

SECTION I
EXECUTIVE SUMMARY

Survey at a Glance

Compensation Trends

The table below lists median compensation data by specialty for four reporting years along with the percentage change for each of the one-year, two-year, and three-year periods. Many factors influence a change in physician compensation, some of which are market demand for certain specialists and new technology or new procedures that impact the physician's overall productivity. Additionally, changes in the multispecialty group staffing model have an impact on productivity levels and, therefore, a direct impact on physician compensation programs. In 2008, we saw 81% of the specialties experience increases in compensation. The overall weighted average increase is approximately 3.6%. The primary care specialties (excluding Hospitalists) increased approximately 3.8% in 2008 while other medical specialties increased 2.4% and surgical specialties increased 3.6%. Of the specialties listed below, the highest compensation increases were for Otolaryngology, Pathology, and Urgent Care.

Table 1: Median Physician Compensation 2005-2008

Medical Specialties			2007-2008			2006-2008	2005-2008	2005-2008
	2008	2007	Percentage Change	2006	2005	Percentage Change	Percentage Change	Dollar Change
Medical Specialties								
Allergy	241,138	233,894	3.10%	233,318	227,080	3.35%	6.19%	14,058
Cardiology	398,034	379,975	4.75%	370,295	363,081	7.49%	9.63%	34,954
Cardiology - Cath Lab	471,746	456,048	3.44%	435,000	406,230	8.45%	16.13%	65,516
Dermatology	350,627	344,847	1.68%	316,473	306,935	10.79%	14.23%	43,692
Endocrinology	212,281	205,497	3.30%	204,217	194,243	3.95%	9.29%	18,038
Family Medicine	197,655	190,182	3.93%	185,740	178,366	6.41%	10.81%	19,290
Gastroenterology	389,385	374,674	3.93%	356,388	344,200	9.26%	13.13%	45,185
Hematology & Medical Oncology	315,133	301,809	4.41%	280,339	263,284	12.41%	19.69%	51,849
Hospitalist	211,835	205,445	3.11%	191,436	189,677	10.66%	11.68%	22,158
Hypertension & Nephrology	246,049	246,646	-0.24%	240,145	229,992	2.46%	6.98%	16,057
Infectious Disease	222,094	220,601	0.68%	213,496	194,750	4.03%	14.04%	27,344
Internal Medicine	205,441	199,886	2.78%	193,162	183,840	6.36%	11.75%	21,601
Neurology	236,500	229,119	3.22%	222,998	211,995	6.05%	11.56%	24,505
Pediatrics & Adolescent - General	202,832	193,964	4.57%	185,913	182,186	9.10%	11.33%	20,646
Psychiatry	208,462	206,431	0.98%	200,871	186,786	3.78%	11.60%	21,676
Pulmonary Disease	278,000	267,148	4.06%	265,907	238,450	4.55%	16.59%	39,550
Rheumatologic Disease	219,411	217,010	1.11%	208,285	204,166	5.34%	7.47%	15,245
Urgent Care	215,625	200,904	7.33%	198,646	194,687	8.55%	10.75%	20,938
Surgical Specialties								
Cardiac & Thoracic Surgery	507,143	497,307	1.98%	460,000	470,000	10.25%	7.90%	37,143
Emergency Medicine	267,293	256,879	4.05%	255,530	248,721	4.60%	7.47%	18,573
General Surgery	340,000	337,595	0.71%	327,902	310,736	3.69%	9.42%	29,264
OB/GYN - General	294,190	283,110	3.91%	270,793	271,273	8.64%	8.45%	22,917
Ophthalmology	325,384	305,301	6.58%	295,510	281,112	10.11%	15.75%	44,272
Orthopedic Surgery	476,083	450,000	5.80%	436,481	409,518	9.07%	16.25%	66,565
Otolaryngology	365,171	336,149	8.63%	327,399	315,000	11.54%	15.93%	50,171
Urology	389,198	383,029	1.61%	365,999	349,811	6.34%	11.26%	39,387
Radiology/Anesthesia/Pathology								
Anesthesiology	366,640	352,959	3.88%	344,691	337,654	6.37%	8.58%	28,986
Diagnostic Radiology (M.D. Interventional)	478,000	463,219	3.19%	440,004	424,992	8.64%	12.47%	53,008
Diagnostic Radiology (M.D. Non-Interventional)	438,115	420,858	4.10%	414,875	400,000	5.60%	9.53%	38,115
Pathology - Combined (M.D. Only)	344,195	310,025	11.02%	288,731	274,792	19.21%	25.26%	69,403

Work RVUs

We have collected work RVUs since 1996. Work RVUs are the primary measure of a physician's productivity at the majority of participating medical groups. The table below presents the median work RVUs reported over the past four reporting years. The overall weighted average increase in 2008 is approximately 2.1%. The average increase for all specialties in 2007 was 14% due to the CMS value changes after the five-year review. Of the specialties listed below, the average increase in work RVUs is 1.6% from 2007 to 2008. Of the specialties shown below, Emergency Medicine had the highest increase from 2007 to 2008, while Diagnostic Radiology (M.D. Interventional) had the largest decrease. Of the specialties not shown, Pediatric subspecialties saw some of the largest decreases in work RVU production, and Dermatology-Mohs saw one of the largest increases.

