Neurologists Track

Welcome to the American Academy of Neurology’s 2015 Neurology Compensation and Productivity Survey. We would like to provide you with a few tips to get you started.

On average, it takes approximately one hour for a participant to complete the survey. In order to make the most efficient use of your time we suggest you have the following information available:

- Physician salary spreadsheets and/or W2s
- Physician RVU reports
- Financial and accounting report(s)
- Payer mix analysis
- Staff and physician benefits reports
- EHR and billing system reports (charges and collections)
- Department, school (for Academic Centers), and practice reports

If you are unable to complete the survey in one session, you will have an opportunity to save your work and complete it at a later time. You will also have the opportunity to navigate back and forth to review previous questions. Do not use the back and forward buttons in your browser. Only use the back and forward buttons within the survey.

Please note that your survey must be submitted in order for it to be considered complete. The survey will close on April 25, 2015.

Please send any questions regarding the survey to benchmark@aan.com.

1. Are you answering this survey as a:
   - Practice Manager
   - Neurologist

2. Which of the following best describes the practice setting?
   Select one.
   - Solo practice
   - Neurology group
   - Multispecialty group
   - Academic medical center-based group
   - Hospital-based group
   - Government-based group
   - Other
   - No clinical practice

3. Practice Demographic Information
   Here is the information we have for your practice. Please update it if necessary.
   - Select the state in which your practice was located during 2014
   - Practice name
   - Practice primary work address
   - Practice Zip Code
4. In which type of community was the primary practice located in 2014?
   If the practice has multiple sites, choose the option that represents the location with the largest number of full-time-equivalents (FTEs).
   - Rural – Population less than 50,000
   - Small Metropolitan – Population from 50,000 to 250,000
   - Medium Metropolitan – Population from 250,001 to 1,000,000
   - Large Metropolitan – Population of more than 1,000,000
   - Do not know

5. How many FTE neurologists worked at the practice in 2014?
   Indicate total number of FTE neurologists in the practice, including yourself, if you are a neurologist physician. An FTE neurologist works at least the number of hours the practice considers to be the minimum for a standard work week. Standard work weeks may vary (37.5, 40, 50 hours, or some other standard). To compute the fraction of a FTE a part-time neurologist represents, divide the total hours worked by the total number of hours your medical practice considers to be a standard work week. Do not report more than 1.0 FTE for any one neurologist regardless of the number of hours worked.
   - Enter the number of FTE neurologists
   - Do not know

6. Indicate total number of FTE physicians in the practice who are not neurologists, including yourself, if you are a non-neurologist physician. An FTE physician works at least the number of hours the practice considers to be the minimum for a standard work week. Standard work weeks may vary (37.5, 40, 50 hours, or some other standard). To compute the fraction of a FTE a part-time physician represents, divide the total hours worked by the total number of hours your medical practice considers to be a standard work week. Do not report more than 1.0 FTE for any one physician regardless of the number of hours worked.
   - Enter the number of FTE physicians
   - Do not know

7. Gender
   The responses to this question will be used as filters on the dashboard. You will be able to filter the results by gender.
   - Male
   - Female

8. How many years have you been in practice?
   The responses to this question will be used as filters on the dashboard. You will be able to filter results based on years of experience. Include only time spent in practice receiving payment for seeing patients (residency included).
9. Which of the following best describes your primary subspecialty?  
Select one.
- Autonomic Disorders
- Behavioral Neurology & Neuropsychiatry
- Child Neurology
- Clinical Neurophysiology
- Endovascular and Interventional Neurology
- Epilepsy
- General Neurology
- Geriatric Neurology
- Headache Medicine
- Infectious disease and Neurovirology
- Movement Disorders
- Neural Repair & Rehabilitation
- Neurocritical Care
- Neuroepidemiology
- Neurogenetics
- Neurohospitalist
- Neuroimaging
- Neuroimmunology and Multiple Sclerosis
- Neuromuscular Medicine
- Neuromuscular Pathology
- Neuro-oncology
- Neuro-ophthalmology
- Neuro-otology
- Pain-medicine
- Palliative Neurology
- Sleep medicine
- Sports Neurology
- Traumatic Brain Injury
- Vascular Neurology & Stroke
- Other
- Prefer not to answer

10. Which of the following best describes your other subspecialty area?  
Select one.
- Autonomic Disorders
- Behavioral Neurology & Neuropsychiatry
- Child Neurology
- Clinical Neurophysiology
- Endovascular and Interventional Neurology
- Epilepsy
- General Neurology
11. In 2014, what was your employment status?
   Select one.
   - Employed – Hospital
   - Employed – Practice
   - Independent Contractor
   - Owner/Partner
   - Other
   - Prefer not to answer

