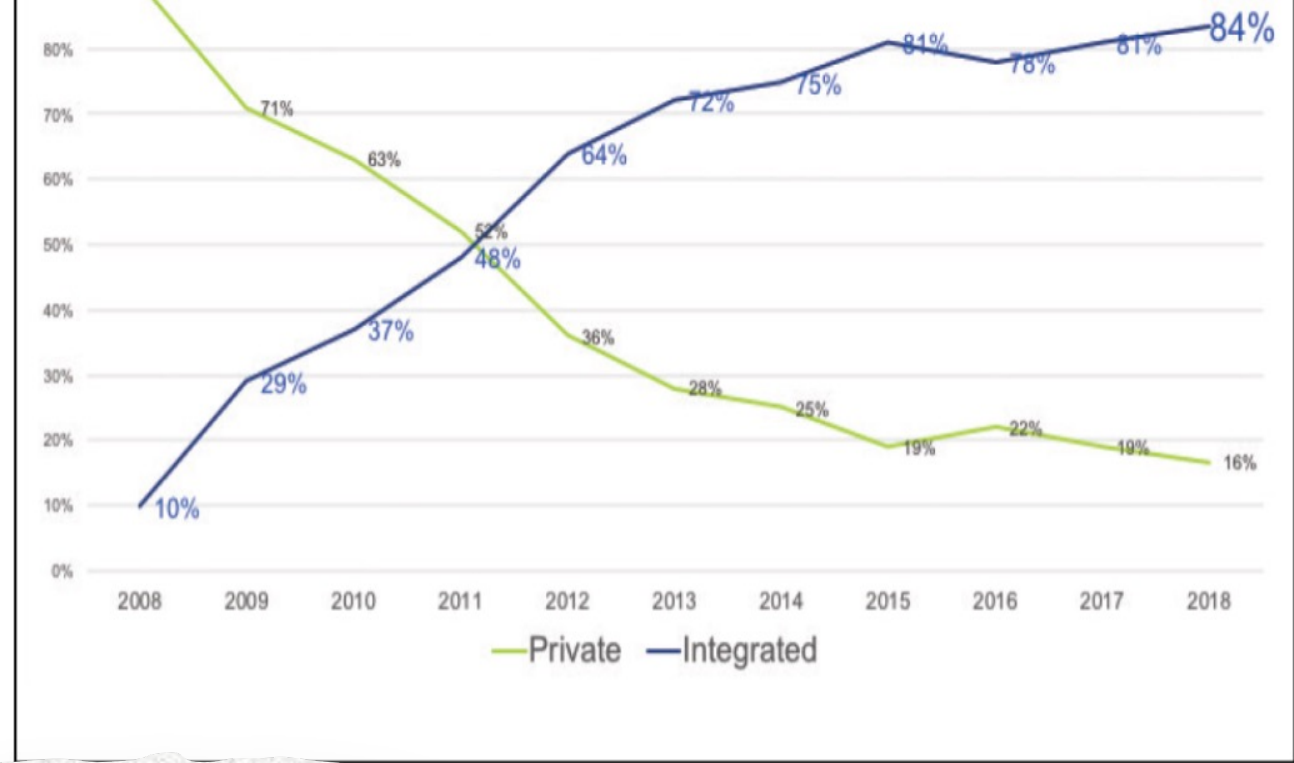
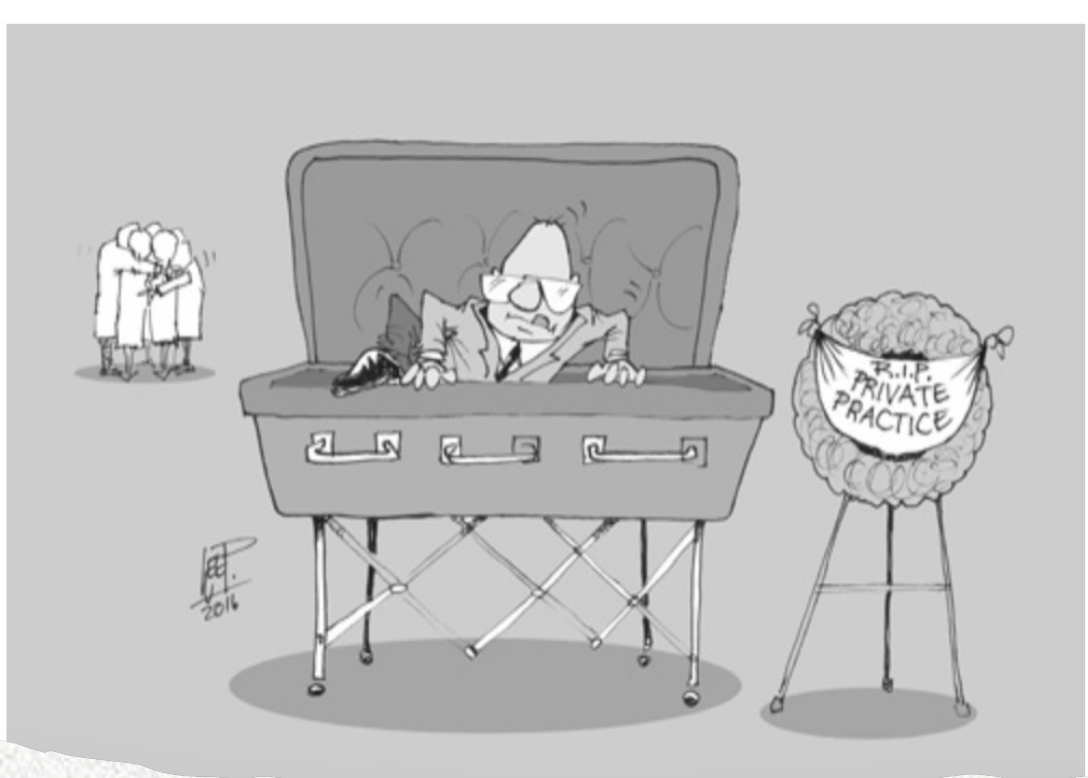




