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Case Vignettes

2019 ACC Health Policy Statement on Cardiologist Compensation and Opportunity Equity

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ACC Principle	Challenge	Potential Solution
<p>Principle 3. The American College of Cardiology believes that cardiologist compensation should be fully aligned with an organization/practice’s business strategies, mission, and core values.</p>	<p>Dr. F has worked closely with care team members to develop a heart failure disease management program which has reduced readmissions by 50% across the practice. During annual review, however, the service line director reveals that Dr. F’s productivity has suffered and that compensation will be reduced accordingly for the coming year.</p>	<p>After reviewing the situation, the service line director realizes that Dr. F has created a valuable model for improving quality of care and revises the compensation plan going forward to recognize such activities. Together with the hospital, a new quality improvement leadership position is created, with stipend, to allow Dr. F to create additional value-based programs. New hospital policy created which stipulates that similar stipends when establishing other such programs.</p>



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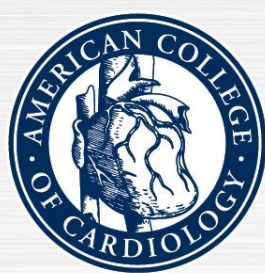
ACC Principle	Challenge	Potential Solution
<p>Principle 6. The <i>American College of Cardiology</i> believes that cardiologist compensation plans should value and explicitly reward nonbillable work, including quality improvement, leadership/administration, teaching/ mentoring, research, community service, and outreach activities.</p>	<p>Dr. O is an award-winning medical educator locally and nationally and well respected by patients. However, due to the time spent teaching and in providing more comprehensive patient care, productivity metrics lag behind colleagues with fewer RVUs.</p>	<p>Dr. O creates an educational portfolio and personal statement, complete with a career plan for advancement as a master educator and meets with the cardiovascular service line (CVSL/division director and hospital/school academic leadership regarding these plans. In addition to the division/CVSL now providing a bonus for citizenship and patient satisfaction, the academic office provides career development opportunities as an educator and a new, compensated role assisting in curriculum development.</p>
<p>Principle 7. The <i>American College of Cardiology</i> believes that cardiologist compensation plans should include strategies and formulas that offer flexibility to accommodate different job descriptions.</p>	<p>Dr. G is a late-career interventional cardiologist who currently rotates through the same call schedule as all the other interventionalists. However, working post-call has become difficult, compared to earlier in their career.</p>	<p>Dr. G, the cath lab director, and service line/division director discuss options, including less or no call, lighter responsibilities on post-call days, or ceasing interventions, along with the financial consequences of each and the ability of the practice to support the intended changes. In spite of having no previous precedent in the practice, together they reach a solution which includes reduced salary for no call as prescribed by the group's newly revised compensation plan, and eventual recruitment of a replacement, while Dr. G increases time spent on other clinical duties.</p>
<p>Principle 8. The <i>American College of Cardiology</i> believes that cardiologist compensation plans</p>	<p>Dr. M is a mid-career cardiologist known for being hard-working and a strong leader. The CVSL/division chief had recently discussed</p>	<p>Upon learning that Dr. M planned to forgo taking a full parental leave, the service line director/division chief reaffirmed that all staff</p>



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<p>should explicitly address and incorporate leave policies.</p>	<p>career advancement opportunities for Dr. M, including promotion to Echocardiography Lab Director, which would likely be open soon. Dr. M had arranged to take planned parental leave according to institutional policy, but is now reconsidering to ensure full consideration for the position.</p>	<p>taking leave according to the existing institutional policy would not suffer penalties or loss of status upon returning. The CVSL/division also shared detailed leave policies with all cardiologists, and provided transparent data about promotions/advancement, as appropriate.</p>
<p>Principle 9. The <i>American College of Cardiology</i> believes that cardiologist compensation plans should define those activities and behaviors that will result in an increase or decrease in compensation.</p> <p>Principle 12. The <i>American College of Cardiology</i> believes that cardiologist compensation plans should be transparent in terms of the approach, methodology, and calculations used to determine individual compensation.</p> <p>Principle 13. The <i>American College of Cardiology</i> believes that cardiologist compensation plans should include the tools and education required to achieve a fundamental understanding of compensation terms and processes in aggregate as well as how these apply in determining individual compensation.</p>	<p>Dr. N is a mid-career cardiologist who has been working for the same practice/division for many years. Though the practice's/division's compensation plan has never been clearly defined, cardiologists have a general understanding of what to expect each year. However, Dr. N's contract for the following year reflects an unexpected significant reduction in compensation.</p>	<p>After discussion, the CVSL/division acknowledges these concerns and that they may apply to others as well, and begins an educational process so cardiologists better understand how compensation is determined. It also commits to routinely and transparently providing deidentified data about compensation, which is regularly shared with every cardiologist.</p>



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<p>Principle 11. The <i>American College of Cardiology</i> believes that cardiologist starting compensation at a given institution or practice should be the same for all individuals at a given rank or position within a given subspecialty of cardiology at that institution or practice.</p> <p>Principle 12. The <i>American College of Cardiology</i> believes that cardiologist compensation plans should be transparent in terms of the approach, methodology, and calculations used to determine individual compensation.</p>	<p>Dr. P is an early career cardiologist who recently learned that a potential new hire with identical credentials was offered significantly more for a similar position.</p>	<p>Dr. P raises these concerns to the division chief/practice managing partner, who investigates further and realizes that there is a discrepancy. Dr. P's contract is modified for the current year and future. In addition, the division/CVSL begins routinely and transparently providing deidentified data about compensation, (which may be stratified for rank and time in rank if a university program), for both new hires and current cardiologists. This will be shared with every candidate during hiring and all cardiologists during the annual review process.</p>
<p>Principle 15. The <i>American College of Cardiology</i> believes that, as part of ensuring opportunity equity, cardiology leadership should be responsible for mitigating the effects of unconscious or implicit bias and creating a culture of inclusion.</p>	<p>Dr. L is a division chief/managing partner who recognized during an internal review that the leadership team only has one woman and no underrepresented minorities. Upon closer review, Dr. L also realizes that women and underrepresented cardiologists (URCs) have progressed substantially more slowly than others.</p>	<p>Dr. L is determined to ensure opportunity equity, and meets individually with all URCs to better understand their experience. As a result, a formal mentorship/sponsorship program is created and a position overseeing career advancement and wellbeing is added to the leadership team and filled by a URC. In addition, the division/CVSL invests in implicit bias training for all cardiologists.</p>
<p>Principle 16. The <i>American College of Cardiology</i> believes that cardiology practice/division leadership should be responsible for equity in compensation and opportunity and should be accountable for creating and implementing fair</p>	<p>Dr. K is a mid-career African American electrophysiologist who predominantly works in a satellite clinic in an underserved location of a large practice. Given the remote location, opportunities for career advancement, teaching and research are rare. Further, it is</p>	<p>Dr. K raises these concerns during annual review. After reviewing scheduling assignments, the division chief/CVSL director offers Dr K a choice, either an enhancement of wRVU credits for satellite work plus compensation for travel time or a revision of</p>



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policies and adhering to compensation best practices.	difficult to schedule complex cases due to insufficient/inexperienced support staff.	future assignments so that all cardiologists rotate through satellite clinics equally. Dr K chooses the former for the next year to finish work on an ongoing quality improvement project.