Table 2: Median Work RVUs 2005-2008

Medical Specialties	2008	2007	2007-2008 Percentage Change	2006	2005	2006-2008 Percentage Change	2005-2008 Percentage Change	2005-2008 RVU Change
Medical Specialties								
Allergy	3,802	3,665	3.75%	3,255	3,235	16.80%	17.54%	567
Cardiology	7,142	7,048	1.33%	6,572	6,370	8.67%	12.12%	772
Cardiology - Cath Lab	8,579	8,863	-3.21%	8,736	9,083	-1.80%	-5.55%	-504
Dermatology	7,002	6,839	2.38%	6,447	6,546	8.60%	6.96%	456
Endocrinology	4,468	4,171	7.13%	3,726	3,751	19.92%	19.13%	717
Family Medicine	4,849	4,747	2.14%	4,106	4,112	18.08%	17.91%	737
Gastroenterology	7,948	7,888	0.76%	7,598	7,548	4.61%	5.30%	400
Hematology & Medical Oncology	4,707	4,894	-3.82%	3,979	3,889	18.31%	21.04%	818
Hospitalist	3,975	3,924	1.30%	3,265	3,271	21.76%	21.53%	704
Hypertension & Nephrology	5,891	6,025	-2.22%	5,597	5,362	5.25%	9.87%	529
Infectious Disease	4,537	4,185	8.40%	3,383	3,494	34.11%	29.84%	1,042
Internal Medicine	4,726	4,578	3.23%	3,895	3,912	21.34%	20.81%	814
Neurology	4,730	4,694	0.76%	4,298	4,197	10.04%	12.70%	533
Pediatrics & Adolescent - General	5,207	5,075	2.61%	4,530	4,472	14.94%	16.44%	735
Psychiatry	3,568	3,586	-0.50%	3,504	3,459	1.83%	3.16%	109
Pulmonary Disease	6,197	6,199	-0.03%	5,917	5,757	4.73%	7.64%	440
Rheumatologic Disease	4,553	4,534	0.42%	3,924	3,932	16.03%	15.78%	621
Urgent Care	4,985	4,684	6.43%	4,097	3,888	21.68%	28.22%	1,097
Surgical Specialties								
Cardiac & Thoracic Surgery	9,861	9,878	-0.18%	7,410	7,998	33.08%	23.29%	1,863
Emergency Medicine	7,566	6,904	9.59%	5,649	5,778	33.94%	30.96%	1,789
General Surgery	7,163	7,249	-1.19%	6,767	6,918	5.85%	3.45%	245
OB/GYN - General	7,068	7,172	-1.45%	6,481	6,281	9.06%	12.52%	787
Ophthalmology	8,186	7,760	5.49%	7,381	7,129	10.91%	14.83%	1,057
Orthopedic Surgery	7,962	7,995	-0.41%	7,338	7,414	8.50%	7.40%	548
Otolaryngology	6,851	6,565	4.35%	5,988	6,069	14.24%	12.88%	782
Urology	7,658	7,702	-0.58%	6,779	6,636	12.97%	15.39%	1,022
Radiology/Pathology								
Diagnostic Radiology (M.D. Interventional)	8,127	8,671	-6.28%	9,208	8,949	-11.74%	-9.19%	-822
Diagnostic Radiology (M.D. Non-Interventional)	7,968	7,610	4.70%	7,815	7,571	1.96%	5.24%	397

Gross Charges

Gross charges continue to serve as a measure of a physician's productivity and a factor in determining physician compensation. The table below presents the median gross charges reported over the past four reporting years. Overall, 69% of the specialties reported experienced an increase in gross charges this year. The weighted average increase is approximately 5.1% from 2007 to 2008. These production level increases are in line with last year's report but are much lower than reported in surveys from prior years.

