2016 Physician Inpatient/ Outpatient Revenue Survey

A survey showing net annual inpatient and outpatient revenue generated by physicians in various specialties on behalf of their affiliated hospitals

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MERRITT HAWKINS
an AMN Healthcare company

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Introduction

Merritt Hawkins is a national physician search and consulting firm specializing in the recruitment of physicians in all medical specialties, physician executives, medical academic leaders, physician assistants, nurse practitioners and other healthcare professionals. Established in 1987, Merritt Hawkins is a company of AMN Healthcare (NYSE: AHS), the largest healthcare workforce solutions organization in the United States as ranked by *Staffing Industry Analysts.*

Merritt Hawkins conducts an ongoing series of surveys covering a range of physician staffing issues, including physician recruiting incentives, physician practice patterns, hospital recruiting patterns and related topics. Merritt Hawkins conducts surveys for both internal use and on behalf of third parties. Third parties for which Merritt Hawkins has conducted surveys and other research projects include **The Physicians Foundation**, the **Indian Health Service**, the **American Academy of Physician Assistants**, **Trinity University**, the **Association of Academic Surgical Administrators**, and the **North Texas Regional Extension Center**.

This report summarizes Merritt Hawkins' sixth survey of the average annual revenue physicians in various specialties generate for their affiliated hospitals. This periodic survey was conducted previously by Merritt Hawkins in 2002, 2004, 2007, 2010, and 2013.

A Quantitative Analysis

The survey is intended to provide benchmark data hospitals can use to develop a "quantitative analysis" of their physician recruiting programs. A quantitative analysis as defined by the U.S. Internal Revenue Service (IRS) establishes the financial benefits that newly recruited physicians may bring to a hospital. These benefits may support the hospital's mission of providing quality care to the community by creating revenue streams necessary to its continued or its enhanced operation. A quantitative analysis therefore may serve as part of a hospital's physician recruiting plan by demonstrating the financial benefits to the hospital of physician recruitment. It should be noted, however, that a physician recruiting plan also should include a "qualitative analysis" demonstrating how newly recruited physicians will enhance quality of care in the community by adding needed services.

Cost/Benefit Analysis

Survey data also may be used in setting physician compensation levels or recruiting incentives through a cost/benefit analysis comparing the aggregate expense of recruiting physicians to the average revenue generated by physicians in various specialties. Results of the survey also may be of interest to physicians, policy makers, journalists and others who follow physician staffing, compensation, and related trends.

Methodology

Merritt Hawkins emailed the Physician Inpatient/Outpatient Revenue Survey to approximately 3,500 hospital Chief Financial Officers (CFOs) nationwide using a proprietary list of names that are included in its database of clinicians and healthcare administrators. The survey was emailed to all names on the list three times starting in December, 2015 and running through March, 2016, and additional surveys were emailed at approximately the same time directly to individual hospital CFOs by Merritt Hawkins' research personnel.

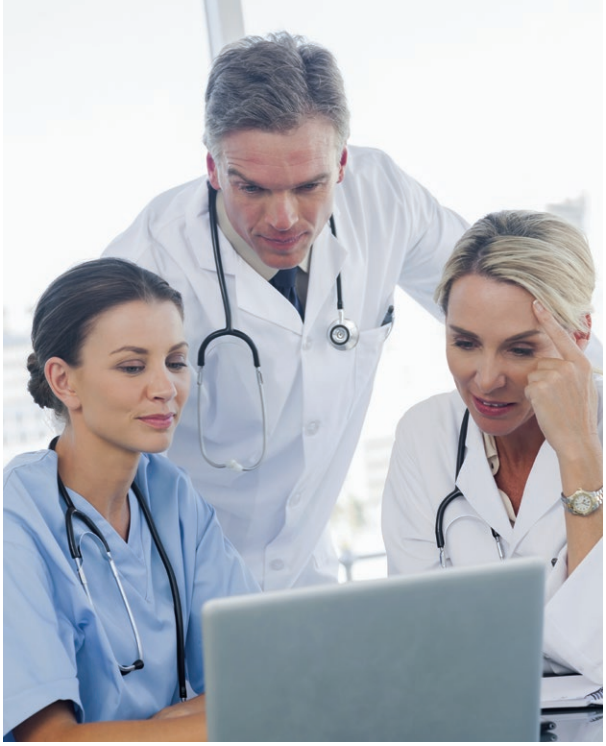
The survey could be taken anonymously or those CFOs requesting survey results could include their email addresses. The survey asked hospital CFOs to indicate the combined net inpatient and outpatient revenue generated annually for their facilities by a single, full-time equivalent (FTE) physician (either employed by the hospital or in independent practice) in a variety of specialties through procedures performed at the hospital, tests and treatments ordered, etc.