• Private Practice

- Toniya Singh MD FACC
- Managing Partner ,St Louis Heart and Vascular
- Chair, National WIC Council of the ACC
- Member, National CV Management Council of the ACC



Private Practice over the years

Figure 2. Integration rates for CV physicians. From Medaxiom 2019 report on cardiovascular provider compensation & production survey.
<https://www.medaxiom.com/news/2019/08/27/news/2019-report-cardiovascular-provider-compensation-and-production-survey/>. Accessed March 2, 2020.

- Larry Sobal ,Medaxiom Aug 2016

US Cardiology Populations

Practicing Cardiologist	17,000
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Over the Age of 61	3,400
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Estimated Annual Departures	(850)
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Current Total US Fellows	850
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Annual Number Entering Workforce	255
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Net Annual Workforce Impact	(595)
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Figure 3: Revenue per FTE Cardiologist

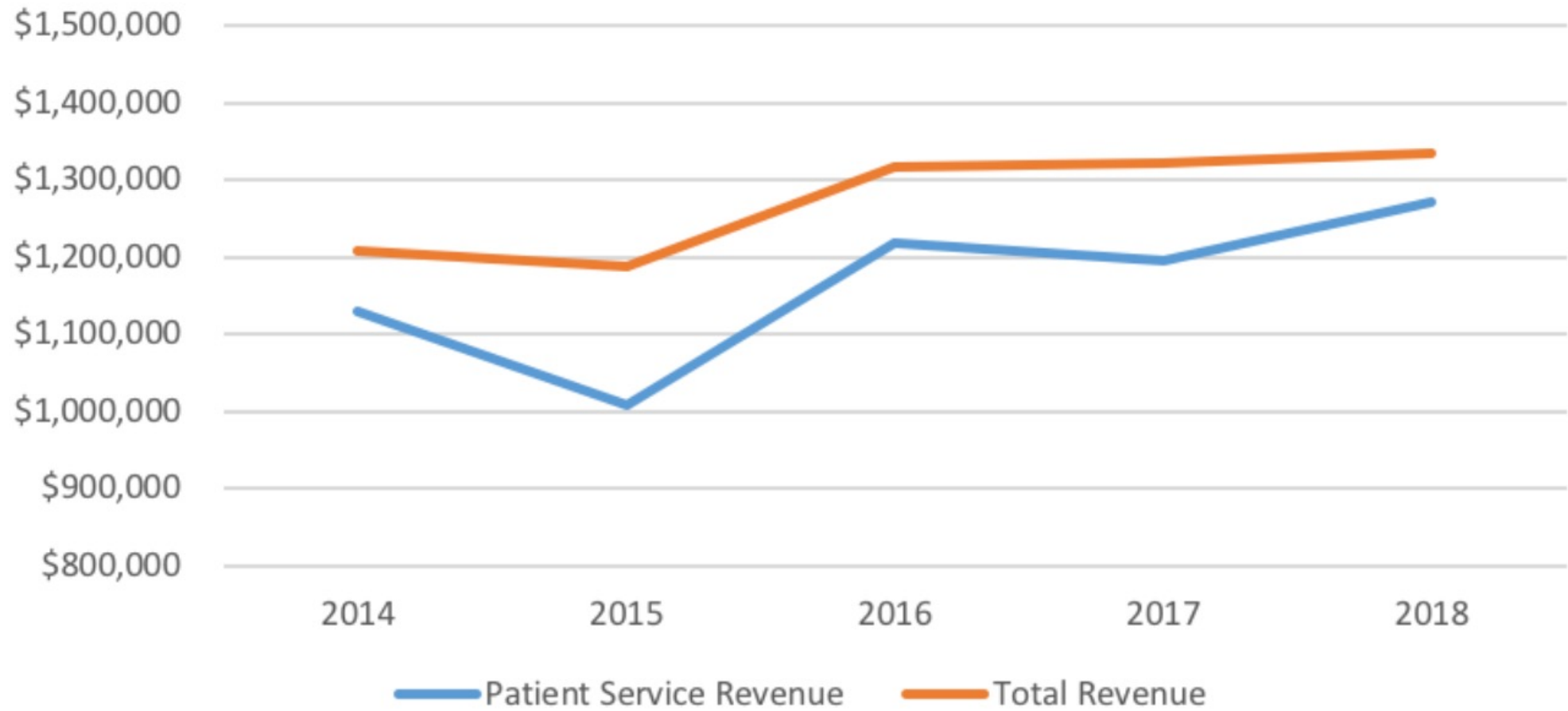
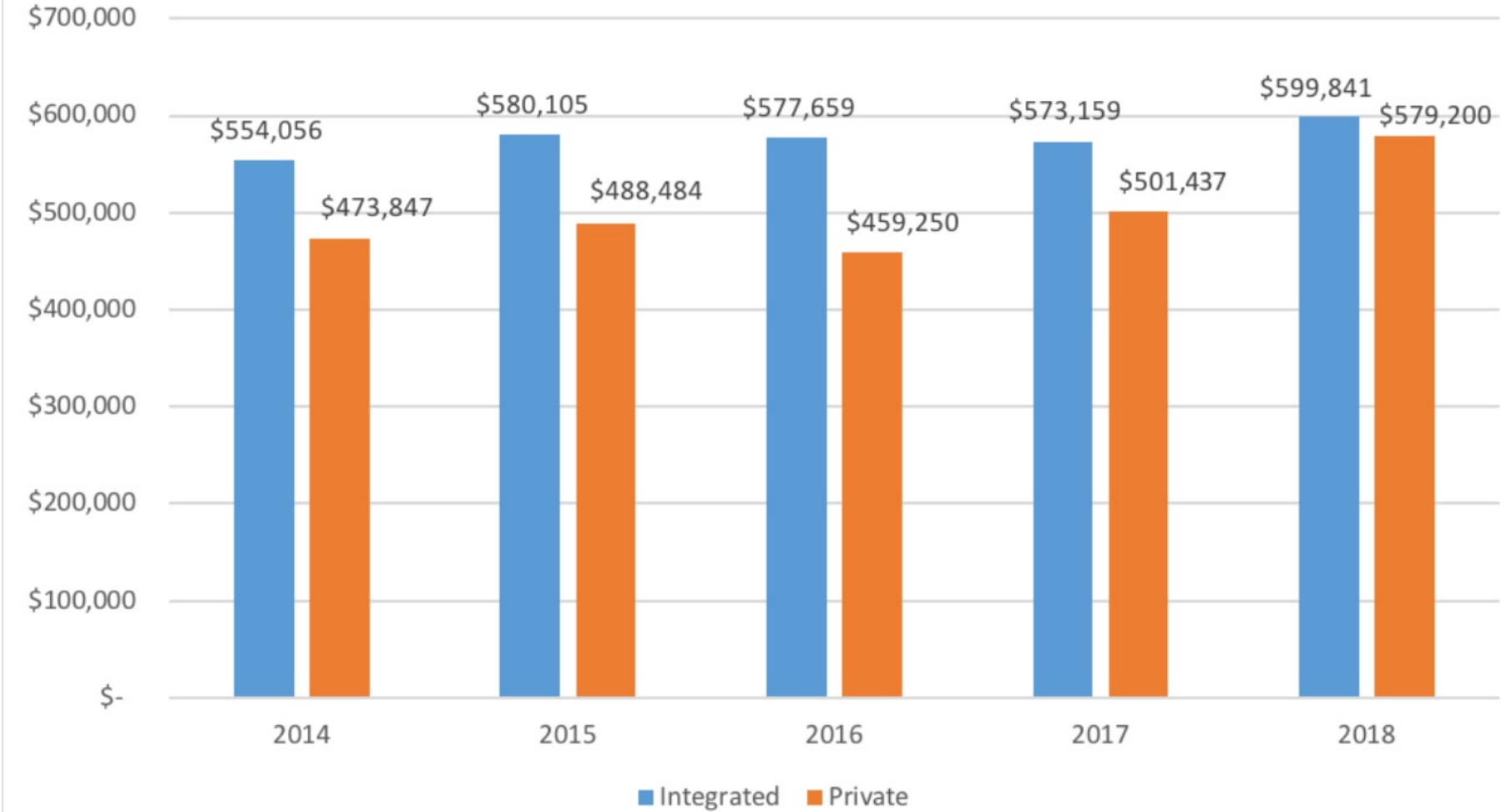