Table 3: Median Gross Charges 2005-2008

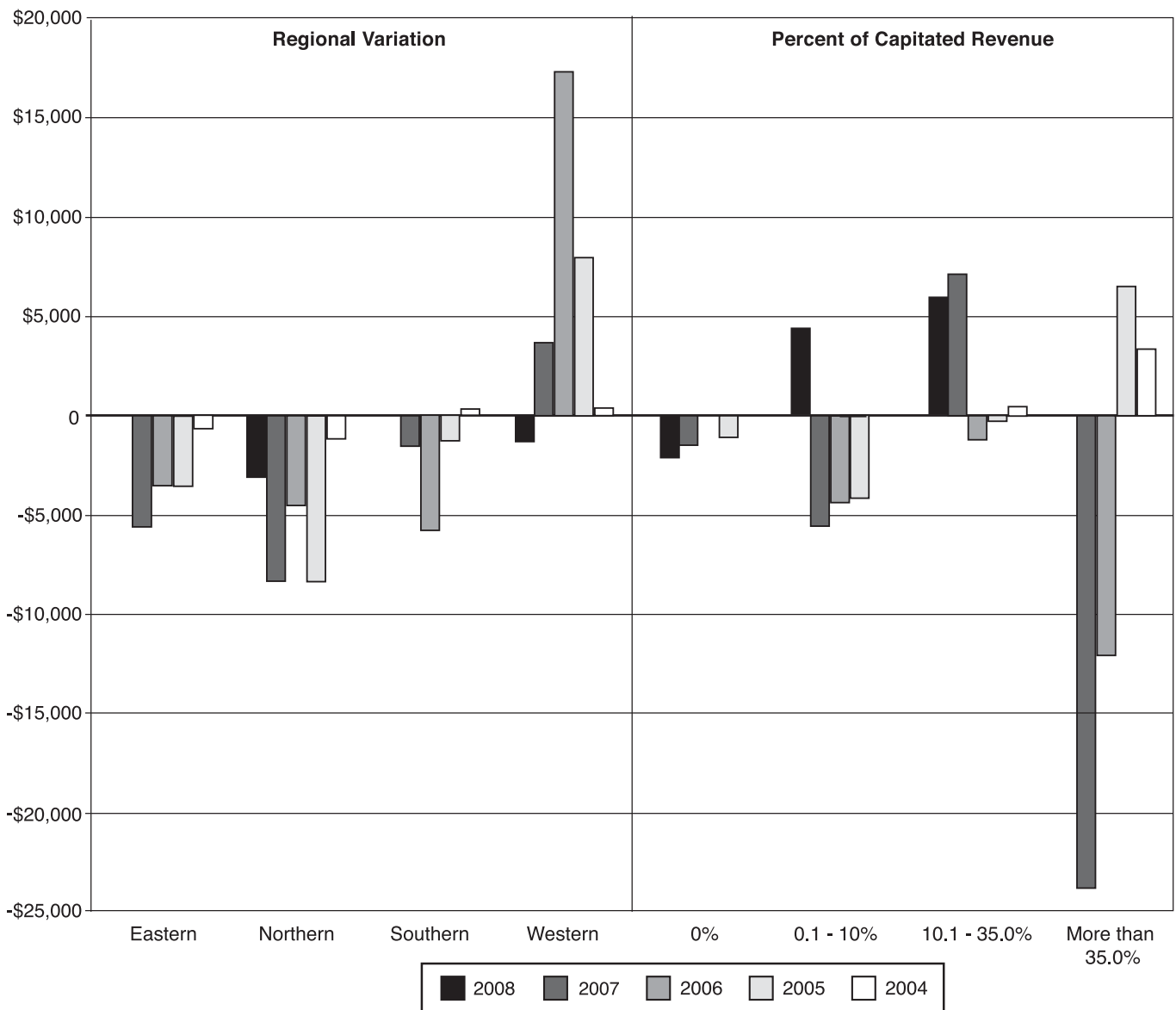
Medical Specialties	2007	2006	2006-2007 Percentage Change	2006	2005	2005-2007 Percentage Change	2004-2007 Percentage Change	2004-2007 Dollar Change
	Medical Specialties							
Allergy	799,139	719,384	11.09%	707,060	710,164	13.02%	12.53%	88,975
Cardiology	1,658,629	1,692,195	-1.98%	1,673,848	1,549,802	-0.91%	7.02%	108,827
Cardiology - Cath Lab	2,171,816	2,499,087	-13.10%	2,172,881	2,338,394	-0.05%	-7.12%	-166,578
Dermatology	1,375,405	1,278,430	7.59%	1,226,808	1,184,430	12.11%	16.12%	190,975
Endocrinology	639,086	540,444	18.25%	545,244	515,470	17.21%	23.98%	123,617
Family Medicine	673,677	606,137	11.14%	577,883	543,348	16.58%	23.99%	130,329
Gastroenterology	1,862,452	1,739,170	7.09%	1,739,414	1,630,932	7.07%	14.20%	231,520
Hematology & Medical Oncology	718,848	695,041	3.43%	681,985	682,177	5.41%	5.38%	36,671
Hospitalist	428,682	402,550	6.49%	385,699	382,439	11.14%	12.09%	46,243
Hypertension & Nephrology	859,212	819,725	4.82%	815,035	760,166	5.42%	13.03%	99,046
Infectious Disease	618,343	548,622	12.71%	522,805	503,739	18.27%	22.75%	114,604
Internal Medicine	648,675	588,348	10.25%	558,842	540,559	16.07%	20.00%	108,116
Neurology	764,897	689,827	10.88%	730,741	665,102	4.67%	15.00%	99,795
Pediatrics & Adolescent - General	743,801	676,874	9.89%	639,712	602,541	16.27%	23.44%	141,260
Psychiatry	448,244	432,065	3.74%	390,094	401,333	14.91%	11.69%	46,911
Pulmonary Disease	850,363	821,530	3.51%	876,895	807,565	-3.03%	5.30%	42,799
Rheumatologic Disease	721,076	666,662	8.16%	614,486	587,575	17.35%	22.72%	133,501
Urgent Care	690,173	632,053	9.20%	599,844	573,917	15.06%	20.26%	116,256
Surgical Specialties								
Cardiac & Thoracic Surgery	2,015,093	2,171,922	7.22%	1,872,880	1,875,143	7.59%	7.46%	139,950
Emergency Medicine	928,699	817,678	13.58%	770,185	784,688	20.58%	18.35%	144,011
General Surgery	1,272,006	1,356,302	-6.22%	1,293,245	1,270,049	-1.64%	0.15%	1,958
OB/GYN - General	1,151,148	1,102,417	4.42%	1,071,669	1,023,106	7.42%	12.52%	128,042
Ophthalmology	1,624,830	1,534,600	5.88%	1,484,257	1,430,224	9.47%	13.61%	194,606
Orthopedic Surgery	1,865,484	1,815,525	2.75%	1,778,351	1,702,524	4.90%	9.57%	162,960
Otolaryngology	1,514,328	1,406,763	7.65%	1,372,031	1,368,637	10.37%	10.64%	145,691
Urology	1,850,882	1,793,582	3.19%	1,724,219	1,610,700	7.35%	14.91%	240,182
Radiology/Anesthesia/Pathology								
Anesthesiology	1,164,301	1,172,058	-0.66%	1,002,297	904,651	16.16%	28.70%	259,651
Diagnostic Radiology (M.D. Interventional)	2,325,548	2,134,188	8.97%	2,162,725	1,999,231	7.53%	16.32%	326,317
Diagnostic Radiology (M.D. Non-Interventional)	2,081,378	1,882,837	10.54%	1,832,567	1,793,100	13.58%	16.08%	288,278
Pathology - Combined (M.D. Only)	1,298,110	1,263,743	2.72%	1,151,442	1,120,187	12.74%	15.88%	177,923

