PHAIRIFY

AGS / ADGAP Benchmarking Survey – Survey Guide

Our Survey Guide will help you prepare for, and complete, your Benchmarking Survey. Review the Survey questions and information requirements before you access the application and complete the Survey online or use this Guide as a worksheet to first complete the Survey offline, and then transcribe your responses into the application.

The Survey consists of a set of Core questions designed to help describe your current practice, productivity, and compensation measures, and four Modules focusing on different settings of care (Acute, Ambulatory, Long-Term, and Home). You may elect to participate in any Module applicable to your practice. Certain Core questions will have a follow-up question designed to understand the characteristics of your desired, future job.

Our future-oriented questions are used to create what we call an "Ideal Career Opportunity," or "ICO." For example, the Survey will ask about your professional functions (Clinical-Patient Care, Teaching, etc.) now, and then follow-up with a question about what professional functions you would require or prefer in a future job.

Please note: if you participated in the Survey in a prior year, after logging in you will be invited to identify and update your responses only to those questions requiring updated information. (In other words, to speed your participation and access to specialty data, you will not have to repeat the entire Survey.)

Once you have completed and submitted your Core questions and first ICO, you will have a few options. You can go to the "Share" page to select and complete any relevant Module(s). You can go to the "Inform" page to review aggregated Survey responses from your peers, and benchmark yourself across various measures. Or, you can go to the "Connect" page to develop additional ICO profiles, using what you learned by reviewing aggregated responses to the Survey.

Create new ICO profiles by going to the "Connect" page and modifying job terms you care most about. Once you post these new ICOs, Phairify will notify you of job offerors meeting your specific ICO terms.

Our Survey is designed to be quick and intuitive. The 15-20 minutes you spend completing the Core questions will provide you access to best-in-class market intelligence and a unique, career management tool. The Survey is accessible any time on any device; for best results, we

recommend taking the Survey on a desktop computer or tablet the first year of the Survey to best familiarize yourself with the application and its features.

Of note, Phairify does not request, collect, or use any personally identifiable or sensitive information, and all your responses are completely anonymous and kept secure consistent with our Privacy Policy.

Welcome to Phairify.

Mark
CEO, Phairify

The Core questions to the Survey cover the subject areas listed below. A complete set of questions and answer options is provided on the following pages.

- Medical school status.
- Academic Degree(s).
- Years in practice of current specialty.
- Practice type (private, academic, etc.).
- Provision of locum tenens services.
- Leadership positions.
- Professional functions (clinical, research, etc.).
- Types of clinical-patient care services provided (inpatient, outpatient, etc.)
- On-call services
- Income amounts reported.
- Employer-provided benefits.
- PTO days granted.

Assess the questions and collect the information resources you need to provide your answers. For your convenience, when completing the Survey, you will have the opportunity to designate a proxy to assist with provision of the clinical productivity data. Look for details on this process in a separate note from AGS. You will need to complete the Core Survey questions before you are granted access to the Survey data.

Questions? Please consult our FAQs, email support@phairfy.com, or call 888-400-3130.

AGS / ADGAP Benchmarking Survey Questions

[For information only; sign in to Phairify to complete the Benchmarking Survey]

What is your <u>medical school status</u>?

- US graduate of allopathic medical school
- US graduate of osteopathic medical school
- International graduate of international medical school
- US graduate of international medical school

For the reporting year (1/1/2023 - 12/31/2023), what <u>academic degrees</u> do you hold? *Select all degrees held during the reporting year.*

- MD
- DO
- PhD
- MBA
- MHA
- MPH

- MA
- MSC
- JD
- MBBS/MBChB
- Other

For the reporting year (1/1/2023 - 12/31/2023), how many years have you been in the practice of your current specialty since the final year of training in your residency or fellowship?

- Less than 1 years
- 1-5 years
- 6-10 years
- 11-15 years

- 16-20 years
- 21-25 years
- Greater than 25 years

For the reporting year (1/1/2023 - 12/31/2023), Estimate the percentage of your professional time spent on the functions below?

