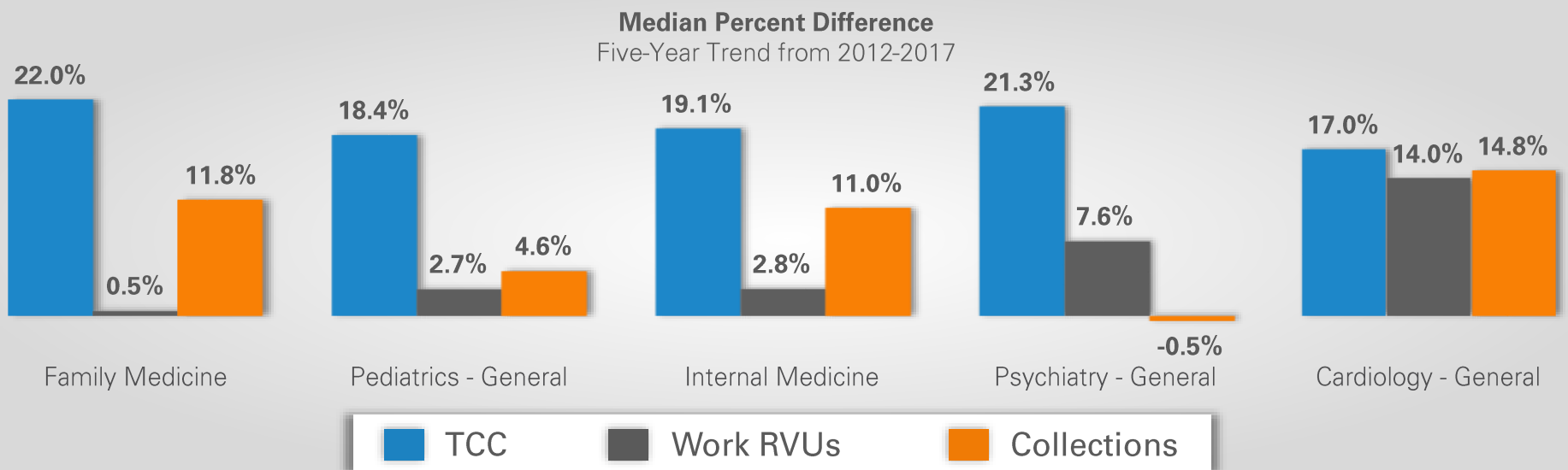


# Physician Compensation and Productivity Survey

Competition for physicians resulting in continued upward pressure on compensation, outpacing increases in productivity and collections



## Physician reward strategies evolving to align with performance drivers and organizational goals



Incentive plan designs increasingly reflect changing payment and care delivery models with **more emphasis on value-based compensation**



Panel size and care delivery metrics more important as organizations **move toward risk-based arrangements**



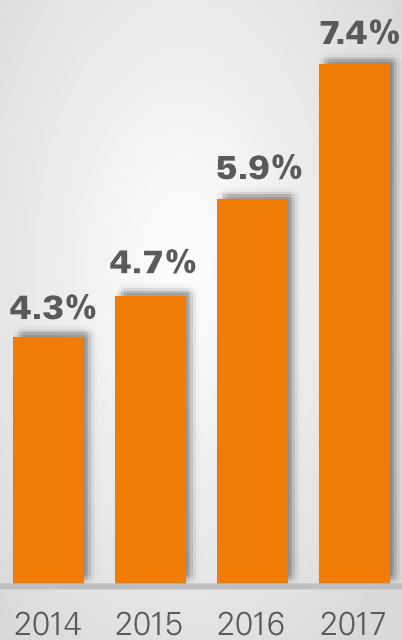
**Highly competitive environment for physician leadership** talent leading to compensation arrangements based on size of organization and scope of responsibility



**Physician workforce demographics and multi-generational needs** require thoughtful consideration of reward strategies to attract, retain and engage key talent

### Quality Incentive Payments

(as a percentage of TCC)



All Specialty Groups

### Panel Size and TCC per Patient

#### Family Medicine



Panel Size: **1,814**  
TCC/Patient: **\$131**

#### Pediatrics



Panel Size: **1,754**  
TCC/Patient: **\$132**

#### Internal Medicine



Panel Size: **1,734**  
TCC/Patient: **\$145**

### Leadership Compensation



Total cash compensation for a department chair can range from

**1.5 to 2+ times**

that of staff physician compensation for the same department/specialty

### Prevalence of Recruitment and Retention Practices

Sign-On Bonuses  
**61%**

Non-Competes  
**68%**

Student Loan Repayments  
**20%**

Source: SullivanCotter 2017 Physician Compensation and Productivity Survey Report



**2018 survey now open for participation**  
Deadline to submit is March 30

Learn more: [Contact-Us@sullivancotter.com](mailto:Contact-Us@sullivancotter.com) or 888.739.7039

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