

Fair Market Value Compensation

S P O T L I G H T O N

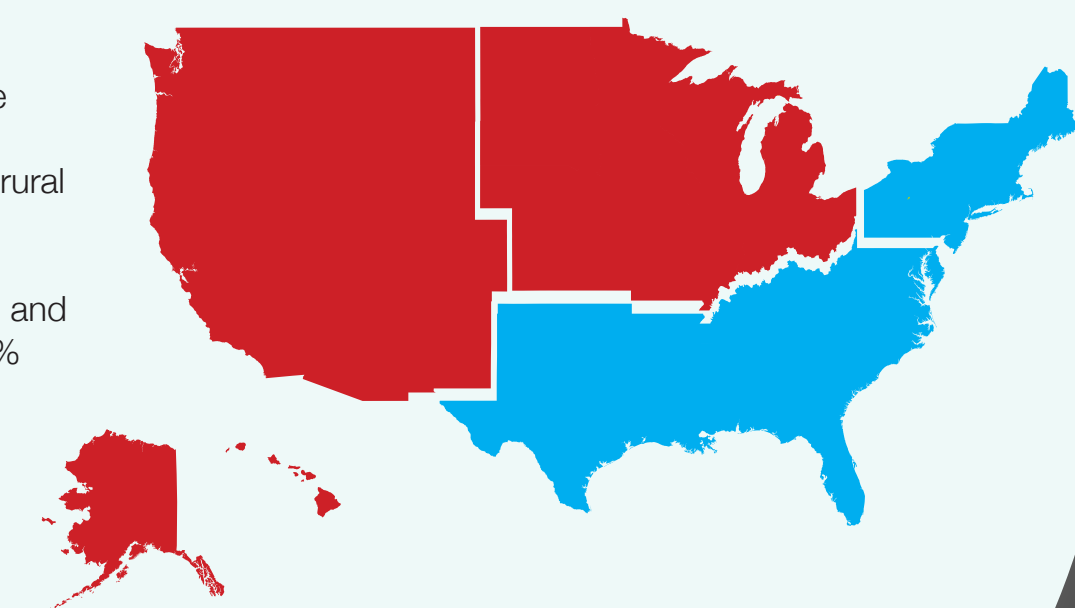
Cardiology



Now Trending

Recent cardiology graduates are gravitating toward practice in urban areas, resulting in a cardiology supply shortage in rural settings.

By U.S. quartile, Northeastern and Southern regions have 25-50% more cardiologists per 100K patients ≥65 years of age compared to Midwestern and Western states.



Sources: www.cdc.gov; The Supply and Demand of the Cardiovascular Workforce, Striking the Right Balance

Demand

Projected **increase in demand** for cardiologists **each year** from 2013-2025

+18%



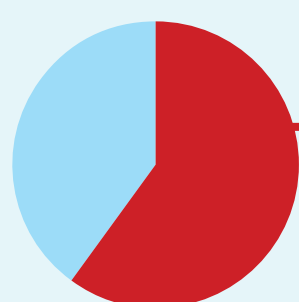
50%

American population with **at least one risk factor** for developing **heart disease**

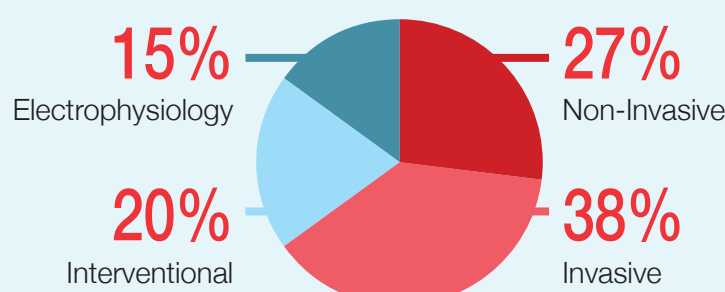
Sources: www.healthaffairs.org; www.cdc.gov

Supply

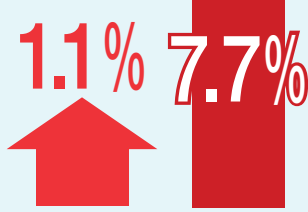
60% Cardiologists **currently aged 55 and over**



Major Cardiology Subspecialties



The number of **cardiologists increased 1.1%**, while the number of **overall physicians increased 7.7%** from 2010-2015



Sources: Association of American Medical Colleges (AAMC) 2015 Physician Survey; Report: Cardiovascular Provider Compensation & Production Survey 2017, MedAxiom; AAMC.org

Cardiology Compensation

Compound Annual Growth Rate

3%

\$467,941 2017

\$420,906 2013

Non-Invasive Cardiologists National Median Clinical Compensation



2017

\$595,157

2013

\$546,806

Invasive/Interventional Cardiologists National Median Clinical Compensation

2%

Compound Annual Growth Rate

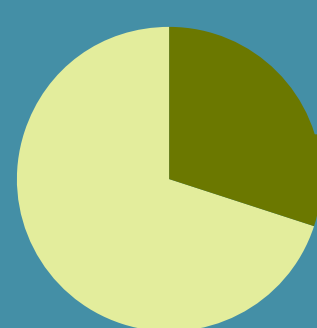
2017 National Median Cardiology Daily Unrestricted Call Coverage Compensation

\$600

Non-Invasive

\$763

Invasive/Interventional



30% more

Average amount Interventional Cardiologists earned compared to Non-Invasive Cardiologists

Median Physician Productivity in Work Relative Value Units (wRVUs)

Non-Invasive Cardiologists

Invasive/Interventional Cardiologists

7,366 2017

9,551 2017

7,012 2013

8,929 2013

CAGR

1%

2%

CAGR

Non-Invasive Cardiologists' wRVU levels only grew at **1%** per year while compensation grew at **3%**, suggesting factors other than wRVU productivity may drive increased compensation

Sources: American Medical Group Association (AMGA); Medical Group Management Association (MGMA); SullivanCotter; PYA proprietary data and calculations

Why PYA?

PYA provides independent and objective valuation and consulting services for a broad range of healthcare organizations. We support our clients' many needs, including physician employment arrangements, professional services arrangements, call coverage, and many other types of arrangements associated with various acquisitions and/or affiliations. Contact [Lyle Oelrich](#) or [Carol Carden](#) at (800) 270-9629 to discuss how we can assist you with your complex needs.

- PYA provides more than 1,200 fair market value (FMV) compensation opinions each year to support the needs of hospitals, health systems, and other provider institutions.
- Our work in the field of cardiology, which includes general cardiology, pediatric cardiology, cardiovascular surgery, and cardiothoracic surgery, averaged nearly one fair market value compensation determination each week over the last two years.
- View our [complete study](#) for further details.



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