have effectively identified and advocated for the value of ID providing Antimicrobial Stewardship and Infection Control services.*
4. **Question/Comment:** What are some common tracking tools or applications that ID physicians use to track their daily work outside of clinical care?
 - **Answer/Response:** *Many physicians use applications such as Toggl Track, QuickBooks Time Tracker, and LifeCycle*
5. **Question/Comment:** Is the generation of high work RVU in a group practice an argument to hire more physicians?

- **Answer/Response:** *High work RVU generation for a group is not necessarily an indicator of physicians being overworked or needing additional support. A better indicator for physician overwork is a comparison of the group's actual total effort to a standard definition of an FTE. For example, if a group consists of 5 full-time ID physicians, but those physicians are collectively deployed as 6 FTEs, then additional physician support is likely needed.*
6. **Question/Comment:** If unfairness of the RVU system in terms of compensation for non-procedural specialties exists, how is IDSA addressing this issue.
- **Answer/Response:** *On behalf of its members, IDSA continues to advocate for reimbursement reforms that more effectively compensate for the value of ID clinical and nonclinical services.*
7. **Question/Comment:** In an academic setting, how is salary negotiated and can a negotiation occur at any time during employment?
- **Answer/Response:** *Compensation may be negotiated in any employment setting, even if negotiation is uncommon within that institution. The information and approach that academic physicians should take during compensation negotiations will be addressed in the Physician Compensation Negotiation Playbook, a core deliverable to the IDSA membership produced from its work under the PCI.*
8. **Question/Comment:** Will the data collected during the PCI project help define what an FTE for ID physicians looks like? A full-time ID physician's effort at one organization may look very different from a full-time ID physician's effort at another.
- **Answer/Response:** *The data collected through IDSA's work under the PCI, including compensation, productivity, clinical vs. nonclinical effort, etc.) will be shared in the Physician Compensation Negotiation Playbook which will serve as a resource for our members during their compensation negotiations. We know from survey data that ID physicians work harder (more hours) than many of their non-ID peers. Because the definition of an FTE may be variable across organizations, or nonexistent in some, understanding or defining an FTE for ID physicians in your organization and then tracking your individual effort in comparison to that definition is a critical first step in compensation-related negotiations*