In the case of primary care physicians (defined as family practitioners, general internists, and pediatricians), survey respondents were asked to determine revenue from direct admissions,

procedures performed, lab tests generated, etc., not indirect revenue primary care physicians may have generated from patient referrals to specialists utilizing the hospital.

The survey listed various revenue ranges and allowed CFOs to select the most appropriate range for each medical specialty. In lieu of indicating a range, CFOs also had the option of indicating on the survey form the specific amount of revenue generated annually for their hospital per a single FTE physician in various specialties.

In cases where a range was indicated, the survey takes the midpoint of this range to determine a weighted average for each specialty. A total of 74 completed surveys were received.



Accuracy Statement

The survey was sent to each CFO on the mailing list at least three times, and many received the survey four or more times. Nevertheless, the repeated emails generated less than 100 responses, underlining the extreme difficulty of obtaining the type of physician revenue data sought by the survey. Hospital CFOs may find that retrieving the requested data can be difficult and some CFOs may be concerned about the proprietary nature of the data, though Merritt Hawkins does not track the data by hospital name or in any other way, ensuring responses are kept completely confidential.

Despite the relatively small data set, Merritt Hawkins believes survey results are reliable and accurate, in large part because the overall number for average annual revenue generated by all physician specialties for their affiliated hospitals has remained virtually unchanged. In the six separate years Merritt Hawkins has conducted the survey (spanning an overall period of 14 years) that number has remained at or about $1.5 million. The only exception was in 2004, when the average annual revenue generated by all medical specialties tracked in the survey was $1.8 million.

If the survey was not accurate due to a small data set or for other reasons, much larger variations in the overall number could be expected. In addition, though there are variations in average annual revenue generated by specific specialties in given years, the overall range for most specialties has remained relatively narrow over the years.

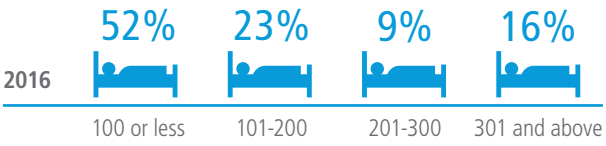
It should be noted that the volume of categorical responses varied by specialty. Not all returned survey forms included data for all specialties. Given these factors, average revenue generated per medical specialty cannot be expected to reflect the experiences of all hospitals.

Survey Findings

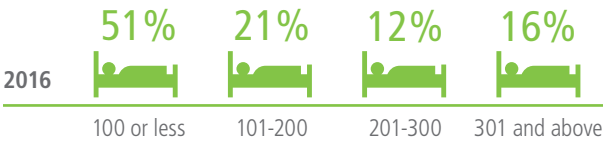
Responding Hospitals by Number of Beds

Responding hospitals in 2016 by number of beds are indicated in the first chart below. The second chart shows a year-to-year comparison of hospital respondents by number of beds. It can be noted from the numbers below that survey responses by number of hospital beds closely reflect hospitals by bed size throughout the U.S.

Responding Hospitals by Number of Beds

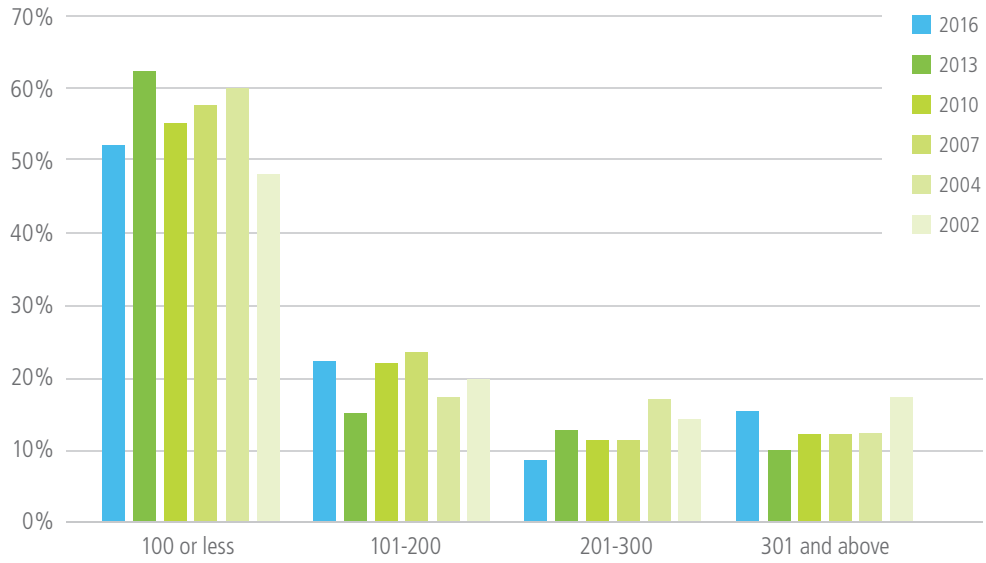


Hospitals by Bed Size in the United States*



*Source: The American Hospital Association Annual Survey of Hospitals, 2014 edition