- __% Clinical-Patient Care
- __% Teaching or Training in the context of delivering patient care
- __% Teaching or Training in a didactic setting (e.g., classroom)
- __% Administrative or Management (e.g., APPs, Committees)
- __% Research

For each of the professional functions below, indicate if it is <u>required, not desired or if you have no preference</u> for the ideal career opportunity you envision.

- Clinical-Patient Care   ___ Required   ___ Not Desired   ___ No preference
- Teaching or Training   ___ Required   ___ Not Desired   ___ No preference
- Admin / Management   ___ Required   ___ Not Desired   ___ No preference
- Research   ___ Required   ___ Not Desired   ___ No preference

For the reporting year (1/1/2023 - 12/31/2023), Estimate the percentage of your professional time spent working for the following practice types?

- __% Private practice / Physician owned
- __% Physician owned under a Health System Foundation Model
- __% Hospital / Health System / Integrated Health System
- __% Independent Non-Profit Foundation (not affiliated with a health system)
- __% Academic / Medical School-sponsored
- __% Academic / Non-Medical School-sponsored
- __% Academic / Health System-sponsored
- __% Government (e.g., Veterans Affairs)
- __% Private Investors / Publicly Traded Corporation / Retail
- __% Insurance Company
- __% Other

- **If you worked in a Private Practice / Physician Owned or in a Physician Owned under a Health System Foundation Model practice type …**

  o **For the reporting year (1/1/2023 - 12/31/2023), What was your contractual relationship with your private practice or physician-owned practice?**

    ▪ Employee (non-owner)
    ▪ Independent Contractor
    ▪ Owner

  o **For the reporting year (1/1/2023 - 12/31/2023), Estimate the percentage of your professional time spent on the functions below for your private practice or physician-owned practice?**

    ▪ __% Clinical-Patient Care
    ▪ __% Teaching or Training in the context of delivering patient care
    ▪ __% Teaching or Training in a didactic setting (e.g., classroom)
    ▪ __% Administrative or Management (e.g., APPs, Committees)
    ▪ __% Research

- o **For the reporting year (1/1/2023 - 12/31/2023), What clinical-patient care services did you provide for your private practice or physician-owned practice?**

  - In-patient, team attending
  - In-patient, consultant
  - Outpatient primary care provider
  - Outpatient consultation
  - Palliative care
  - eConsults

- **If you worked in an Academic / Medical School-sponsored or Academic / Non-medical school-sponsored or Academic / Health System-sponsored practice type …**

  - o **For the reporting year (1/1/2023 - 12/31/2023), What was your contractual relationship with your academic practice?**

    - Employee (non-owner)
    - Independent Contractor
    - Owner

  - o **For the reporting year (1/1/2023 - 12/31/2023), Estimate the percentage of your professional time spent on the functions below for your academic practice?**

    - __% Clinical-Patient Care
    - __% Teaching or Training in the context of delivering patient care
    - __% Teaching or Training in a didactic setting (e.g., classroom)
    - __% Administrative or Management (e.g., APPs, Committees)
    - __% Research

  - o **For the reporting year (1/1/2023 - 12/31/2023), What clinical-patient care services did you provide for your academic practice?**

    - In-patient, team attending
    - In-patient, consultant
    - Outpatient primary care provider
    - Outpatient consultation
    - Palliative care
    - eConsults

- **If you worked in a Government (e.g., Veterans Affairs) practice type …**

    o **For the reporting year (1/1/2023 - 12/31/2023), What was your contractual relationship with your government practice?**

        ▪ Employee (non-owner)
        ▪ Independent Contractor
        ▪ Owner

    o **For the reporting year (1/1/2023 - 12/31/2023), Estimate the percentage of your professional time spent on the functions below for your government practice?**

