

Issues and Solutions in Accurately Measuring Clinical Full-time Equivalent

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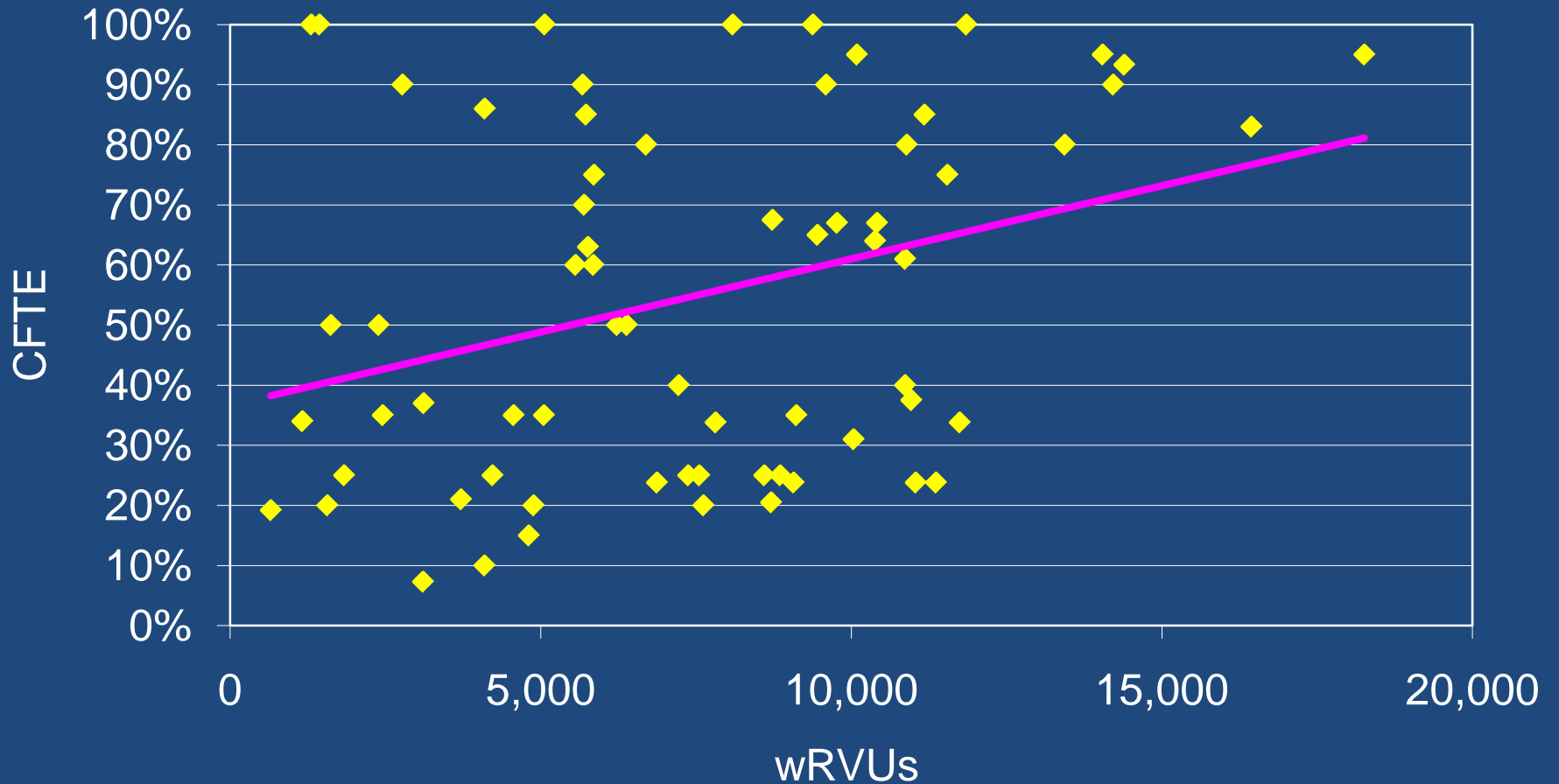
Background of CFTE Project:

Identification of Problem

Work RVUs per CFTE (2004-2005 Survey)