Responding Hospitals by Number of Beds (Year-to-Year Comparison)

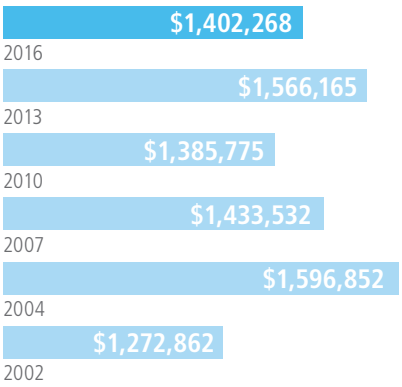


Average Revenue Generated by Primary Care Physicians, Specialists, and All Physicians

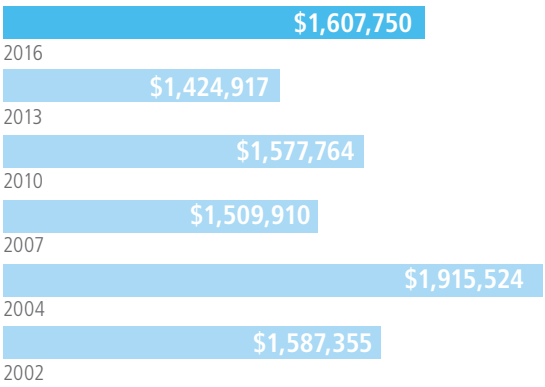
The first graph below indicates average annual net revenue generated by primary care physicians on behalf of their affiliated hospitals in the previous 12 months (a period generally corresponding to calendar year 2015) with comparisons to survey data from other years the survey was conducted.

Primary care is defined in this survey as family practice, general internal medicine, and pediatrics. The second graph indicates average annual net revenue generated by specialist physicians on behalf of their affiliated hospitals, with comparisons to survey data from previous years. The third graph indicates net average annual revenue generated by all physician specialties tracked in the survey on behalf of their affiliated hospitals, with comparisons to data from previous years.

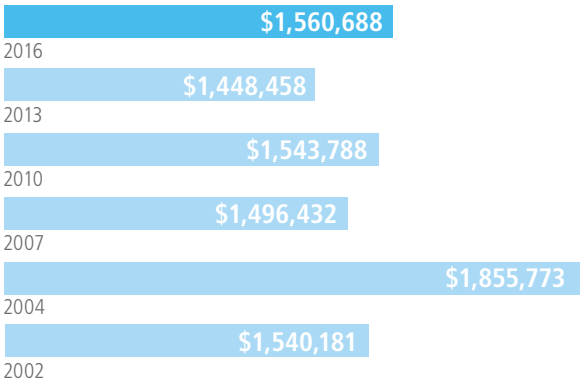
Primary Care Physicians



Specialist Physicians



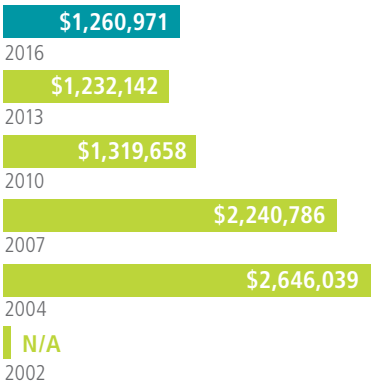
All Physicians



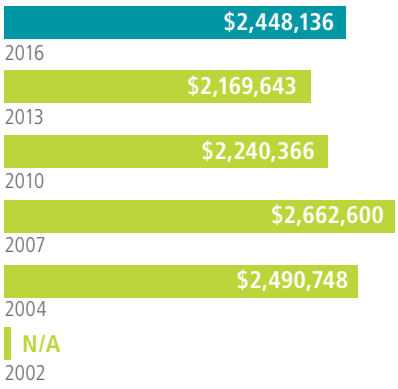
Specialty Revenue Comparison

The following graphs indicate average net annual revenue generated by physicians in various specialties on behalf of their affiliated hospitals as tracked by the 2016 survey, with comparisons to data from surveys conducted in previous years.

