

BREAKOUT SUMMARY: Advancing Team-Based Care: Compensation Models for MDs and APP

The **Advancing Team-based Care: Exploring Compensation Models** sessions centered around discovering how organizations use compensation to drive and reward team-based methodologies and collaboration. Moderated by Brent Lawless from OSF Healthcare and Matt BonDurant from ProCARE Portal, the sessions saw 25 attendees focused on provider organizations, many of which had over 1000 providers. A pre-survey was administered and used to guide the discussion.

Team compensation is a new and growing concept for provider compensation professionals. As such, there are various interpretations of how the concept can be defined, the first step was to define it collectively.

Here is that definition:

***Team-based care compensation:** The use of incentives to reward teamwork and collaboration, which is not limited to any particular specialty, provider, or employee type and occurs anytime a shared or grouped component is used in compensation. These models are relevant regardless of provider type but include various touchpoints and considerations for how providers are organized and their roles in the care model or organization. Much like individual compensation, multiple aspects of compensation are tied to measures such as quality, productivity pools, access, risk, and APPs. Still, unlike individual measures, they are attributed across organizational levels (e.g., group, team, service line, region, etc.), tracking performance in care collaboration, delivery, communication, production, and working for a collective purpose.*

These models aim to incentivize providers to work collectively to improve health outcomes, share/redistribute volume, find common ground, partner with other provider types, practice at the correct licenses, and teach and act selflessly.

Participants cited outcomes of these models, including improving relationships between providers of all kinds, particularly APP to Providers, and even examples where the concepts were used for the entire office.

When asked to rank the importance of moving to team-based care on a scale from 1-10, the weighted average was 6.9. Given all of the priorities in the provider comp space, this is high. While concepts widely applied to primary care were cited, it was clear that the use cases and desire to apply those concepts to other specialties are in motion.

Barriers to advancing team compensation included:

- Strategic (e.g., plotting the course, understanding the value prop, getting approval/buy-in to make the change)
- Data Management (accessing/maintaining data, having data in systematic formatting (e.g., not random spreadsheets), and assigning data to the right people at the right level)
- Execution (change management, keeping up with the calculations/changes/etc., rolling out the plan)

- Financial/risk (understanding the impacts)

The most common barrier was Execution, with 70% reporting issues, but Strategic and “All the Above” were reported as the most significant barrier. Complexities exist because data has to be attributed in multiple ways, requiring the correct attributes to be linked to the data to allow this grouping. The logic and calculations to calculate measures and incentive flows differ from the individual components, requiring additional considerations and management.

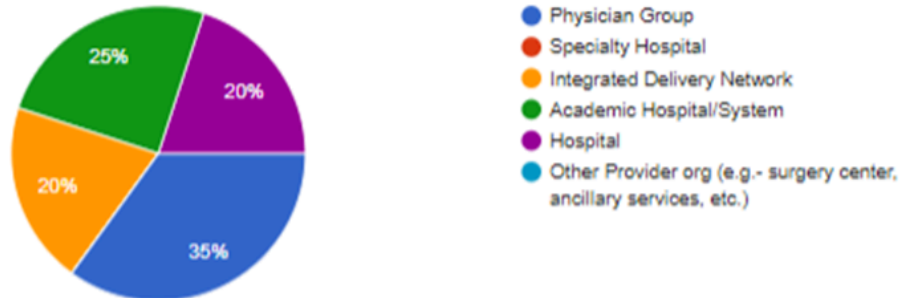
Participants reporting success with team components mentioned that the ability to control weights and slowly evolve was vital. Using technology to help with data and calculations was recommended. While different and more sophisticated, these concepts are rooted in past models used by provider partner groups before heavy reliance on productivity and consolidation of providers into systems or larger entities.

Additional Survey Insights:

- 65% of participants think generational differences with newer vendors make team-based concepts more important.
- Only 25% of participants reported more than 5% of comp on team-based measures, but 40% reported working to put measures in place with slight variation due to provider type.
- Over 60% of participants had Pooled Productivity and Team-based Quality, but only 30% had other components such as team panel, access, risk, etc.
- Productivity still made up the majority of incentives in 85% of the participants, and 45% of participants have productivity making up over 90% of compensation, with another 35% of respondents between 76 - 90%.
- When asked what participants thought the weight of productivity should be, 75% said less than 75%, showing the desire to put less value on productivity and more on team-based concepts.

