Summary of Neonatologist Productivity & Compensation: Northeast Region (ME, NH, VT, MA, CT, NY, RI)

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Purpose

- The purpose of this study was to provide a free neonatologist specific national sampling of common productivity and compensation expectations
- This presentation is a simplified overview of some of the data obtained
- As such, interpretation of these data may not reflect an individual's specific needs, goals, or expectations.

Survey Data Categories

Providers:

- Years since fellowship
- Years in current practice
- Classification of primary clinical Unit
- If Academic affiliation: rank, grant support
- Average daily clinical responsibilities
- Time: clinical, research, administrative, or other
- Job type: Full, Part-time, job share, or per diem
- Compensation

Practice

- If deliveries, volume
- Number and type of associates
- Type of practice group
- Metropolitan Classification
- Regional of County
- Number, type, and size of Units affiliated with practice

Methodology

- Voluntary anonymous Qualtrics survey sent to all AAP Perinatal Section members
- Data obtained between March to April 2016
- Over 700 surveys initiated
 - 424 used in analysis
 - Eliminated:
 - Incomplete surveys
 - Part-time or retired positions
 - Surveys from other than a practicing neonatologist
- Thank you to all those who contributed to this effort by completing the survey or assisting in its development

Analysis

- Statistical analysis was done using JMP Pro 13.1 by SAS
- The majority of analysis and calculations were made using the data from the study. To complete some estimates, however, assumptions were needed to be made about data not directly obtained the survey. In such cases the assumption will be noted.

Goals

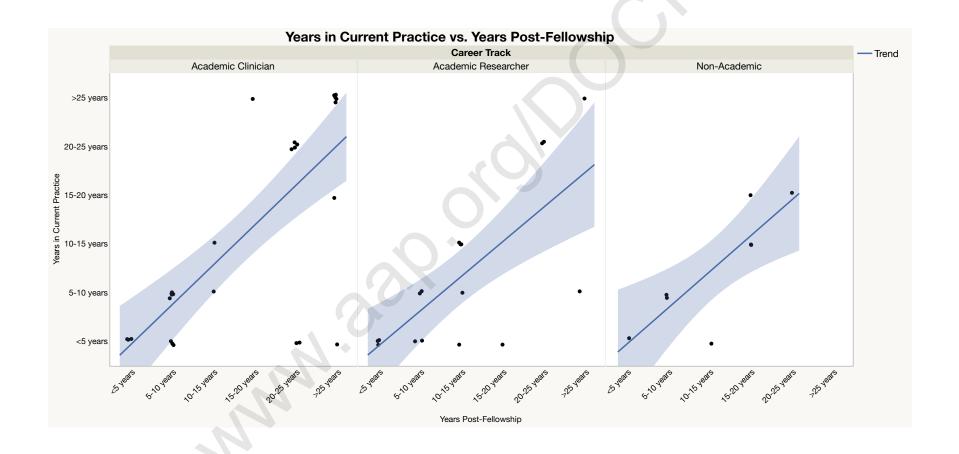
- As the health care environment evolves, taking stock of physician responsibilities, productivity, and compensation will help to inform needed decisions.
- To foster this role, it is our hope that these analysis will be submitted for publication or free public web-based presentations.
- Ultimately, beginning a dialogue to increase healthcare and health system transparency

Sampled:

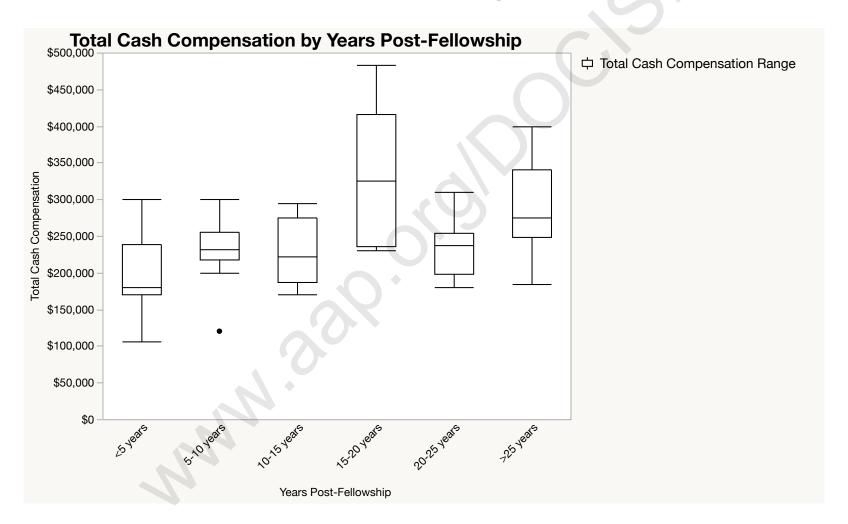
AAP Perinatal Section Members

| Region | Distribution of ABP Delegates (%) | Distribution of Survey Sample (%) | Distribution Chi Sq (p-value) |
|---------------|-----------------------------------|-----------------------------------|-------------------------------|
| Great Lakes | 665 (16.7) | 87 (19.2) | 0.19 |
| Mid-Atlantic | 683 (17.2) | 85 (18.7) | 0.41 |
| North Central | 200 (5.0) | 28 (6.2) | 0.30 |
| Northeast | 491 (12.3) | 70 (15.4) | 0.06 |
| Northwest | 134 (3.4) | 15 (3.3) | 0.94 |
| South Central | 431 (10.8) | 39 (8.6) | 0.14 |
| Southeast | 637 (16.0) | 63 (13.9) | 0.26 |
| Southwest | 215 (5.4) | 17 (3.7) | 0.13 |
| West | 522 (13.1) | 50 (11.0) | 0.20 |
| National | 3978 | 454 | |