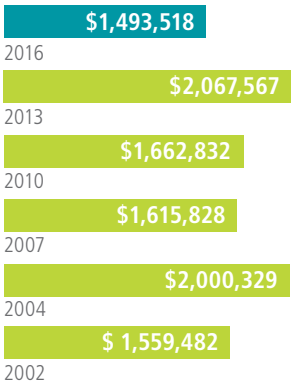
Cardiology (Non-Invasive)



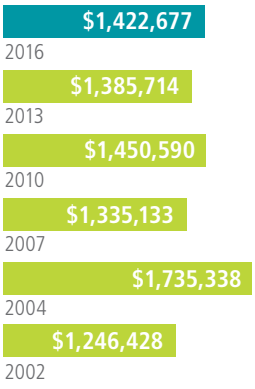
Cardiology (Invasive)



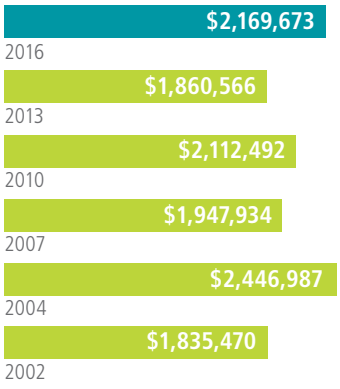
Family Practice



Gastroenterology

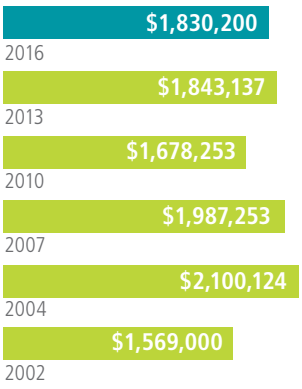


General Surgery

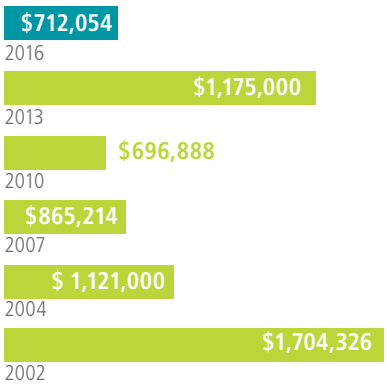


Hematology/ Oncology

Internal Medicine

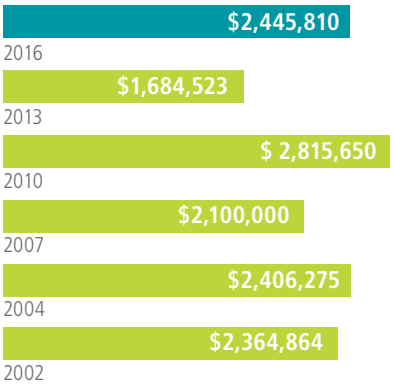


Nephrology

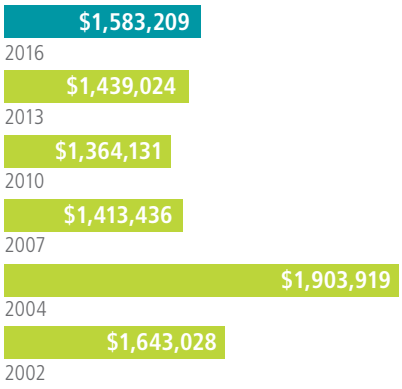


Neurology

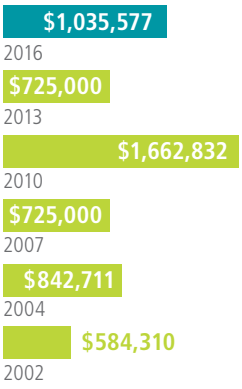
Neurosurgery



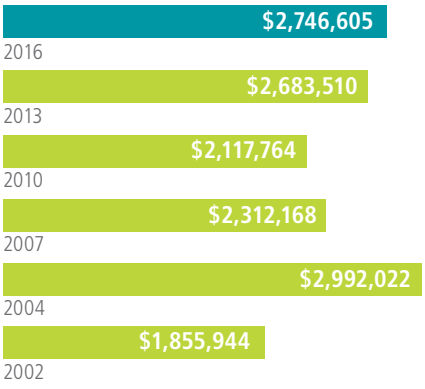
Obstetrics/ Gynecology



Ophthalmology



Orthopedic Surgery

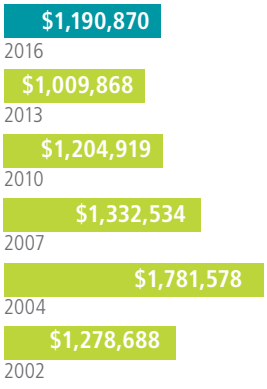


Otolaryngology

Pediatrics

Psychiatry

Pulmonology



Urology

Specialty Comparison Year-to-Year

The graph below shows average annual revenue generated per specialty for the four years the survey has been conducted.