1a. My organization type (select the best that applies)

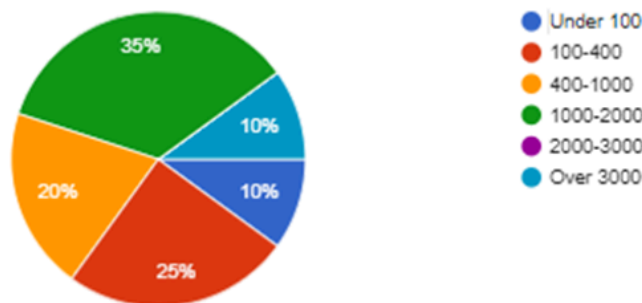
20 responses



1b. My organization provider scope (providers managed by your team):

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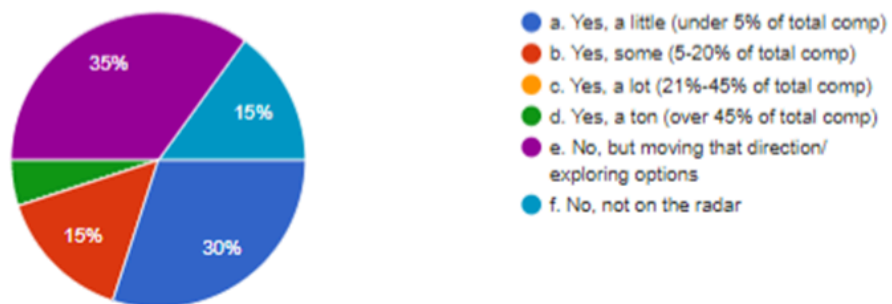
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2. My organization has team based components for **physicians** (select the best that applies) :

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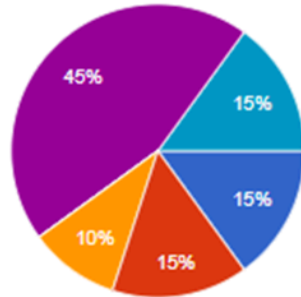
20 responses









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3. My organization has team based components for **APPs** (select the best that applies):

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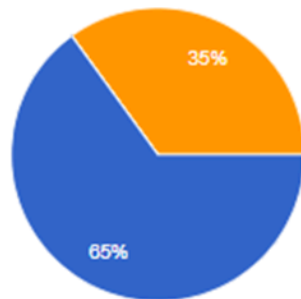





-  a. Yes, a little (under 5% of total comp)
-  b. Yes, some (5-20% of total comp)
-  c. Yes, a lot (21%-45% of total comp)
-  d. Yes, a ton (over 45% of total comp)
-  e. No, but moving that direction/ exploring options
-  f. No, not on the radar

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4. I am seeing **generational differences** in our new provider hires that are making (pick best option):

20 responses

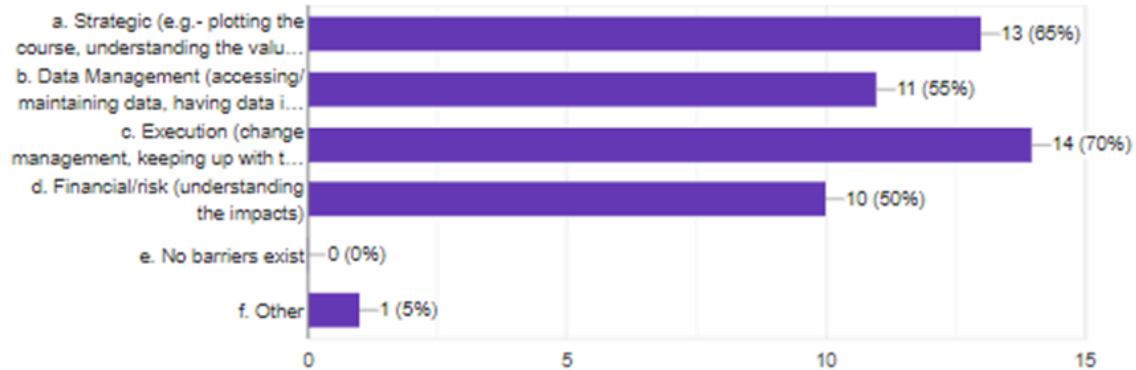


-  a. Team based concepts more important
-  b. Team based concepts less important
-  c. Not seeing any differences