        ▪ __% Clinical-Patient Care
        ▪ __% Teaching or Training in the context of delivering patient care
        ▪ __% Teaching or Training in a didactic setting (e.g., classroom)
        ▪ __% Administrative or Management (e.g., APPs, Committees)
        ▪ __% Research

    o **For the reporting year (1/1/2023 - 12/31/2023), What clinical-patient care services did you provide for your government practice?**

        ▪ In-patient, team attending
        ▪ In-patient, consultant
        ▪ Outpatient primary care provider
        ▪ Outpatient consultation
        ▪ Palliative care
        ▪ eConsults

- **If you worked in a Hospital / Health System / Integrated Health System or Independent Non-Profit Foundation (not affiliated with a health system) Private Investors / Publicly Traded Corporation / Retail or Insurance Company practice type …**

    o **For the reporting year (1/1/2023 - 12/31/2023), What was your contractual relationship with that practice type?**

        ▪ Employee (non-owner)
        ▪ Independent Contractor
        ▪ Owner

- For the reporting year (1/1/2023 - 12/31/2023), Estimate the percentage of your professional time spent on the functions below for that practice?

    - __% Clinical-Patient Care
    - __% Teaching or Training in the context of delivering patient care
    - __% Teaching or Training in a didactic setting (e.g., classroom)
    - __% Administrative or Management (e.g., APPs, Committees)
    - __% Research

- For the reporting year (1/1/2023 - 12/31/2023), What clinical-patient care services did you provide for that practice?

    - In-patient, team attending
    - In-patient, consultant
    - Outpatient primary care provider
    - Outpatient consultation
    - Palliative care
    - eConsults

For the reporting year (1/1/2023 - 12/31/2023), did you provide <u>locum tenens</u> clinical services?

- Yes, full time (I do not have permanent employment in one practice)
- Yes, part time (I had more than 1 locum tenens assignment)
- No

Would the ideal career opportunity you envision include the provision of locum tenens clinical services?

- No preference
- Yes
- No

What was your academic rank during the last academic year?

- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Affiliated / Adjunct Faculty (Clinical Assistant / Associate / Professor)
- I was not affiliated with an academic institution

For the reporting year (1/1/2023 - 12/31/2023), did you serve in a <u>leadership position</u> as a Program Director, Division Chief, or Department Chair?

- Residency Program Director
- Fellowship Training Program Director
- Assistant Residency or Fellowship Program Director
- Division Chief / Division Director
- Associate Chief
- Interim Chief
- Department Chair

- Interim Department Chair
- Vice Chair (i.e., Clinical Affairs, Education, Research)
- Medical Director
- Interim Medical Director
- Executive / Senior Leader (CEO, CMO, etc.)
- Other
- No

For the reporting year (1/1/2023 - 12/31/2023), did you provide <u>on-call</u> services?

- Yes
- No

- **If you provided on-call services for the reporting year …**

  - **In a typical month, how many 24-hour call shift equivalents of call did you take?** *(For example, if you took four 12-hour call shifts, that would equate to two 24-hour equivalents. If you took nine 8-hour call shifts, that would equate to three 24-hour equivalents. Use the following formula to calculate 24-hour equivalents: (Hours per call shift X Number of shifts) / 24 = 24-Hour Equivalents)*

    - __ 24-hour call shift equivalents

For the reporting year (1/1/2023 - 12/31/2023), how many <u>total hours</u> did you work in a typical week? *"Total Hours" includes all forms of clinical care, administrative and management activity, teaching, research, meetings and leadership activities but excludes time spent on call not actively providing call-related clinical services.*

- Less than 10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 41-50 hours

- 51-60 hours
- 61-70 hours
- 71-80 hours
- 81 or more hours

For the reporting year (1/1/2023 - 12/31/2023), for the professional work you report in this survey, what was your <u>total cash compensation</u>? *To answer this question, please report ONLY income derived from professional services for work reported here (not ancillary income). Report amounts using the slider or entering it in the text box. Round amounts to the nearest $100.*

- $_____

For the reporting year (1/1/2023 - 12/31/2023), which of the following <u>benefits</u> did your employer pay for, whether in whole or in part?

