



Defining cFTE and Work Expectations

Here We Go Again

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UNIVERSITY OF SOUTH FLORIDA

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Presentation Agenda

- Background
- Context
- Defining cFTE and Work Expectations
- Round Table Questions and Discussion

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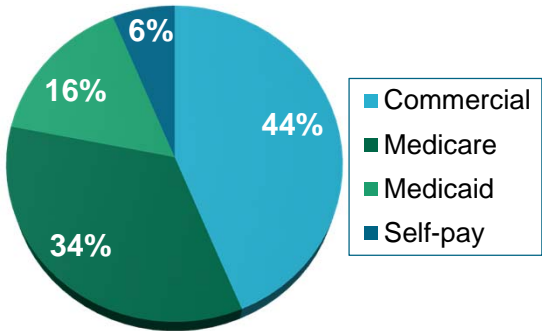
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Background

- USF Health is located in beautiful Tampa, Florida.
- USF Health encompasses the Colleges of Medicine, Nursing, Pharmacy and Public Health.
- AMC is a private physician practice and community hospital model.
- No Medicaid expansion which is threatening UPL.
- Decent state funding for education.

Payer Mix



Background

University of South Florida Faculty Practice Plan FY2015-2016

429	191	861,541	\$157M
TOTAL PHYSICIANS	OTHER HEALTH PRACTITIONERS	PATIENT ENCOUNTERS	NET PATIENT SERVICE COLLECTIONS

Context

Need to Better Define cFTE and Work Expectations

- Funding sources for research and teaching are continually being squeezed.
- Need to ensure physicians are paid fairly and in a transparent way.
- Mismatch between funding sources and FTE expectations.
- Independent faculty practice group (lack of system financial support).
- Lack of financially sound, progressive, clinical incentives.
- Prepare our clinical practice for changing health care landscape while staying competitive in current market.
- Financially support the academic and research missions in a sustainable manner.

Context

Need to Better Define cFTE and Work Expectations

When fully implemented, the new expectations will provide a basis that forms the clinical foundation of the:

- Physician job description
- Annual performance evaluation
- Individualized compensation plan
- Recruiting tools
- Budgeting process
- Strategic Planning Process