Figure 2: Median Total Comp per FTE



**FIGURE 4 – Median Total Compensation per FTE
by Subspecialty**

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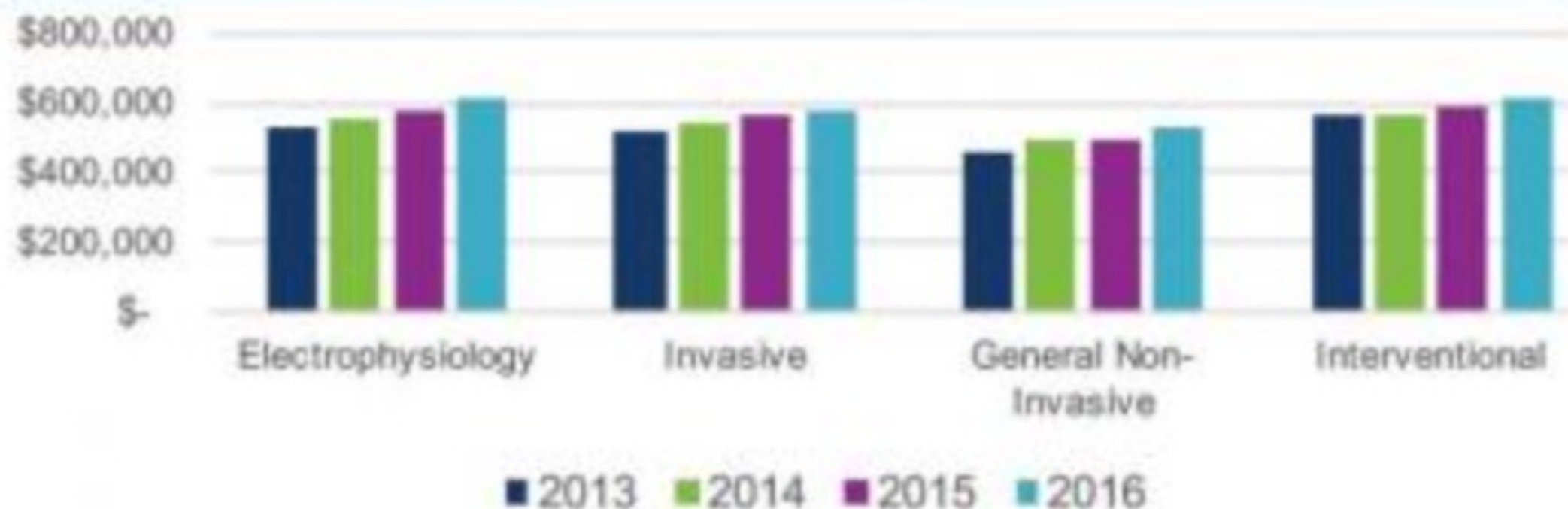