- Retirement benefits
- Health Insurance benefits
- Flexible Spending Accounts (for Healthcare and/or Childcare)
- Disability Insurance benefits
- Life Insurance benefits
- Malpractice insurance
- Professional dues benefits

- Licensing fees benefits
- CME stipend benefits
- Paternity Leave
- Maternity Leave
- Paid Holidays
- Childcare/Dependent Care Stipend
- None
- All of the above

For the reporting year (1/1/2023 - 12/31/2023), how many <u>PTO days</u> were you granted? *Paid time off (PTO) or personal time off is a benefit in which the employer compensates employees during their absence from work for sick time, vacations and personal appointments. Please indicate number of PTO days granted (if PTO is granted as a number of hours, divide that number by 8 to calculate a "PTO Days" amount.) As used here, PTO does not include any time granted for attending CME activities.*

- _____ PTO Days
- Practice did not provide PTO Days

For your ideal job, where would you like to work?

- _____ Region / Subregion
- _____ State
- _____ Metropolitan Area

Acute Care Module

The Acute Care Module asks questions relating to delivery of clinical-patient care services in an acute care setting.

The services covered by this Module are:

- o Inpatient geriatrics consultative attending
- o Inpatient geriatric service attending of record
- o Inpatient geriatric service attending of record - Acute Care for Elderly (ACE) unit
- o Inpatient geriatric service attending of record - Mobile Acute Care for Elderly (MACE) service
- o Inpatient geriatric service attending of record - Surgery or non-surgery co-management

General descriptions of the questions in this Module are listed, below.

- • Practice Type(s) for which you delivered clinical-patient care services
- • Clinical-patient care service type(s) you delivered for the applicable practice type
- • Total hours worked for the applicable clinical-patient care service
- • Number of hospitals to which you delivered the applicable clinical-patient care service
- • Productivity measure for the applicable clinical-patient care service
    - o Compensation plan for the applicable productivity measure
- • Total number of wRVUs generated for the applicable clinical-patient care service
- • Total compensation for the applicable clinical-patient care service
- • New consults in an average week for the applicable clinical-patient care service
    - o If applicable, number of new consults related to palliative care needs
- • Number of patients on service for the applicable clinical-patient care service
- • Number of new admissions for the applicable clinical-patient care service
- • Average patient length of stay for the applicable clinical-patient care service
- • Manner of staffing the applicable clinical-patient care service
- • Number of beds to which you delivered the applicable clinical-patient care service
- • Amount of on-call services provided in a typical month
    - o Type(s) of on-call services delivered (e.g., in-person, by telephone, etc.)
    - o Number of facilities for which you delivered on-call services

Ambulatory Care Module

The Ambulatory Care Module asks questions relating to delivery of clinical-patient care services in an ambulatory care setting.

The services covered by this Module are:

- o Outpatient consultation
- o Outpatient primary care provider (geriatrics-focused)
- o Palliative care consultation
- o Other

General descriptions of the questions in this Module are listed, below.

- Practice Type(s) for which you delivered clinical-patient care services
- Clinical-patient care service type(s) you delivered for each applicable practice type
- Total clinical hours worked for each clinical-patient care service
- Average primary care patient panel size for the applicable clinical-patient care service
- Collaboration with APPs in the delivery of the applicable clinical-patient care service
    - o Type(s) of APPs
- Other support available for the applicable clinical-patient care service (e.g., PT, OT, etc.)
- If teaching time was documented, any responsibility for supervising trainees
    - o Type(s) of trainees supervised
- New patients seen in the delivery of the applicable clinical-patient care service
- Established patients seen in the delivery of the applicable clinical-patient care service
- Type and amount of non-patient facing activities performed in the delivery of the applicable clinical-patient care service
- Productivity measure for the applicable clinical-patient care service
- Total number of wRVUs generated for the applicable clinical-patient care service
- Method of delivery of the applicable clinical-patient care service (e.g., in-person, by phone, etc.)
- Personnel responsible for performance of after hours on-call services for the applicable clinical-patient care service
    - o Amount of on-call services delivered
    - o Type(s) of on-call services delivered (e.g., in-person, by telephone, etc.)
- Total compensation for the applicable clinical-patient care service