12. In 2014, what was your total annual compensation?
    State the amount reported as direct compensation on a W2, 1099, or K1 (for partnership) plus all voluntary salary reductions such as 401(K), 403(b), Section 125 Tax Savings Plan, and Medical Savings Plan. The amount reported should include salary, bonus, and/or incentive payments, research stipends, honoraria, and distribution of profits.
    - Round to the nearest whole dollar (do not use a $ sign or commas in the number)
    - Prefer not to answer

13. In 2014, did you have a guaranteed annual compensation?
    - Yes
14. In 2014, what was your guaranteed annual compensation?
   □ Round to the nearest whole dollar (do not use a $ sign or commas in the number)
   □ Prefer not to answer

15. What was the total medical revenue for all personally performed services that you provided?
   Total medical revenue is the sum of all fee-for-service collections, capitation payments and other medical activity revenues. Include collections of gross practice revenue, refunds, returned checks, contractual discounts/allowances, bad debts and write-offs.
   □ Round to the nearest whole dollar (do not use a $ sign or commas in the number)
   □ Do not know

16. Does the amount of the medical revenue include medical revenue generated from advanced practice providers?
   □ Yes
   □ No

17. Enter your work RVUs in 2014;
   The responses to this question will be used as filters to estimate appropriate salary ranges based on your work RVUs. If you do not know your work RVUs, ask your practice administrator. Report based on all work RVUs. Include:
   • RVUs for "physician work RVUs" only, including any adjustments made as a result of modifier usage
   • Physician work RVUs for all professional medical and surgical services performed by providers
   • Physician work RVUs for the professional component of laboratory, radiology, medical diagnostic, and surgical procedures
   • Physician work RVUs for all procedures performed by the medical practice. For procedures with either no listed CPT code or with an RVU value of zero, RVUs can be estimated by dividing the total gross charges for the unlisted/unvalued procedures by the practice’s known average charge per RVU for all procedures that are listed and valued
   • Physician work RVUs for all payers, not just Medicare
   • Physician work RVUs for procedures for both fee-for-service and capitation patients

   □ Enter the amount of work RVUs below (do not use commas in the number)
   □ Do not know
   □ Not applicable

18. Does the amount of the work RVUs include work RVUs generated from advanced practice providers?
   □ Yes
   □ No
19. In 2014, what was your primary method of compensation?  
Select one.  
☐ Straight/guaranteed salary  
☐ Salary plus performance/quality bonus  
☐ Production-based income  
☐ Production-based share of practice compensation pool  
☐ Equal share of practice compensation pool  
☐ Other

20. In determining your compensation, how was the general overhead of the practice allocated?  
Select one.  
☐ Equally  
☐ Variably  
☐ Combination of equally & variably  
☐ Fixed amount  
☐ Not applicable  
☐ Do not know

21. In 2014, did you have on-call duties?  
☐ Yes  
☐ No

22. In 2014, were you paid for on-call duties?  
☐ Yes  
☐ No

23. In 2014, what was the average daily rate of your on-call duty payment? Excluding any separate pay for teleneurology, if applicable.  
☐ Round to the nearest whole dollar (do not use a $ sign or commas in the number)  
☐ Not applicable - this is part of my contract

24. What type of on-call duties did you have?  
Mark all that apply.  
☐ General  
☐ Stroke  
☐ Other, please specify

25. How many licensed beds did the hospital include for on-call coverage? If you are covering for multiple hospitals, average the number of beds across all hospitals.  
☐ Enter the number of licensed beds below:  
☐ Do not know  
☐ My on-call coverage was not in a hospital
26. In 2014, did you have teleneurology call duties?
   □ Yes
   □ No

27. In 2014, were you paid for teleneurology call duties?
   □ Yes
   □ No

28. In 2014, what was the average daily rate of your teleneurology call duty pay amount?
   □ Round to the nearest whole dollar (do not use a $ sign or commas in the number)
   □ Not applicable - this is part of my contract

29. In 2014, what type of teleneurology call duties did you have?
   Mark all that apply.
   □ Telemedicine (other than stroke)
   □ Telestroke
   □ Other, please specify

30. In 2014, did you participate in Medicare’s Physician Quality Reporting System (PQRS)?
   Select one.
   □ Yes
   □ No
   □ Do not know

31. In 2014, did you report for PQRS using a measures group or individual measures?
   Select one.
   □ Yes, measures group
   □ Yes, individual measures
   □ Do not know

32. In 2014, which method was used to submit PQRS data?
   Select one.
   □ EHR-based reporting
   □ Claims-based reporting
   □ Registry-based reporting
   □ Group practice reporting
   □ Do not know
   □ Other

