



SESSION 4

Panel Discussion on Compliance Hot Topics

January 19, 2024

A graphic consisting of several overlapping speech bubbles in shades of blue and green. The largest bubble is green and contains the text 'Let's Talk Compliance' in white, bold, sans-serif font. Other smaller bubbles are in various shades of blue and green, some overlapping the main one.

Let's Talk Compliance

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Introduction



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Agenda – Compliance Hot Topics

1. **AI:** Healthcare Landscape around Artificial Intelligence (AI) – risk considerations around governance, controls and implementation
2. **OIG GCPG:** Practical recommendations/considerations around the incorporation of OIG General Compliance Program Guidance in your compliance program effectiveness plan
3. **APP-Physician Collaboration:** Compliance considerations around advance practice provider (APP) and physician collaboration – e.g., split-shared visits, provider education, risk assessment, audit strategies, and provider compensation impact
4. **Physician Compensation:** Identifying and solving physician compensation challenges related to physician productivity, subsidy arrangements and call pay

Artificial Intelligence (AI) & Healthcare Policy Landscape



The WHO outlined six areas for regulation of AI in healthcare – transparency and documentation, simple models, external validation of data, commitment of data quality, addressing privacy and data protection, and fostering collaboration between entities.

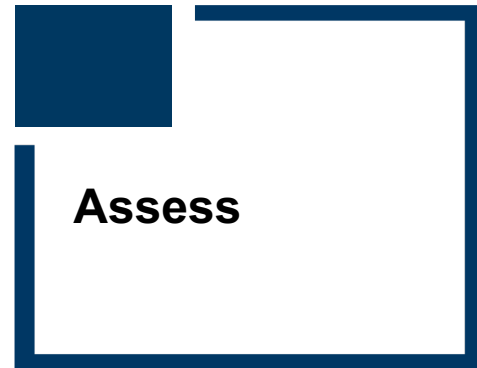


Potential data collection and HIPAA risks are among the most significant challenges associated with AI.



Positive impacts associated with AI include enhanced health outcomes and the potential to supplement access to healthcare in areas with limited healthcare access.

OIG General Compliance Program Guidance (GCPG) – Best Practices for Incorporation



Compliance Considerations for Advanced Practice Provider (APP) and Physician Collaboration

- Guidance continues to change for split-shared visits – how are you tracking?
- Physician Self-Referral Law (Stark Law)/Anti-Kickback Statute regulatory guidance
- Best practices for –
 - Provider education
 - Risk assessment
 - Audit strategies

APP Impact Case Study

| | A | B | C | D=B*10% | E=C*D | F | G=E-F |
|---------------------------|--|---|--|--------------------------|----------------------------|---|---|
| Specialty | Median Compensation (of 3 2023 National Surveys) | Median wRVUs (of 3 2023 National Surveys) | Reported Median Compensation per wRVU (of 3 2023 National Surveys) | APP Impact - 10% (wRVUs) | "Value" of APP Impact (\$) | Estimated Value - APP Supervision Stipend | Difference (Remaining Amount Embedded in Productivity Compensation) |
| Gastroenterology | \$536,116 | 8,160 | \$67.55 | 816 | \$55,121 | \$12,000 | \$43,121 |
| Interventional Cardiology | \$676,317 | 10,245 | \$66.91 | 1,025 | \$68,583 | \$12,000 | \$56,583 |
| Neurosurgery | \$851,663 | 9,124 | \$94.77 | 912 | \$86,430 | \$12,000 | \$74,430 |
| Orthopedic Surgery | \$639,934 | 8,877 | \$76.57 | 888 | \$67,994 | \$12,000 | \$55,994 |
| General Surgery | \$456,122 | 6,803 | \$69.86 | 680 | \$47,505 | \$12,000 | \$35,505 |
| Urology | \$506,494 | 8,439 | \$62.77 | 844 | \$52,978 | \$12,000 | \$40,978 |

This example is for illustrative purposes only and does not represent an opinion of fair market value compensation or determination of commercial reasonableness. Any such determinations would be based on organization-specific facts and circumstances not available or applied in this example.

APP Impact Case Study – Continued

| Specialty | A Median Compensation (of 3 2023 National Surveys) | B Median wRVUs (of 3 2023 National Surveys) | C Reported Median Compensation per wRVU (of 3 2023 National Surveys) | D=B*10% APP Impact - 10% (wRVUs) | G=E-F Difference (Remaining Amount Embedded in Productivity Compensation) | H=A/(B-D) Estimated Adjusted Compensation per wRVU |
|---------------------------|---|--|---|--|---|--|
| Gastroenterology | \$536,116 | 8,160 | \$67.55 | 816 | \$43,121 | \$73.00 |
| Interventional Cardiology | \$676,317 | 10,245 | \$66.91 | 1,025 | \$56,583 | \$73.35 |
| Neurosurgery | \$851,663 | 9,124 | \$94.77 | 912 | \$74,430 | \$103.71 |
| Orthopedic Surgery | \$639,934 | 8,877 | \$76.57 | 888 | \$55,994 | \$80.10 |
| General Surgery | \$456,122 | 6,803 | \$69.86 | 680 | \$35,505 | \$74.49 |
| Urology | \$506,494 | 8,439 | \$62.77 | 844 | \$40,978 | \$66.69 |

This example is for illustrative purposes only and does not represent an opinion of fair market value compensation or determination of commercial reasonableness. Any such determinations would be based on organization-specific facts and circumstances not available or applied in this example.

APP Impact Case Study – Continued

| | A | J | K | L=A+J+K | M=L/(B-D) | N |
|---------------------------|--|----------|-----------|----------------------------|--|--|
| Specialty | Median Compensation (of 3 2023 National Surveys) | Call Pay | Admin Pay | Total Stacked Compensation | Estimated Stacked Adjusted Compensation per wRVU | Estimated Stacked Adjusted Compensation per wRVU Benchmark |
| Gastroenterology | \$536,116 | \$52,000 | \$24,000 | \$612,116 | \$83.35 | >75th |
| Interventional Cardiology | \$676,317 | \$52,000 | \$24,000 | \$752,317 | \$81.60 | >75th |
| Neurosurgery | \$851,663 | \$52,000 | \$24,000 | \$927,663 | \$112.96 | >Mean |
| Orthopedic Surgery | \$639,934 | \$52,000 | \$24,000 | \$715,934 | \$89.61 | >75th |
| General Surgery | \$456,122 | \$52,000 | \$24,000 | \$532,122 | \$86.91 | >75th |
| Urology | \$506,494 | \$52,000 | \$24,000 | \$582,494 | \$76.69 | >75th |

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Challenges in Assessing Physician Productivity, Financial Assistance Arrangements, and Call Coverage Compensation



Physician productivity is typically wRVU-based, perhaps emphasizing volume over quality. With value-based care becoming more prominent, methods for measuring productivity (and resulting compensation) will need to mature.



Financial assistance arrangements (or subsidies) are being increasingly relied upon to ensure fair market value physician compensation. Ensuring best practices in subsidy determination and contracting is essential.



Trends in call coverage compensation are widely varied with several specialties increasingly difficult to secure coverage.

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