Long-Term Care Module

The Long-Term Care Module asks questions relating to delivery of clinical-patient care services in a long-term care setting. As used here, a 'long-term care setting' includes the following: (1) Skilled nursing facilities (including nursing homes (NH) in Continuing Care Retirement Communities (CCRCs) and Veterans Affairs' (VA) Community Living Centers (CLCs)); (2) Assisted living facilities / Residential care facilities (if provider does not go to a nursing home); and (3) Program of All-Inclusive Care for the Elderly (PACE).

The services covered by this Module are:

- o Medical Director services
- o Clinical Services delivered in a Nursing home
- o Clinical Services delivered in a Continuing Care Retirement Community (CCRC)
- o Clinical Services delivered in a VA Community Living Center (VA CLC)
- o Clinical Services delivered in an Assisted living facility / Residential care facility (ALF)
- o Clinical Services delivered in a Program of All-Inclusive Care for the Elderly (PACE)

General descriptions of the questions in this Module are listed, below.

- Number of Medical Director service hours
- Number of long-term facilities you directed
- Compensation for Medical Director services
- Basis / Method of compensation for Medical Director services

- Settings in which you delivered the applicable clinical-patient care services
- Number of facilities to which you delivered the applicable clinical-patient care service
- Type of ownership of facilities to which you delivered the applicable service
- Did you deliver the applicable services to any clinical teaching site facilities
    - o If applicable, did you supervise trainees
- Number of beds covered for which you delivered the applicable clinical-patient care service
- Case mix for the applicable clinical-patient care service
- Number of new admissions for the applicable clinical-patient care service
- Number of hours you provided the applicable clinical-patient care service
- Total number of wRVUs generated for the applicable clinical-patient care service
- APP support in the delivery of the applicable clinical-patient care service (number, type, and percentage of support)
- Total compensation for the applicable clinical-patient care service
- Amount of on-call services provided in a typical month
    - o Type(s) of on-call services delivered (e.g., in-person, by telephone, etc.)
    - o Number of facilities for which you delivered on-call services

Home Care Module

The Home Care Module asks questions relating to delivery of clinical-patient care services in a home care setting. As used here, a 'home care setting' means a patient's home, an assisted living facility, a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), a custodial care facility, or a residential substance abuse treatment facility.

The services covered by this Module are:

- o   Outpatient, in home, primary care provider
- o   Outpatient, in home, not primary care provider
- o   Palliative care consultation
- o   eConsults

General descriptions of the questions in this Module are listed, below.

- Practice Type(s) for which you delivered clinical-patient care services
- Clinical-patient care service type(s) you delivered for the applicable practice type
- Total clinical hours worked for the applicable clinical-patient care service
- Average primary care panel size
- Collaboration with APPs in the delivery of the applicable clinical-patient care service
    - o   Type(s) of APPs
    - o   Percentage of care delivered by APPs
- Number of new patients for the applicable clinical-patient care service
- Number of return or follow-up patients for the applicable clinical-patient care service
- Hours of non-patient-facing activities for the applicable clinical-patient care service
- Productivity measure for the applicable clinical-patient care service
- Total number of wRVUs generated for the applicable clinical-patient care service
- Method of delivery of the applicable clinical-patient care service
- Average time per patient care visit for the applicable clinical-patient care service
- Type(s) of patient care visits for the applicable clinical-patient care service
- Responsible parties for after-hours coverage for the applicable clinical-patient care service
- Total compensation for the applicable clinical-patient care service
- Case mix for the applicable clinical-patient care service
- Amount of on-call services provided in a typical month
    - o   Type(s) of on-call services delivered (e.g., in-person, by telephone, etc.)
    - o   Number and type of facilities for which you delivered on-call services