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5. The **barriers** to adding or growing more team based models are (check all that apply):

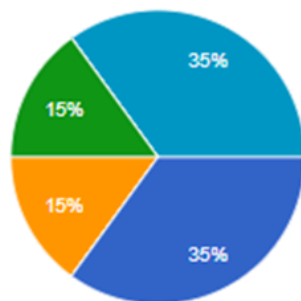
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6. The **biggest current barrier** to adding or growing more team based models are (select the best that applies):

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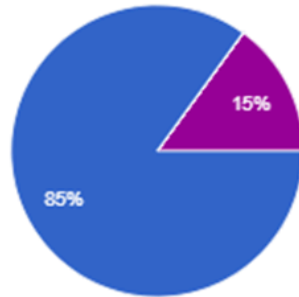


- a. Strategic (e.g.- plotting the course, understanding the value prop, getting...
- b. Data Management (accessing/maintaining data, having data in syste...
- c. Execution (change management, keeping up with the calculations/chan...
- d. Financial/risk (understanding the im...
- e. No barriers exist
- f. ALL OF THEM!!!
- g. Other

7. As a whole, my **organizations current models** predominantly incentivizes (select the best that applies):

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20 responses

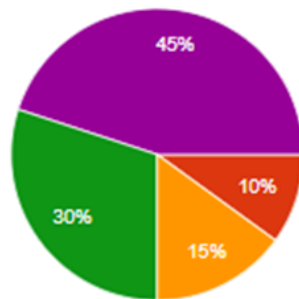


- a. Production (e.g.- widgets, shifts worked, wRVUs)
- b. Salary
- c. Population Health/Value Based/Risk
- d. Access
- e. Well mixed with all (most) of the above

8. **The % of provider comp in my org that is directly related to production** is (select the best that applies):

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20 responses

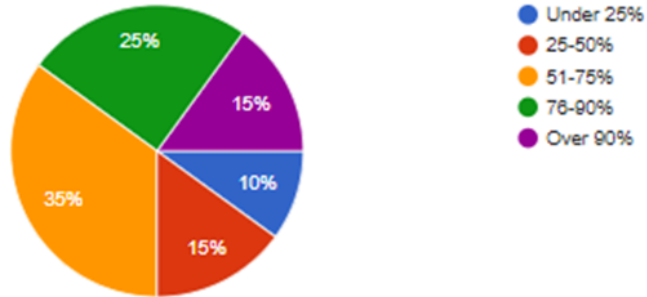


- Under 25%
- 25-50%
- 51-75%
- 76-90%
- Over 90%

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9. In my opinion the % of provider comp directly related to production should be (select the best that applies):

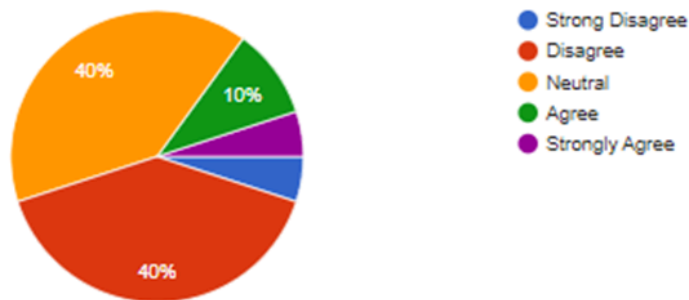
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10. Our comp models are conducive to fostering a patient centric approach where providers collaborate and work together