Cost/Benefit Analysis

The following numbers compare the average net annual inpatient/outpatient revenue generated by physicians in various specialties for their affiliated hospitals with average salaries or income guarantees offered to recruit physicians. Average salaries and income guarantee figures are derived from Merritt Hawkins' *2015 Review of Physician and Advanced Practitioner Recruiting Incentives* and indicate the financial incentives offered to physicians in the 3,128 physician search assignments Merritt Hawkins conducted from April 1, 2014 to March 31, 2015. The numbers below may be used as part of a "quantitative" physician recruiting cost/benefit analysis showing costs of recruiting physicians relative to the revenue physicians generate for their affiliated hospitals. A "qualitative" analysis also will factor in the quality of care benefits that new physician services may bring to a given community.

As these numbers indicate, physicians typically generate considerably more in "downstream revenue" than they receive in the form of salaries or income guarantees. This is particularly true of primary care physicians. Though hospitals and other employers have been shown to lose money on physician salaries is some cases, they often recoup these loses from the downstream revenue physicians generate.

PHYSICIAN GENERATED REVENUE VS. AVERAGE SALARIES

Specialty	Average Revenue	Average Salary*
Cardiology (Invasive)	$2,448,136	$525,000
Cardiology/Non-Inv.	$1,260,971	$291,000
Family Practice	$1,493,518	$198,000
Gastroenterology	$1,422,677	$455,000
General Surgery	$2,169,673	$339,000
Hematology/Oncology	$1,688,056	$350,000
Internal Medicine	$1,830,200	$207,000
Nephrology	$712,054	$275,000
Neurology	$1,025,536	$277,000
Neurosurgery	$2,445,810	$553,000
OB/GYN	$1,583,209	$276,000
Ophthalmology	$1,035,577	$249,000
Orthopedic Surgery	$2,746,605	$497,000
Otolaryngology	$1,066,221	$334,000
Pediatrics	$665,972	$195,000
Psychiatry	$1,210,586	$226,000
Pulmonology	$1,190,870	$331,000
Urology	$1,405,659	$412,000

*Source: Merritt Hawkins 2015 Review of Physician Recruiting Incentives

Trends and Observations

Merritt Hawkins' *2016 Physician Inpatient/ Outpatient Revenue Survey* provides benchmark data indicating the estimated amount of net inpatient and outpatient revenue physicians in 18 specialties generate annually on behalf of their affiliated hospitals through patient referrals, admissions, procedures, treatments, and tests.

The average annual net revenue generated by all 18 specialties examined in the 2016 survey was $1,560,688. This is an increase of 7.7% over average annual net revenue generated by all specialties as tracked in Merritt Hawkins' 2013 survey and is consistent with survey findings in others years when average net annual revenue generated by physicians for their affiliated hospitals was approximately $1.4 million or $1.5 million. The one exception was 2004, when average net annual revenue generated by all physicians for their affiliated hospitals was $1.8 million.

The average annual net revenue generated by primary care physicians, defined as family physicians, general internal medicine physicians, and pediatricians in the 2016 survey was $1,402,268, down from $1,566,165 in 2013, a decrease of 10.5%, though in the same general range as previous years, with the exception of 2002, when average revenue generated by primary care physicians for their affiliated hospitals was $1,272,862.

The average annual net revenue generated by specialty care physicians in the 2016 survey was $1,607,750, up from $1,424,917 in 2013, an increase of 12.8%. In five of the six years Merritt Hawkins has conducted the survey, specialist physicians as a group have generated more revenue for their affiliated hospitals than primary care physicians. The one exception was 2013, when primary care physicians generated $1,566,165 annually on average for their affiliated hospitals compared to $1,424,917 for specialists.

In the six individual years Merritt Hawkins has conducted this survey (over a total period of 14 years), average annual revenue generated by all physician specialties has fluctuated from a low end of $1,448,458 in the 2013 survey to a high end $1,855,773 in the 2004 survey. However, for five of the six years, average annual revenue generated by all specialties has fluctuated by a much smaller margin, from a low end of $1,448,458 in the 2007 survey to a high end of $1,560,688 in the 2016 survey. For this reason, Merritt Hawkins is confident in asserting that the average net annual revenue generated by physicians in all specialties tracked for their affiliated hospitals has been and remains approximately one and a half million dollars.