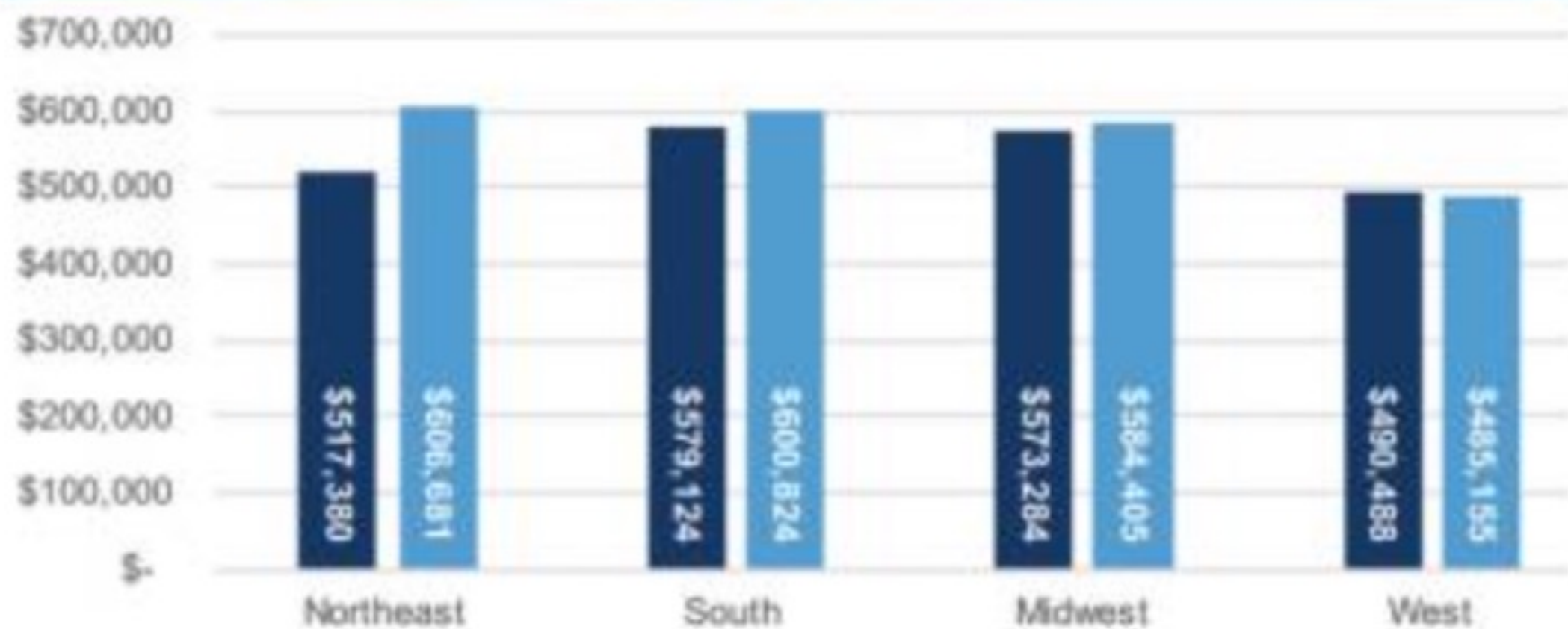


FIGURE 5 – Median Total Comp per FTE by Region

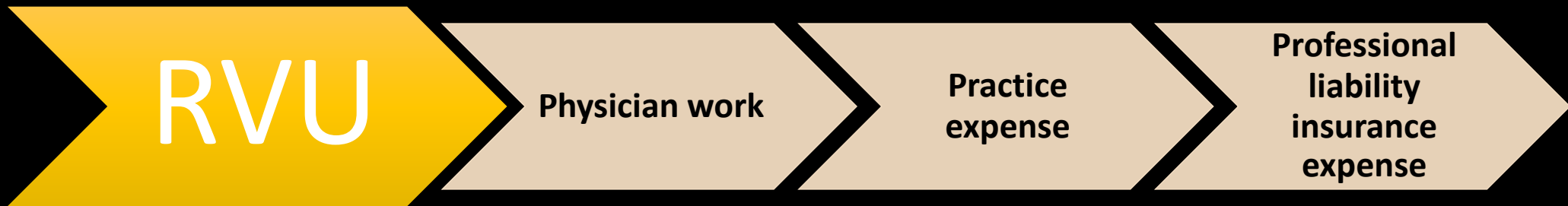
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Where does the difference go - OVERHEADS