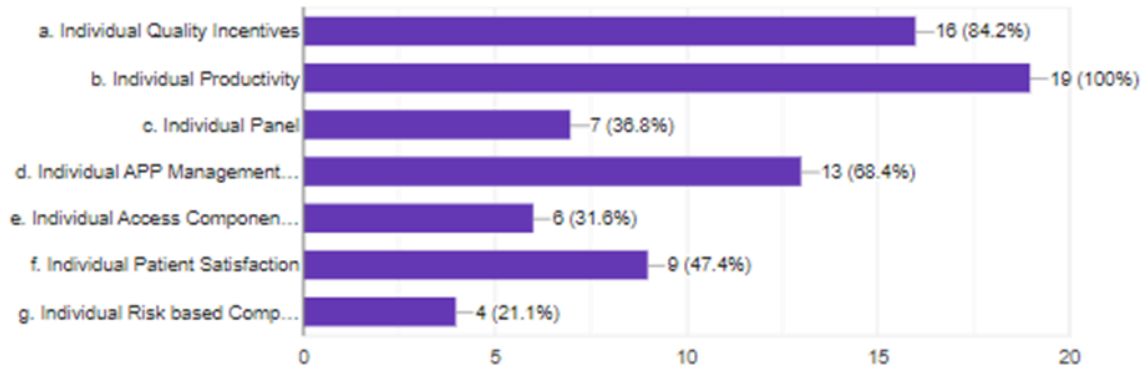
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11. Do you have any of the following components in your organizations compensation models at the **individual level** (e.g.- provider personal productivity or personal quality performance) (select all that apply):

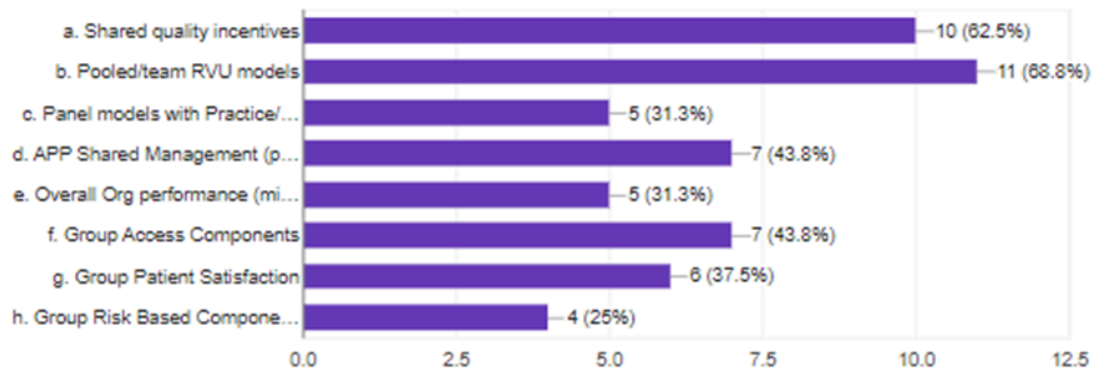
19 responses



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12. Do you have any of the following **team components** in your organizations compensation models (select all that apply):

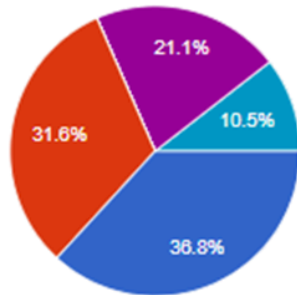
16 responses



13. What **organizational level (or hierarchy)** are the **team based models** in your org applied too predominantly (select the best that applies):

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19 responses

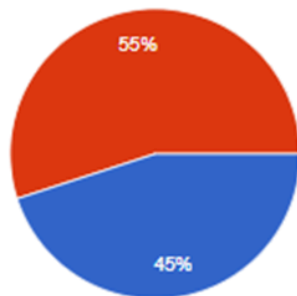


- a. NONE- we don't have any of them to comment
- b. Plan (all those assigned to a specific plan)
- c. Pod/Team
- d. Cost Center
- e. Specialty
- f. YES- Many/ALL of these depending on provider
- g. Other

14. Have you ever worked closely with a group of physicians that shared revenue evenly?

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20 responses



- Yes
- No

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15. On a scale 1-10 (1 lowest 10 highest) what level of importance is adding team based linkages to compensation to the provider compensation industry

20 responses