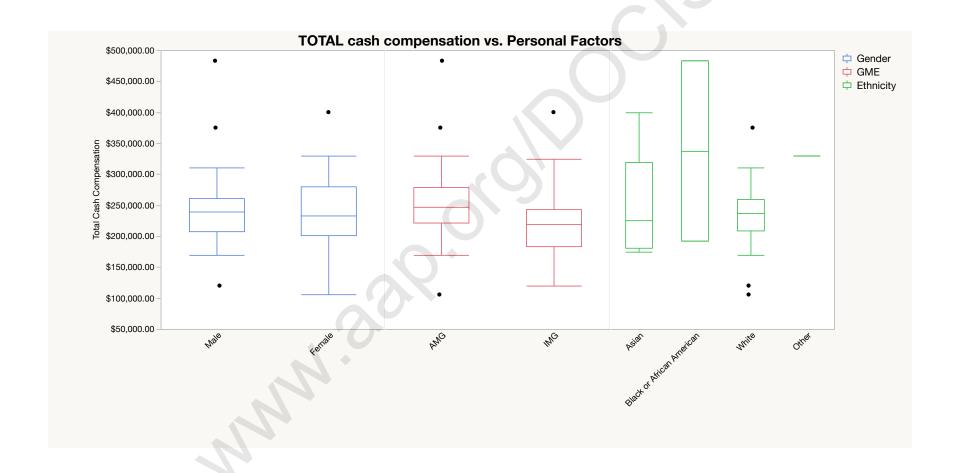
Career Stability Northeast Region



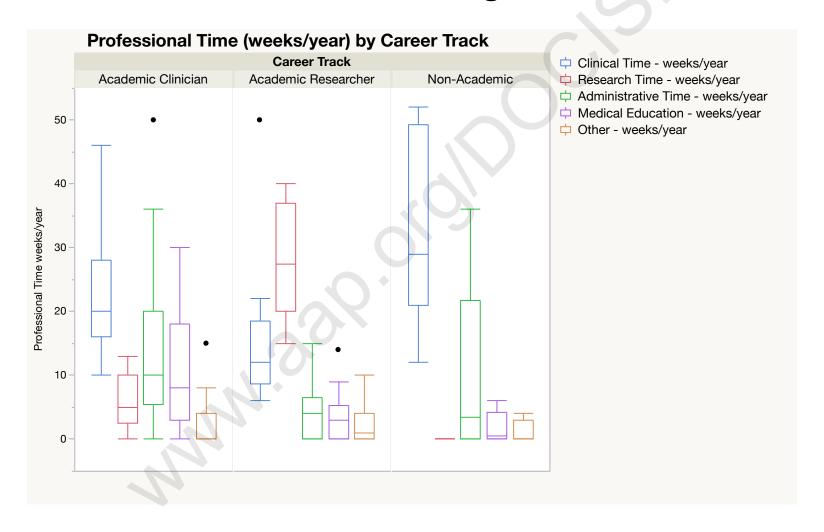
Cross Sectional Salary Trend



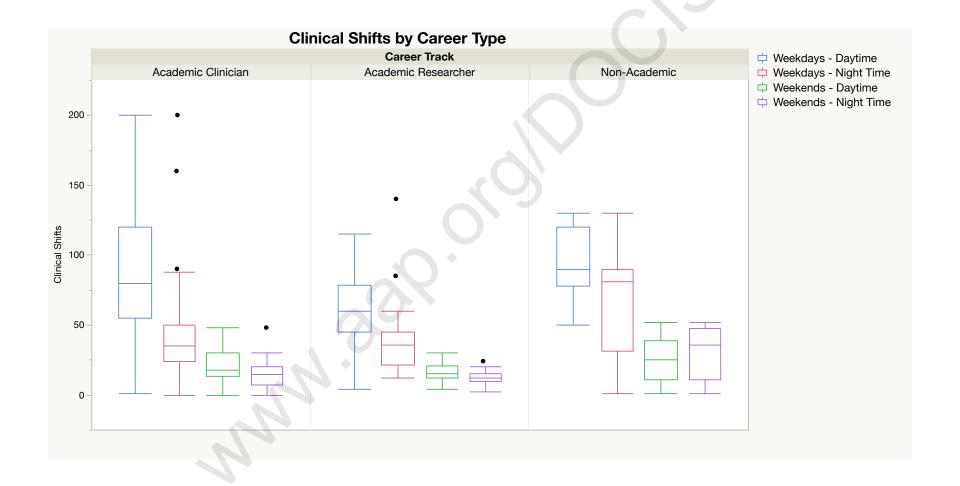
Compensation and Personal Factors



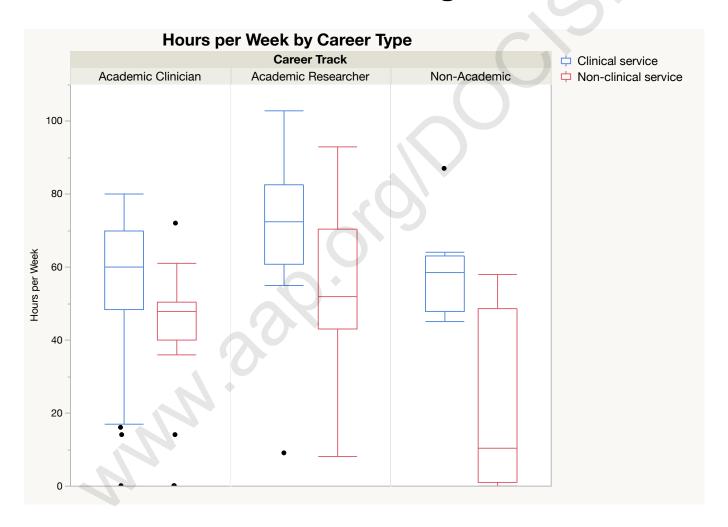
Professional Duties by Career Type



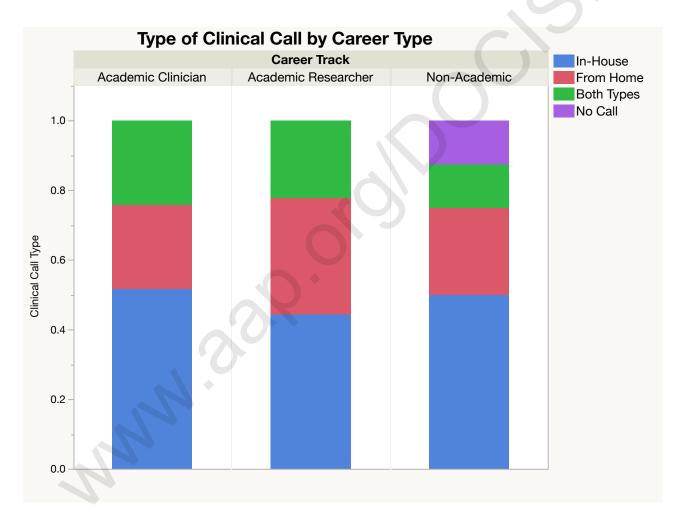
Clinical Schedule Northeast Region



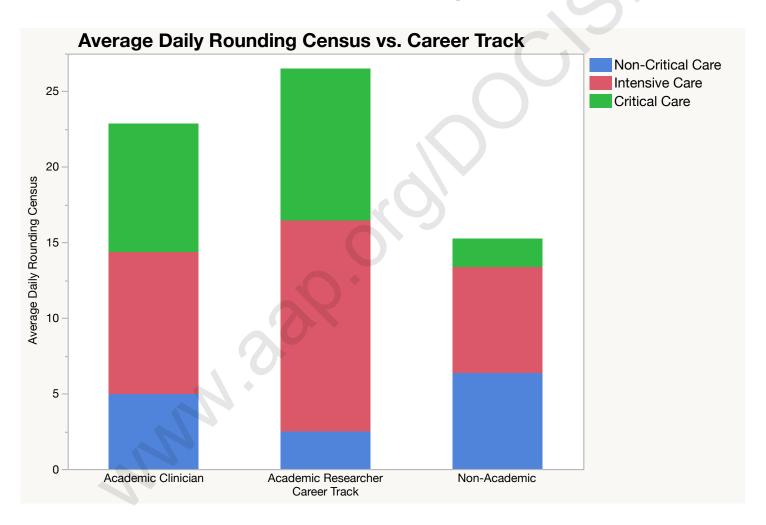
Hours Worked per Week



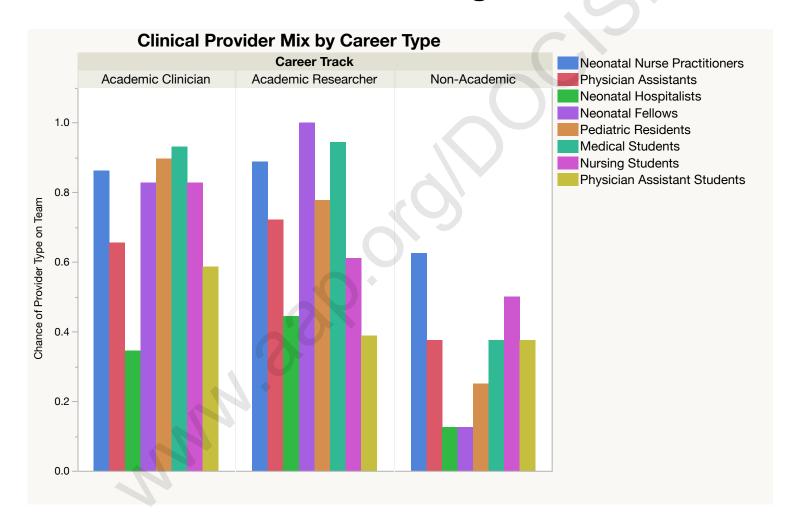
Call Type Northeast Region



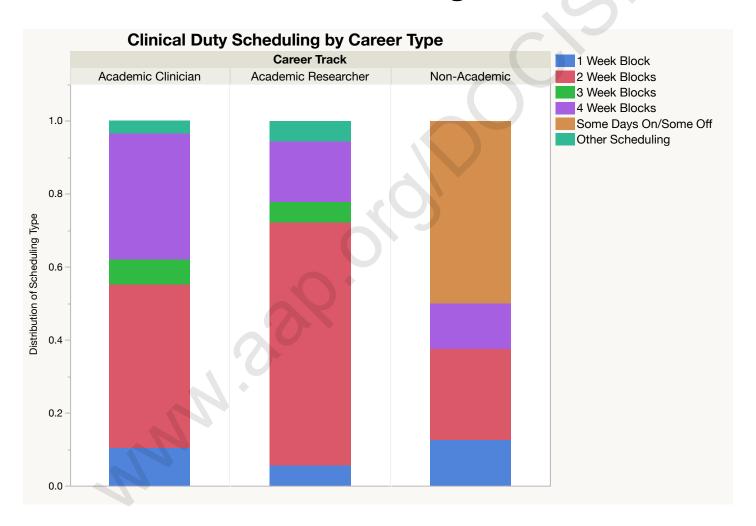
Clinical Demands



Clinical Team Mix



Scheduling of Clinical Time



Northeast Compensation and External Salary Funding

| Professional Type | Percentile | | Compensation | % Salary Funded |
|---------------------|------------|----------|--------------|-----------------|
| | 90% | | \$330,000 | 30% |
| | 75% | quartile | \$280,000 | 5% |
| Academic Clinician | 50% | median | \$240,000 | 1% |
| | 25% | quartile | \$216,000 | 0% |
| | 10% | 40 | \$170,000 | 0% |
| | 90% | | \$257,000 | 62% |
| | 75% | quartile | \$242,250 | 31% |
| Academic Researcher | 50% | median | \$218,500 | 1% |
| | 25% | quartile | \$190,250 | 0% |
| | 10% | | \$170,000 | 0% |
| | 90% | | \$483,000 | 2% |
| | 75% | quartile | \$337,500 | 0% |
| Non-Academic | 50% | median | \$293,000 | 0% |
| | 25% | quartile | \$238,500 | 0% |
| | 10% | | \$180,000 | 0% |