- Can be 50-70% of revenue generated
- Office Rent; Cost for loans if you have a building/ ASE/Cath Lab
- Leases of equipment
- Employee salaries
- Health insurance and other benefits for employees
- Daily equipment usage
- Malpractice
- 401K
- EMR/ IT costs

RVU- Relative Value Unit;
Value assigned to each procedure or service



The Value assigned to 1 RVU by CMS in 2022 is \$34.61

- Compensation in most contracts is based on Volume of Work
- RVUs represent the amount of work a physician must do to treat his/her patient. They are irrespective of patient's insurance
- They may be higher or lower than the Medicare published rate based on the payor mix in the practice and the location of the practice.

.

Contracts



Your contract states that you need 10,000 RVU's to meet your salary requirements and a higher number than that to meet your bonus

What does that mean ?

10,000 RVU's/ year in Money terms

- If paid at Medicare RVU rate (34.61)= 340,610
- Rates may vary from 30-65 Dollars/RVU based on geographical location and hospital vs independent practice, practice payor mix
- Salary may be \$340,000 to \$650,000 based on your contract for the same number of RVUs
- Different people in the practice may also get paid different amounts per RVU

Contract:

Vacation 4
weeks (30
Days)

Call every 4th
weekend

10,000RVUs/242 days
= 41.3 RVUs/day

Av days worked
per month (22
days)

22 days X 11
months = 242
days

42 RVU's/day in the office

1

99204 New pt,
mod complex
2.43 = **17 new
pts**

2

99205 New pt,
high complex
3.17 = **13 new
pts**

3

99214 Est pt,
mod complex
1.50 = **28 f/up
pts**

4

99215 Est pt,
high complex
2.11 = **20 f/up
pts**

42 RVU's/day on the Hospital Service

01

99254 Cons
INPT/MED 3.29
= **13 new
consults**

02

99255 Consult
INPT/HIGH 4.00=
**10.5 new
consults**

03

99232 Subs Visit
MED hospital
1.39 = **30
hospital f/up**

04

99233 Subs Visit
HIGH hospital
2.00 = **21
Hospital f/up**

42 RVU's/day for Imagers



93306 Echo 2D with doppler & color flow 1.5 = **28 echo's**



93351 Stress Echo; complete 1.75 = **24 Stress Echo's**



93312 TEE's **2.3 = 18 TEE's**



78452 Myocardial Perfusion imaging **1.62 = 25 scans**

42 RVU's/day in the lab

93458 Left Heart Cath 5.60 = 8 **left heart cath**

37221 Iliac Angioplasty w Stent; initial vessel 9.75 = 4 **procedures**

92928 Placement intracoronary stent, single major artery 10.96 = 4 **stents**

33361 Transcatheter aortic valve replacement (TAVR/TAVI) 25.13 = 2 **Tavr**

42
RVU's/day
in EP

33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular 8.52 = **5 pacemakers**

93653 Comp EP eval w ablation of arrhythmogenic focus;w treatment of SVT by ablation of fast or slow atrioventricular pathway 14.75 = **3 ablations**

Downside of RVU

No RVUs assigned for

Patient care (non-clinical) activities:

Meeting/calling patients' families;

following up on patients' test results;

peer-to-peer review; pre-authorization;

pre-procedure planning; discussion with paramedical staff and other patient agencies on appropriate patient disposition;