Additional Economic Impact of Physicians

An additional point to be considered is that physicians have a direct economic impact not only on the hospitals with which they are affiliated but on the communities in which they practice. A report released by the American Medical Association in 2014 indicates that physicians generate $1.6 trillion in economic activity nationwide and support 10 million jobs. Each physician contributes $2.2 million in economic output and supports an average of 13.84 jobs and an average of $1.1 million in wages and benefits. Every dollar applied to physician services supports an additional $1.62 in other business activity (see *Physicians Generate $1.6 Trillion in Economic Activity, Support 10 Million Jobs*, www.assn.org/ama/pub/news/2014-04-16-physicians-economic-impact, April 16, 2014. For additional information on physician economic issues see the Merritt Hawkins' white paper, *The Economic Impact of Physicians*).

Shifts in Primary Care

Net revenue generated by primary care physicians decreased in the 2016 survey relative to 2013, the last year the survey was conducted. This was particularly apparent in family practice, where average revenue generated decreased from $2,067,567 in the 2013 survey to $1,493,518 in 2013, a drop of 38.4%. 2013 represented the highest average revenue generated by family practice physicians in all six of the physician revenue surveys Merritt Hawkins has conducted, though average annual revenue generated by family physicians for hospitals also exceeded $2 million in 2004. In the other four years, average annual revenue generated by family physicians was at or about $1.5 million.

Average annual revenue generated by pediatricians also declined, from $787,790 in 2013 to $665,972 in 2016, a drop of 18.3%. That is the lowest average for pediatricians recorded in the six physician revenue surveys Merritt Hawkins has conducted, which reached a high of $860,600 in 2004.

Average annual revenue generated by general internal medicine physicians as tracked in the 2016 survey ($1,830,200) was virtually unchanged compared to 2013, when the average was $1,843,137. In the six physician revenue surveys Merritt Hawkins has conducted, average net annual revenue generated by general internists for their affiliated hospitals has ranged from approximately $1.6 million to $2 million.

Increases in revenue generated by family medicine and internal medicine physicians that were apparent in 2013 were attributed at that time to the growing employment of physicians by hospitals. In 2004, only 11% of Merritt Hawkins' physician search assignments featured hospital employment of the physician. In 2014, that number rose to 64%, though it dropped to 51% in 2015 (see graph on following page).

Employed primary care physicians may be more likely to divert tests, therapies and other services "in-house" to their hospital employer, rather than to outside resources such as radiology groups or labs, which may have been their pattern when they were in independent practice.

Such referral practices would help explain why average revenue generated by primary care physicians for hospitals is increasing. However, the 2016 survey did not reflect such increases, unlike the 2013 survey. If not a statistical aberration, declining revenues generated by family physicians tracked in 2016 (and flat revenues generated by general internists) relative to 2013 may be a result of risk-bearing reimbursement models, where primary care physicians and their employers are penalized for exceeding budgets.

Merritt Hawkins Search Assignments Featuring Hospital Employment of Physicians

2015	51%
2014	64%
2013	64%
2012	63%
2011	56%
2010	51%
2009	45%
2008	45%
2007	43%
2006	23%
2005	19%
2004	11%

*Source: Merritt Hawkins 2015 Review of Physician Recruiting Incentives

Primary care physicians are particularly likely to be hospital and health system employees as many of these organizations have purchased primary care groups in order to participate in new delivery and reimbursement models such as Accountable Care Organizations (ACOs). These models increasingly feature care for large population groups managed by primary care doctors operating under a fixed or global budget with a value-based reimbursement component.

Under these models, high revenues generated by primary care and other physicians for their affiliated hospitals could come to be seen as a negative, completely turning on its head traditional healthcare economics in which high revenue generation has been seen as an economic imperative. Should these models proliferate, it can be expected that the revenue numbers tracked in this survey will steadily decline as health systems and other large entities that employ physicians are rewarded for reducing services provided and thereby sharing in any savings realized from global or fixed budgets.

Differences in Productivity

The impact primary care physicians have on hospital revenue changes may be tied to the trend toward hospital employment of physicians in another way. The national survey of physicians that Merritt Hawkins conducts biennially for The Physicians Foundation (www.physiciansfoundation.org) suggests that employed physicians may be less productive than physicians who are independent practice owners (see chart on next page).

These numbers indicate that employed physicians see 8.5% fewer patients per day than do independent physicians. As the employed model becomes more established, revenue generated per primary care physician may plateau or begin to decline due to a drop in per-physician productivity.

