On-Call Duties Usually Mean Additional Pay

BY MARY ELLEN SCHNEIDER

Nearly two-thirds of physicians receive additional pay for providing emergency department on-call services in the hospital, according to a survey from the Medical Group Management Association.

Neurological surgeons had the highest median daily rate for providing on-call coverage, about $2,000 a day. Near the top of the pay scale were neurologists ($1,500), cardiovascular surgeons ($1,600), internists ($1,050), and anesthesiologists ($800).

Among the specialties earning lower median daily rates for on-call compensation were: psychiatry ($500), general surgery ($500) gastroenterology ($500), ophthalmology ($300), and family medicine without obstetrics ($300), according to the data.

The survey of more than 2,500 physicians in group and solo practices and other health care providers found that 38% of respondents did not receive additional compensation for on-call coverage, while 62% received some type of added payment. Of those who received additional payment, the most common method of payment was a daily stipend.

But the survey's findings prompted a skeptical response from some emergency medicine experts.

This is the first year that the Medical Group Management Association (MGMA) has surveyed physicians and other health care providers about on-call compensation levels.

"Historically, on-call duties have been sporadically compensated by hospitals. However, we're seeing more hospitals compensating physicians, and we're seeing hospitals paying more," Jeffrey Milburn, a consultant with the MGMA Health Care Consulting Group, said in a statement. "Hospitals are realizing they must compensate group-practice physicians for on-call duties." For those who get paid for on-call coverage, more than two-thirds were paid only by the hospital. About 16% received added pay from their medical group only, and another 16% received some type of added pay from both the hospital and the medical group.

Neurologists had one of the highest median daily rates for on-call coverage—about $1,500. Neurosurgeons earned the most at about $2,000, while internists made about $1,050.

The survey also found that for most specialties, physicians working in multispecialty group practices received higher on-call compensation than did those in single-specialty practices.

Regional pay variations also were seen. For example, orthopedic specialists received higher compensation in the East, while general surgeons were paid at a higher rate in the Midwest than in other areas of the country.

Some of the regional variation is likely related to the medical malpractice climate in the state, said Crystal Taylor, MGMA assistant director of survey operations, adding that physicians also were likely to be paid more if they provided on-call duties in a trauma center.

Dr. Michael Carius, a past president of the American College of Emergency Physicians, questioned the MGMA survey findings. While ACEP has not commissioned a survey of its own on the on-call payment issue, anecdotal evidence indicates that the number of physicians receiving compensation to provide on-call coverage is much lower than is indicated by the survey, he said in an interview.

Hospitals increasingly are willing to consider creative arrangements, such as sharing on-call physician panels between hospitals, Dr. Carius said. However, in this tough economic environment, most hospitals are likely to be reluctant to pay for on-call coverage, he said.

"It really is a hospital-by-hospital and region-by-region problem," Dr. Carius said.

ACEP and the emergency medicine community as a whole have been concerned about on-call coverage for a number of years. The ACEP On-Call Task Force, chaired by Dr. Carius, issued policy recommendations on the topic last year.

The task force recommended that policymakers provide liability protections to emergency and on-call specialty physicians to try to remove barriers to taking call. For example, one strategy proposed would be to change the threshold for a civil malpractice suit so that the plaintiff would have to show "recklessness" by the on-call specialist rather than "simple negligence."

The task force also recommended the adoption of a compensation model for physicians who provide on-call coverage in the emergency department. A system that pays physicians a per-patient fee rather than a flat stipend would make the most sense, Dr. Carius said.

The task force also supported various ways that hospitals in the same region could work together to provide on-call coverage. ■

Market Your Practice by Nurturing Referral Relationships

BY DOUG BRUNK

SAN DIEGO — Any plan for marketing a medical practice should include a strategy for nurturing relationships with physicians who refer to you, Andrea T. Eliscu, R.N., advised at the annual conference of the Medical Group Management Association.

"Most of the medical groups I work with have spent so much time focused on other issues, such as recruiting staff and getting an electronic medical records system, that they don't know who's referring to their practices," said Ms. Eliscu, a medical marketing consultant based in Orlando. "They spend very little time nurturing those relationships."

Getting a handle on who's referring patients to you is easier said than done, with "so much outpatient medicine and lost camaraderie between physicians these days," she acknowledged.

"The days of the doctor's lounge are gone," she said. "That kind of connectivity is not there anymore. Everyone is working longer and harder than ever, and the marketplace is changing."

One way to start is to create an electronic database that includes the contact information for referring physicians and tracks how many referrals they make on a monthly or quarterly basis. Ms. Eliscu recommends contacting the referring physicians to introduce yourself and ask if you're meeting their needs. "Find out what they want, not necessarily what you want to give them, because those aren't necessarily the same," she said.

Start by creating an electronic database with contact information for referring doctors and their number of referrals.

MS. ELISCU

Devise a way to say "thank you" for the referrals. Maybe it's hosting an occasional lunch for the referring practice's office staff, or something as simple as a personal, handwritten thank-you note to the physician.

"In our high-tech, electronic, mass media world, this unexpected 'high touch' approach can have a huge impact," she said. "Instead of the traditional holiday basket or gift, you could consider making a contribution in his or her honor to a local charity; it could be one that supports a health cause, the local university medical school, the food bank, or some other specific cause in which they are involved. The more personal and thoughtful the gift, the greater the value it will have to the recipient."

She recently surveyed patients from a variety of practices about what they expect from their physicians when they make a referral. The majority of respondents expected their physicians to "know on a first-hand basis about the experience and expertise of the doctor they're being sent to," said Ms. Eliscu, author of the book "A+ Marketing: Proven Tactics for Success" (Englewood, Colo.: MGMA, 2008).

Her term for today's medical patients is "prosumers" (people who are proactive about educating themselves before they consume health care services).

"Today's health care consumers shop around before making decisions," she explained. "They're better educated and better informed than previous generations, they're critical, and they're looking for second opinions. They want and demand the best for themselves and their loved ones."

In order to meet the demands of the prosumer, medical practices must increase awareness of their services and credentials and find a way to differentiate themselves from other providers. "Get into story telling as a way to communicate," Ms. Eliscu recommended. "How many practices have a social networking component to their Web site, where patients can share experiences on a forum or e-mail the physician a question?"

The goal is for patients to "see themselves reflected in anything that you put out: your Web page, your patient brochures, your advertising."

Marketing "is a promise," she added. "The loyalty that you develop with your patients and their families is going to be the future of your prosperity."

Her "4As" for effective marketing include the following:

► **Access.** If prosumers are repeatedly placed on hold for 10 minutes when they phone your office, they may write you off and seek a provider who's more responsive. Being prompt with office visit appointment times is also key.

► **Availability.** Prosumers "want you to not only return a phone call or answer an e-mail, but they need you to be available on their terms," Ms. Eliscu said. "Part of the success of the retail clinics in places like Wal-Mart is that timely delivery of service. You're in and out in an hour."

► **Accountability.** Prosumers "want to know [whom they're] dealing with and what their name is," she said. "Every member of your staff should have a name badge that says where they're from. That way, if I think you've done something great in terms of service, I can call the practice and say 'Susie from Cleveland did a great job. She was so sensitive when I was feeling so distraught.' "

► **Accommodation.** Prosumers want your help to "work through the things they have to do, the appointments that they have to make," she said. "It's not about what's convenient for the practice; it's about what's convenient for the prosumer." ■