patient satisfaction

Description	RVU	Category
Office or other outpatient visit, new patient, moderate complexity	2.43	Office
Office or other outpatient visit, new patient, high complexity	3.17	Office
Office or other outpatient visit, established patient, low	0.97	Office
Office or other outpatient visit, established patient, of moderate complexity	1.50	Office
Office or other outpatient visit, established patient, high complexity.	2.11	Office
H&P HIGH hospital care, per day, for the evaluation and management of a patient	3.86	Hospital
SUBS Visit MED hospital care, per day, for the evaluation and management of a patient	1.39	Hospital
SUBS Visit HIGH hospital care, per day, for the evaluation and management of a patient	2.00	Hospital
Office consultation for a new or established patient, moderate complexity	3.02	Hospital
Office consultation for a new or established patient, high complexity	3.77	Hospital
Cons INPT/MED consultation for a new or established patient, moderate complexity	3.29	Hospital
Cons INPT/HIGH consultation for a new or established patient, high complexity	4.00	Hospital
Myocardial perfusion imaging, with ejection fraction and wall motion, multiple studies	1.62	Imaging
Electrocardiogram, routine ECG with at least 12 leads; interpretation & report	0.17	Imaging
Cardiovascular stress test	0.75	Imaging
Echo 2D with doppler and color flow	1.50	Imaging
TEE	2.30	Imaging
Stress Echo; complete	1.75	Imaging
Duplex scan of extracranial arteries; complete bilateral study	0.80	Imaging
Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.80	Imaging
Duplex scan of extremity veins ; complete bilateral study	0.70	Imaging
Selective catheter placement, third order	6.04	Interventional
Selective catheter placement, main renal artery and any accessory renal, bilateral	6.74	Interventional
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	5.30	Interventional
Iliac Angioplasty w Stent; initial vessel	9.75	Interventional
Fem/Pop Angioplasty	8.75	Interventional

Description	RVU	Category
Fem/Pop Angioplasty w Atherectomy	11.75	Interventional
Fem/Pop Angioplasty with Stent	10.24	Interventional
Fem/Pop Angioplasty, Atherectomy and Stent	14.25	Interventional
Tibial/peroneal angioplasty; initial vessel	10.75	Interventional
Tibial/Peroneal Angioplasty w Atherectomy; initial vessel	13.80	Interventional
Tibial/Peroneal angioplasty, atherectomy and stent	14.75	Interventional
Transcatheter placement of intravascular stent, includes angioplasty when performed, arterial	8.75	Interventional
Intravascular ultrasound; non coronary	1.80	Interventional
Angiography, extremity, bilateral, supervision and interpretation	1.31	Interventional
Transcatheter placement of intracoronary stent, with angioplasty when performed; single major artery	10.96	Interventional
Percutaneous revascularization of acute total/subtotal occlusion during AMI, any comb of stent, atherectomy, and angioplasty, including aspiration thrombectomy, when performed, single vessel	12.31	Interventional
Left Heart Cath	5.60	Interventional
Left and Right Heart Cath	7.10	Interventional
Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	8.52	EP
Insertion or repositioning pacing cardioverter-defibrillator and insertion of pulse generator	14.92	EP
Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation	0.52	EP
Pacemaker remote interrogation, single, dual or multiple lead; professional	0.65	EP
ICM interrogation, remote, professional service	0.52	EP
Comp EP eval w ablation of arrhythmogenic focus; w treatment of SVT by ablation of fast or slow atrioventricular pathway	14.75	EP
Comp Ep eval including transeptal cath, with ablation for treatment of atrial fibrillation	19.77	EP
Implantable loop recorder remote interrogation	0.52	EP
Intracardiac electrophysiologic 3-dimensional mappin	6.99	EP

Important
considerations

Do you have access to the work that will help you generate this volume of RVU's?

How is work shared?

What financial support /protected time do you have for your non clinical activities?

The Solo Practitioner

- On call 24/7
- No leverage regarding contracting with insurances
- Paying for all overhead
- Coverage in case of illness/vacation
- Expense of EMR/Employee salary and benefits



5-10
Cardiologists

Call schedule is better

Area of coverage is important

Patient base and stability

Ability to afford EMR/Lease equipment

Employee salary and benefits

10-15 Cardiologists

- Small enough to be flexible, provide coverage and be able to afford overhead
- Have a large patient base
- Able to work across hospital systems
- Cohesive physician group with multiple skills
- Diversity of age/opinion allowing for better governance
- Ability to maintain culture



More than 30 Cardiologists

- More Formal structure
- Often divided into pods
- Harder to maintain flexibility and culture
- Allows for more power while dealing with hospital systems and insurance companies
- More rigorous rules apply for HR policies, more employee protections
- Higher overheads





**KEEP
CALM
AND**

**READ YOUR
CONTRACT**

-
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