Patients Seen Per Day/ Employed Physicians vs. Independent

	Employed	Independent
Patients seen per day	20	21.7

Source: *A Survey of America's Physicians: Practice Patterns and Perspectives*, Merritt Hawkins and The Physicians Foundation, September, 2014

Medical Specialists Remain Revenue Generators

The 2016 survey suggests that emerging global/value-based payments have yet to reduce the revenue generating power of physician specialists. In many cases, capitated/value-based payment models remain aspirational and fee-for-service reimbursement remains the prevailing paradigm. A paper published in the March, 2016 edition of Health Affairs indicates that 95.7% of physician office visits in 2013 resulted in fee-for-service payments while only 5.3% were capitated payments. Volume, whether in the form of relative value units (RVUs) or traditional metrics such as net revenues or patients seen, remains the name of the game.

The "$2 Million Club"

Three types of specialists -- orthopedic surgeons, neurological surgeons and general surgeons -- all generate in excess of $2 million net a year on average for their affiliated hospitals, the 2016 survey indicates.

As in previous years the survey was conducted, orthopedic surgeons remain the highest revenue generators among all medical specialties tracked in the survey. The 2016 survey indicates that orthopedic surgeons generate an annual average of $2,746,405 on behalf of their affiliated hospitals, up slightly from $2,683,510 in 2013. In the six years the survey has been conducted, average net annual revenue generated by orthopedic surgeons for their affiliated hospitals has ranged from a low of $1,855,944 in 2002 to a high of $2,992,022 in 2004.

The increasing sophistication and cost of replacement hips, knees and other devices used in orthopedic surgery helps ensure high revenue generation from this specialty. In addition, "certificate of need" (CON) restrictions have been put on physician-owned hospitals and ambulatory surgery centers, reducing or limiting venues where orthopedic surgery is performed outside of traditional hospitals. Patient demographics and the active lifestyle choices of the growing senior citizen population also are driving utilization of orthopedic surgery procedures.

Second on this list is invasive cardiology, a specialty generating an annual net average of $2,448,136 in 2016, up from $2,169,643 in 2013. In each of the six years the survey has been conducted, the average net annual revenue generated by invasive cardiologists on behalf of their affiliated hospitals has never been less than $2.1 million.

Other high revenue generating specialties include neurological surgery, a specialty generating $2,445,810 for affiliated hospitals in 2016, up from $1,684,523 in 2013. The relatively low 2013 number may have been a one-year aberration, as in the other five years the survey was conducted, the average number for neurological surgery exceeded $2 million.

The 2016 survey indicates that the average annual revenue generated by general surgeons for their affiliated hospitals is $2,169,673, up from $1,860,655 in 2013. In the six years the survey has been conducted, average net annual revenue generated by general surgeons on behalf of their affiliated hospitals has ranged from a low of $1,860,655 in 2013 to a high of $2,446,987 in 2004.

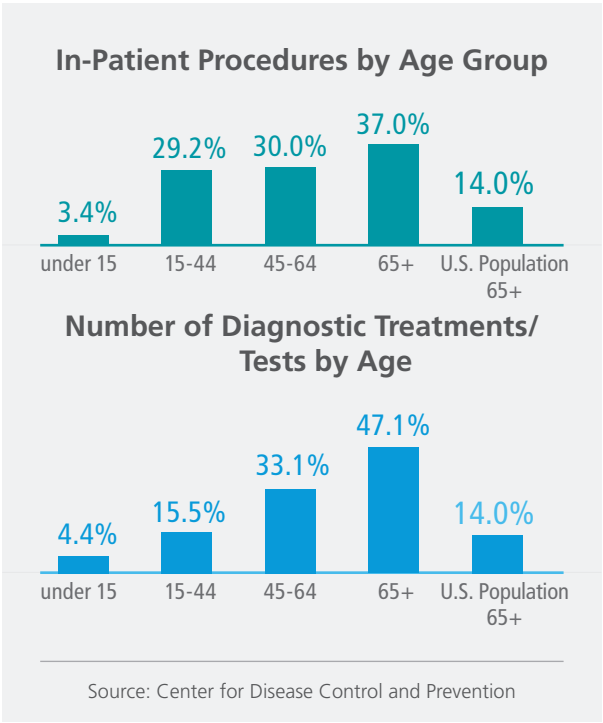
Other High Revenue Generators

Though not part of the "$2 million club," gastroenterologists, hematologists/oncologists, obstetrician/gynecologists, and urologists all generate an average of $1.4 million or more in net revenue on behalf of their affiliated hospitals, the 2016 survey indicates. Revenue generated by these physicians did not change appreciably in 2016 relative to 2013, and fluctuations in these specialties have been moderate in the six years the survey has been conducted.