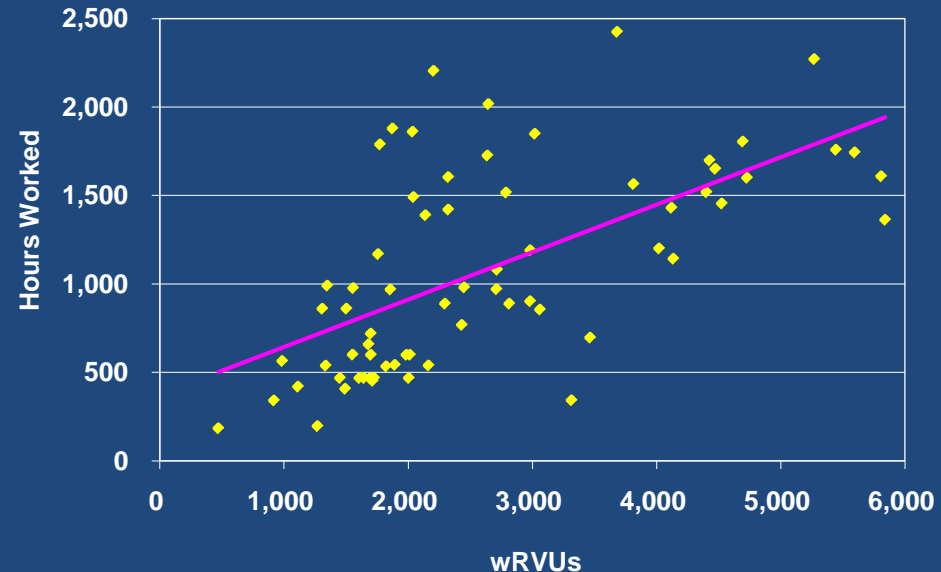
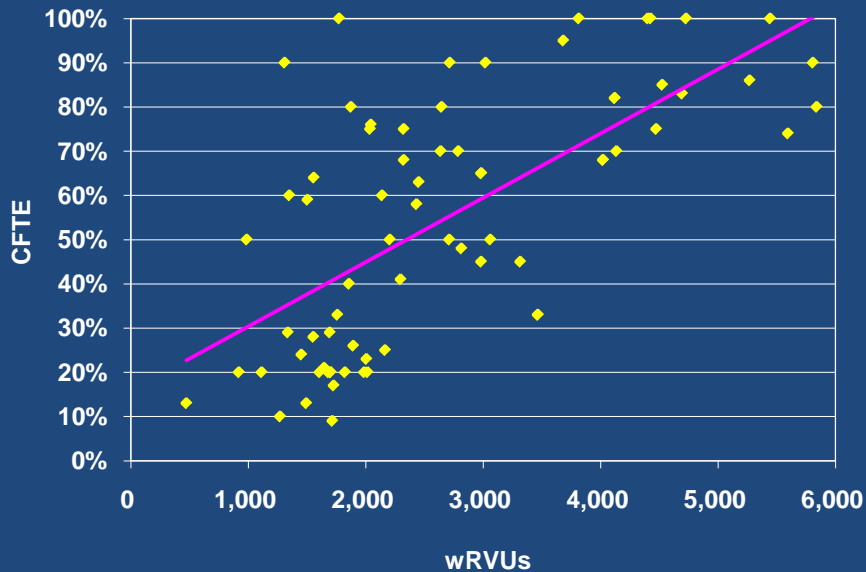
Specialty	25 th	50 th	75 th	Std Deviation
Gastro-enterology	3,294	4,365	5,753	3,838
Neonatology	7,968	13,497	21,085	10,705

Background of CFTE Project: Assessment of Problem



Background of CFTE Project

Past Action Steps: Alternate Approach



Background of CFTE Project

Past Action Steps: Alternate Approach Work RVUs (2008-2009 Survey)

Specialty	CFTE Model: 50 th	Clin Hours Model: 50 th	CFTE Model: Std Dev	Clin Hours Model: Std Dev
Gastro-enterology	4,930	2.756	3,017	10.380
Neonatology	13,360	6.818	10,291	7.085

Background of CFTE Project

Current Approach and Recommendations

- Proposal - Revised CFTE definition
- Capitalizing on new online survey functionality

Factors that Reduce Reliability

- Inconsistent approach to clinical effort denominator
- Inclusion of non-clinical, non-billable time in clinical effort
- Inconsistent CMS/RVU reference data

Illustration: Denominator Differences

	Institution A	Institution B
Clinical Denominator	Full Work Week (40 hours)	Maximum Clinical Hours (24 hours)
Expected Clinical Hours	24 hours/week	24 hours/week
CFTE	0.60	1.00
Total Work RVUs	4,000	4,000
wRVUs/CFTE	6,667	4,000