cFTE and Work Expectations

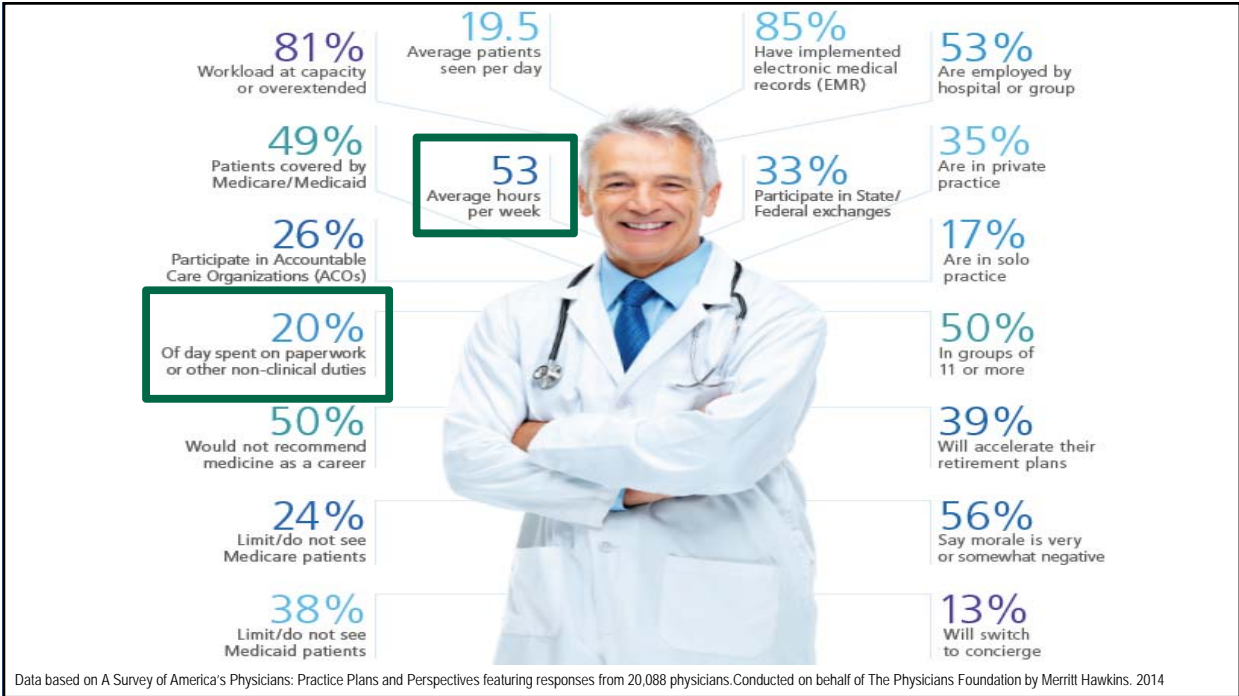
Guiding Principles

- Sets transparent and measurable clinical expectations
- Incentivizes the right behaviors
- Compensates fairly
- Simple to understand and implement
- Can be financially supported
- Good stewardship of all financial sources
- Appropriately award high producers

cFTE and Work Expectations

Defining the FTE

- Only applies to clinical faculty. Chairs are exempt.
- Funding sources for salary define FTE components.
- FTE Components include:
 - Non-clinical (Teaching, Research, Start-up, Department Support)
 - Clinical Contracts
 - Direct Patient Care
- Annual FTE= 45 weeks per year x 53 hours per week = 2,385 hours



cFTE and Work Expectations

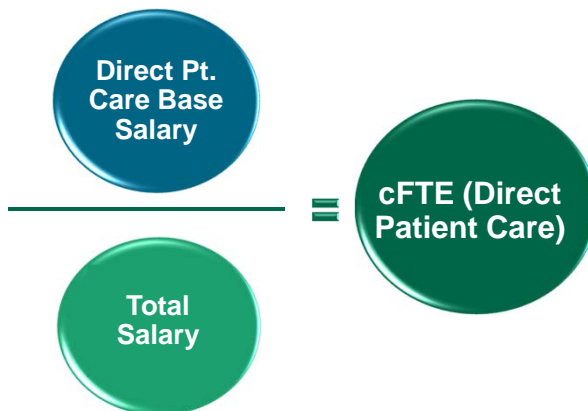
Defining the Clinical FTE

Total Funded Salary — **Non Clinical Funded Salary** — **Clinical Contract Funded Salary** =

Direct Patient Care Base Salary

cFTE and Work Expectations

Defining the Clinical FTE



- Whatever is not funded by non-clinical and clinical contract funding sources becomes their direct patient care expectation (cFTE).
- Not all non-patient care funding reduces the cFTE.

cFTE and Work Expectations

Defining the Clinical FTE

- cFTE (Direct Patient Care) will determine number of clinical hours required.
- The direct patient care component is measured by number of clinical days, sessions, shifts, OR/procedure days, and/or call coverage.
 - 1.0 cFTE equals: 2,385 hours
 - Direct patient care = 1,800 hours or 225 clinical days per year.
 - Administrative time = 585 hours or 13 hours per week.
 - Paid Time Off = 7 weeks; Non-accrued; can be used for vacation, sick, FMLA, CME, etc.

cFTE and Work Expectations

Defining Work Expectations

- Work expectations for the cFTE considering include:
 - Volume - wRVUs benchmark is 65th – 75th percentile of FPSC; Panel size.
 - Access – TBD (considering meeting clinical days requirement, % new patients, etc.).
 - Charge capture – Encounters closed within 5 days; Coding accuracy.
 - Patient satisfaction – Provider/Communication
 - Quality – Ambulatory and/or Hospital
 - Cost – TBD
 - Citizenship
- APPs wRVUs generated and associated costs are allocated to the physicians.
- Target wRVU value will be the 90% of the 50th percentile AMGA ratio of salary per wRVU. Working on shift oriented values.

The Ultimate Goal

To develop and implement a fair and equitable compensation plan that rewards faculty for the work performed.

The revised compensation plan is one of many actions being taken by USF Health to achieve and maintain long-term financial viability.

Questions for Round Table

1. Describe your organization's definition of cFTE.
2. Describe your current standards for defining cFTE.
3. How do you define work effort expectations for the cFTE?
4. How are non-wRVU clinical generating activities included/excluded from cFTE definition?
5. How is the relation of cFTE to a RVU expectation impacted by APPs and fellows/residents?
6. Describe (to the extent possible) how the changing reimbursement environment is or will be impacting your definitions.