33. In 2014, which registry was used to submit PQRS data?
   Select one.

34. Year of birth:
35. Did you complete a neurology fellowship?
   - [ ] Yes
   - [ ] No

36. Did you graduate from medical school in the United States?
   - [ ] Yes
   - [ ] No

37. Where did you obtain your certification(s) in neurology?
   Mark all that apply.
   - [ ] N/A - I am not certified
   - [ ] ABEM
   - [ ] ABPN
   - [ ] AOA
   - [ ] RCP
   - [ ] UCNS
   - [ ] Other

38. Your National Provider Identifier (NPI)
   - [ ] Enter your NPI
   - [ ] Prefer not to answer

39. In 2014, were you recruited by another healthcare organization?
   Select one.
   - [ ] Yes, and I took a job or am planning to take a job with them
   - [ ] Yes, but I did not leave my current position
   - [ ] No

40. When do you plan to retire?
   Select one.
   - [ ] In less than 1 year
   - [ ] 1 to 3 years
   - [ ] 4 to 10 years
   - [ ] 11 to 20 years
   - [ ] 21 to 50 years
   - [ ] Do not know

41. In 2014, did the practice use an Electronic Health Record (EHR) system?
   - [ ] Yes
   - [ ] No

42. In 2014, which Electronic Health Record (EHR) system did the practice use?
   Select one.
43. In 2014, did the practice participate in an EHR Incentive Program ("Meaningful Use")?
   Select one.
   □ Yes, Medicare EHR Incentive Program
   □ Yes, Medicaid EHR Incentive Program
   □ No
   □ Do not know

44. In 2014, did the practice employ a practice administrator? This would include a Chief Executive Officer (CEO) or a Chief Operating Officer (COO).
   □ Yes
   □ No

45. In 2014, was the practice affiliated with a hospital?
   □ Yes
   □ No

46. Please describe the relationship with the hospital.
   Select one.
   □ Hospital employs physicians in the practice
   □ Hospital contracts with independent physicians for services
   □ Hospital owns the practice
   □ Do not know
   □ Other

47. In 2014, what was the legal structure of the practice?
   Select one.
   □ LLC/LLP
   □ Not-for-profit
   □ Partnership
   □ Professional association
   □ Professional corporation
   □ Proprietor
   □ Do not know
   □ Other

48. In 2014, what measures did your practice use for compensation purposes?
   Mark all that apply.
   □ Total RVUs
   □ Work RVUs
   □ Professional Charges
   □ Revenue
   □ Quality Measures
Patient Satisfaction Scores
Non-clinical Measures or Activities
Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS)
Group Consumer Assessment of Health Care Providers and Systems (GCAHPS)
Value-based Modifier (VBM)
Do not know
Other, please specify

49. In 2014, did your practice participate in an Accountable Care Organizations (ACO)?
   - Yes
   - No
   - Do not know

50. How did your practice participate in Accountable Care Organizations (ACO)?
    Mark all that apply.
    - Under the Medicare Shared Savings Program
    - Through a commercial health insurer
    - Through a hospital
    - Through an integrated health system
    - Do not know
    - Other, please specify

51. In 2014, did your practice participate in bundled payments for neurologic services?
   - Yes
   - No
   - Do not know

52. In 2014, did your practice participate in a patient-centered medical home (PCMH)?
   - Yes
   - No
   - Do not know

53. In 2014, did the practice participate in Medicare?
   - Yes
   - No
   - Do not know

54. In 2014, did the practice participate in Medicaid?
   - Yes
   - No
   - Do not know
55. In 2014, did the practice impose any limits in accepting new Medicare patients?
- Yes
- No
- Do not know

56. In 2014, did the practice impose any limits in accepting new Medicaid patients?
- Yes
- No
- Do not know

57. In 2014, what were your total individual malpractice insurance limits (aggregate limit)?
Select one.

Malpractice insurance limits consist of two elements 1) limit on how much would be paid to a claim; and 2) limit for the sum of all amounts made for all claims during a policy term. For example, if your malpractice insurance limits are $100,000 per incident and $300,000 aggregate, choose the $100,000/$300,000 answer.
- $100,000/$300,000
- $200,000/$600,000
- $500,000/$1 million
- $1 million/$3 million
- Do not know
- Other, please specify

58. In 2014, what was your total individual annual malpractice insurance premium?
- Enter whole dollar amount (do not use a $ sign or commas in the number)
- Not applicable
- Do not know

59. In 2014, did your practice perform an internal audit of your coding?
- Yes
- No
- Do not know

60. In 2014, were you subject to any of the following external audits? Mark all that apply.
- Pre-payment audit
- Recovery Audit (RA)
- Post-payment audit
- None of the above
- Academic Practices

61. In 2014, of the total amount of time you worked, what was your percent:
62. In 2014, how many hours did you work in an average week?

63. In 2014, how many weeks did you work?

64. How long did it take to complete this survey? Indicate time in hours to the nearest quarter hour (example 0.75)