Average annual revenue generated by non-invasive cardiologists, neurologists, ophthalmologists, psychiatrists, pulmonologists, and otolaryngologists for their affiliated hospitals all exceeded $1 million, the 2016 survey indicates. Nephrology, at $712,054, is the only specialty tracked by the 2016 survey other than pediatrics, to generate less than $1 million annually on behalf affiliated hospitals.

The Emerging Shortage of Medical Specialists

As referenced above, the net revenue generated by various medical specialists on behalf of their affiliated hospitals is in part a reflection of patient demographics. Patients 65 years old and older generate a disproportionate number of physician visits and generate a disproportionate number of medical procedures and tests. Though they represent only 14% of the population, patients 65 and over generate 37.4% of in-patient procedures and 47.1% of diagnostic tests (see graphs below).



Source: Center for Disease Control and Prevention

Older patients, who often have multiple organ systems or body parts that need treatment, require the care of physicians who specialize in treating these systems and body parts. These specialists include orthopedic surgeons, cardiologists, ophthalmologists, urologists, pulmonologists, psychiatrists, neurologists and other specialists

included in this survey. With over 10,000 Baby Boomers turning 65 every day, specialist physicians are likely to be in increasing demand.

It is for this reason that the Association of American Medical Colleges (AAMC) projects a shortage of up to 90,400 physicians by 2025, the majority of them (66,000) specialists. While advanced practitioners such as physician assistants and nurse practitioners can supplement the physician workforce, specialists are required to perform the complex surgeries, diagnostic tests, and other procedures and care that older patients often require.

For this reason, and because payments for procedures continue to be higher than those for consultations, medical specialists are likely to remain high revenue generators for their affiliated hospitals, even with the advent of capitated and value-based delivery models.

Conclusion

Today's healthcare system is in the midst of a transition in which volume of services is predominantly valued and paid for, to one in which quality outcomes and other "value" metrics will be valued and paid for. This transition also includes a wave of hospital and medical group consolidations and a landscape in which competition may be more between venues than between medical specialties.

However, this transition is still in its initial stages. Data cited above indicate that volume-based, fee-for-service models continue to be the predominate paradigm, and volume of services continues to be largely driven by physicians.

Little takes place in medicine that is not ordered by, reviewed by, or performed by a doctor. Merritt Hawkins' *2016 Physician Inpatient/Outpatient Revenue Survey* quantifies the financial impact physicians have on hospitals as the initiators and providers of care – an average, per physician, of $1,560,688 in net revenue generated per year.

The data included in the survey may be of assistance to hospital executives preparing a "quantitative analysis" of the impact of physician recruiting on their facilities. Such an analysis should be accompanied by a "qualitative analysis" documenting the impact on quality of care provided to the community of newly recruited physicians.

For additional information about this or other surveys conducted by Merritt Hawkins and other companies of AMN Healthcare, contact:

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Merritt Hawkins' Additional Discussion Groups/ Surveys/White Papers

Merritt Hawkins' hosts a professional Discussion Group on LinkedIn to review and discuss matters pertaining to physician recruiting, compensation, workforce solutions and related healthcare trends. To join, visit http://linked.in/AB6mOC.

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Topics include:

- Survey of Physician Appointment Wait Times
- A Survey of America's Physicians: Practice Patterns and Perspectives (in partnership with The Physicians Foundation).
- Review of Physician Advanced Practioner Recruiting Incentives
- Physician Inpatient/Outpatient Revenue Survey
- Survey of Final Year Medical Residents
- White Paper: Incentive-Based Physician Compensation
- White Paper: From Lodge Medicine to MIPS: Physician and Hospital Reimbursement"
- White Paper: The Future of Medicine (published by "Health Affairs")
- White Paper: Ten Keys to Physician Retention
- White Paper: The Cost of A Physician Vacancy
- White Paper: RVU-Based Physician Compensation
- White Paper: The Economic Impact of Physicians
- Curriculum: Physician Recruiting, The University of Florida
- Review of Temporary Healthcare Staffing Trends & Incentives
- Review of Temporary Healthcare Staffing Trends & Incentives (Mid-level Providers)
- Survey of Chief Nursing Officers
- Survey Registered Nurses
- Survey of Travel Nurses

Books Written by Merritt Hawkins:

- Will the Last Physician in America Please Turn Off the Lights? A Look at America's Looming Physician Shortage, Fourth Edition
- Merritt Hawkins Guide to Physician Recruiting
- In Their Own Words: 12,000 Physicians Reveal Their Thoughts on Medical Practice in America (in partnership with The Physicians Foundation).

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