THOUGHT LEADERSHIP

COVID-19 PANDEMIC PHYSICIAN COMPENSATION CHECKLIST

By: Neal Barker and Terry McWilliams

COMMUNICATION

Communicate openly and honestly with your physicians through an organized platform (e.g., host a virtual meeting collectively as a whole group or by specialty hold a daily "huddle" call with all employed physicians at a regularly scheduled time).

Solicit input and feedback about physician concerns, and let them know that you heard them.

PROVIDER IMPACT INVENTORY

- Take inventory of the physicians potentially impacted by the current situation with details of the specific compensation elements and levels of productivity.
- Determine your telehealth and virtual visit capabilities and readiness including the ability to document visits, obtain reimbursement, and incorporate these visits into the compensation plan.
- Project the financial impact on each physician (and specialty), including projected and historic bonuses.
- Model a variety of approaches and scenarios that could be used to stabilize physician compensation.

Determine what the organization can afford in terms of compensation supplement. This should be based on how long the crisis is anticipated to impact the compensation model. (i.e., define your loss tolerance, knowing that there will be decreased or no patient care revenue to offset compensation supplements.)

Consider options to avoid adverse impacts on front line providers balanced against immediate financial losses. Explore deferred provider compensation arrangements, deferred or reduced executive compensation, and/or other mechanisms to minimize the risk of alienating physicians and APPs.



Evaluate the option of furloughing providers as a last resort and decide on the criteria to determine which ones can be furloughed.

REDEPLOYMENT PLANNING

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Categorize providers according to routine or surge redeployment/repurposing plans when caring for a massive influx of COVID-19 patients (i.e., respiratory and non-respiratory cohorts).

Determine physician and Advanced Practice Provider COVID-19 redeployment needs.

Evaluate limits to compensation changes based on your provider contracts.

Develop rates and methodology for compensating redeployed physicians and obtain fair market value opinions, if necessary.

Craft contract addendums addressing the temporary role(s) that redeployed providers assume.

Define the credentialing process for the temporary new role, including medical staff and third-party payer.

Estimate when shortages of Personal Protective Equipment (PPE) will become an issue. So far, this has been a condition that many redeployed providers have wanted in their agreements.

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