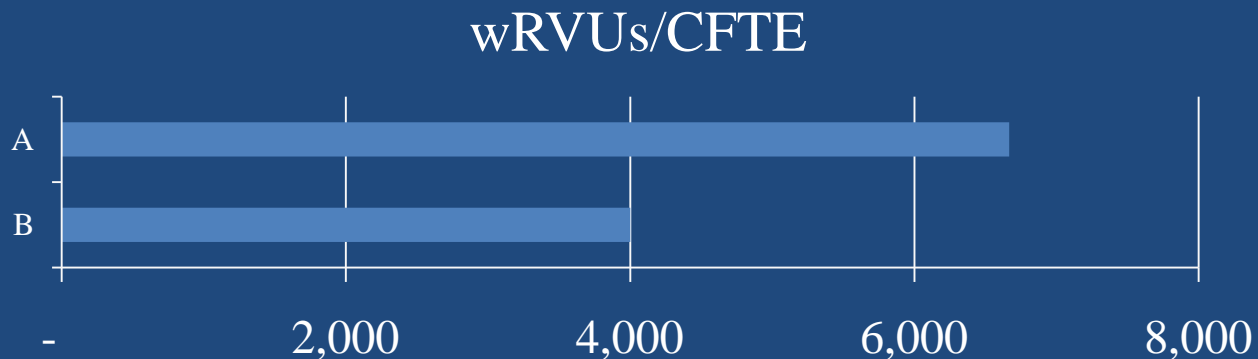


Illustration:

Clinical Effort includes non-billable time

	Institution A	Institution B
Clinical Denominator	Work Week (40 hrs)	Work Week (40 hrs)
Direct patient care; billable	20 hours/week	20 hours/week
On-call from home	10 hours/week	10 hours/week
Clinical research session	4 hours/week	4 hours/week
CFTE	0.50 FTE	0.85 FTE
Total Work RVUs	3,000	3,000
wRVUs/CFTE	6,000	3,529

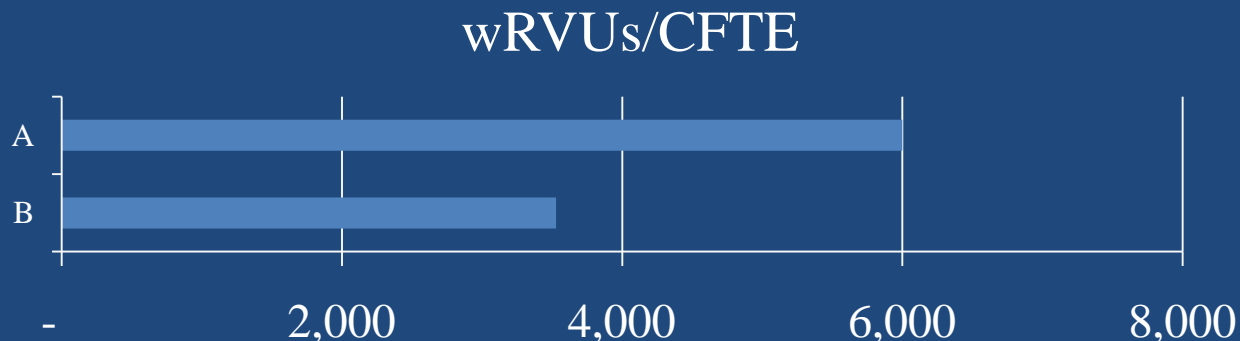
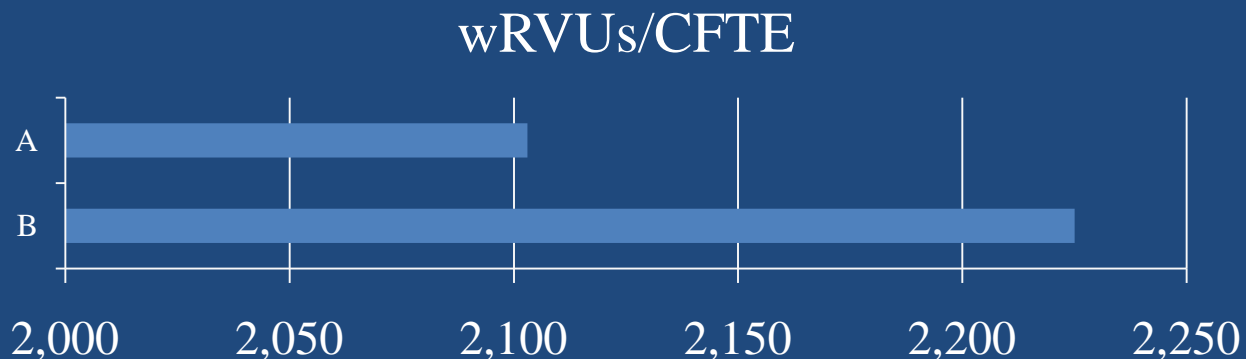


Illustration:

Relative Value Unit Reference Year

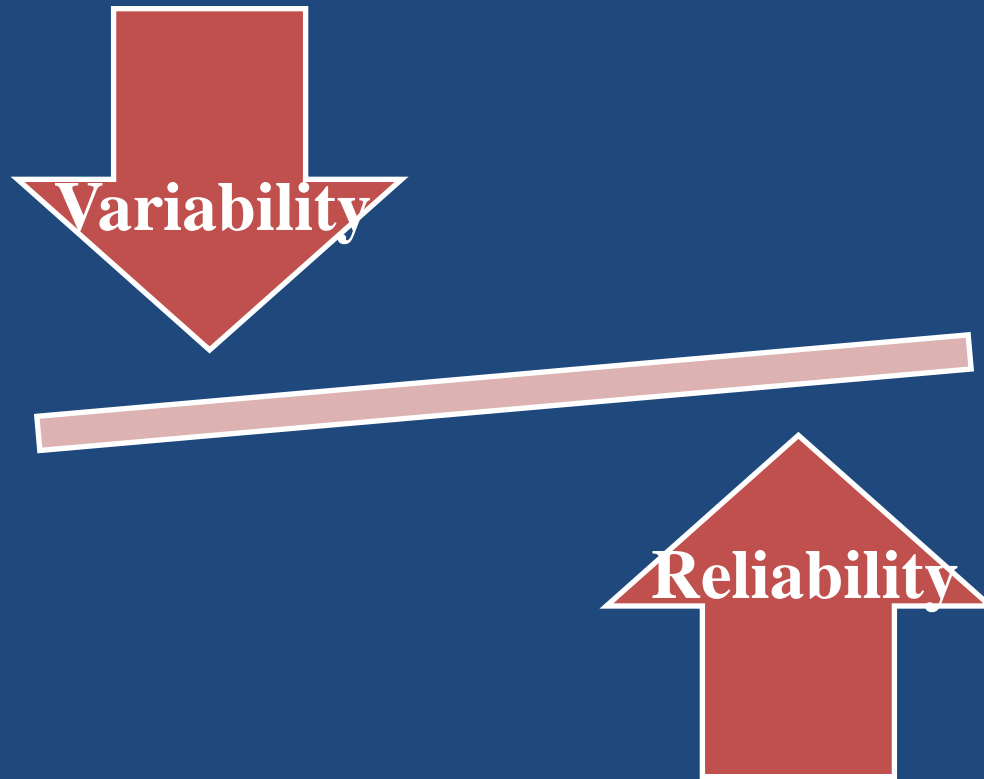
	Volume (same)	Institution A wRVUs	Institution B wRVUs
RBRVS Ref Year		2009	2010
99201 NPV –Level 1	100	0.45	0.48
99202 NPV –Level 2	300	0.88	0.93
99203 NPV –Level 3	600	1.34	1.42
99204 NPV –Level 4	300	2.30	2.43
99205 NPV –Level 5	100	3.00	3.17
wRVUs/CFTE		2,103	2,225



Valid Differences that Influence Variability

- Mix of services (inpatient, outpatient, procedures)
- Inclusion of non-physician practitioner services
- Inclusion of fellow services
- Size of inpatient unit
- Acuity of patients
- Attending expectations for 24-hour units

Goal of CFTE Project



Limitations of Solutions

- The detail required to complete the survey cannot be so great as to dissuade members from participation.
- There is an inverse relationship between detail required and number of respondents.
- We believe that too few respondents wholly invalidates the value of the survey, while the quest for perfect data is illusory.

Defining CFTE

- A common understanding of what defines a CFTE is essential.
- Proposed Definition (handout)
- Initial and overall definition”
 - “The percentage of their time that each faculty member spends on billable remunerative clinical effort or activities directly related...”

Defining CFTE

- Universal effort
- Relates clinical effort as a proportion of total effort.
- Respects legitimacy of variability between institutions
- Removes using maximum clinical effort or/vs. 40 hours contact time as proxies and sources of prior confusion.

Defining CFTE

- Related to billable or otherwise reimbursable or related activities.
- Exclude clinical activities where no bill is generated:
 - Contracted services where another party bills
 - Services for which the physician receives salary support but the practice does not generate a bill

Defining CFTE

- Exclude non-clinical activities:
 - Research
 - Academic activities, such as lectures or mentoring, where no direct patient care was provided
 - On call time provided outside the hospital
 - Case conferences
- Potential to exclude data for CFTE < a threshold level.

wRVUs Defined

- Responses must be for a particular year.

New Approaches to Classify and Stratify Data

- Organization by type:
 - Free-standing children's hospital
 - Hospital within a hospital
 - University affiliated
 - Not/Other

New Approaches to Classify and Stratify Data

- Organization by size:
 - Number of Inpatient beds
 - Number of faculty
 - Number of CFTEs
- Academic orientation
 - Scholarly time

New Approaches to Classify and Stratify Data

- Provider specific classifications to distinguish reliability from legitimate variability
 - Mid-level activity billed under the physician's name
 - Fellow activity billed under the physician's name

New Approaches to Classify and Stratify Data

- Provider specific classifications to explore variability among clinical expectations.
 - Outpatient sessions
 - Weeks on service

Discussion

- Other factors which may improve reliability?
- Other distinctions in variability which may be particularly valuable to track?