Financial Outcomes Summary

Figure 1 presents the median profit or loss per physician for medical groups according to geographic region and percentage of capitated revenue. For the first time in five years, the Western region is showing a negative position, and there is a continuing negative or break-even trend in all of the other regions.

In 2006 and 2007, groups with greater than 35% capitation showed a significant loss; however, in 2008, the trend was reversed, and these groups indicated they were breaking even. It is also interesting to note that the number of groups in this category is increasing.

Figure 1: Profit or Loss by Region and Percentage of Capitated Revenue



Participant Profile

Demographics

The 2009 AMGA Medical Group Compensation & Financial Survey was sent to more than 2,700 medical groups. Survey responses were received from 231 groups, representing more than 44,000 physicians.

Table 4: Demographics

	Groups	% of Group Total	Physicians	% of Phys. Total
By Group Size				
Fewer than 35	46	19.9%	971	2.1%
35 to 70	47	20.3%	2,908	6.6%
71 to 100	29	12.6%	2,597	5.9%
More than 100	109	47.2%	37,729	85.4%
By Geographic Region				
Eastern	30	13.0%	6,614	15.0%
Western	52	22.5%	12,403	28.1%
Southern	51	22.1%	6,407	14.4%
Northern	98	42.4%	18,781	42.5%
By Type of Clinic				
Single Specialty	25	10.8%	937	2.1%
Multispecialty	206	89.2%	43,268	97.9%
Total	231		44,205	

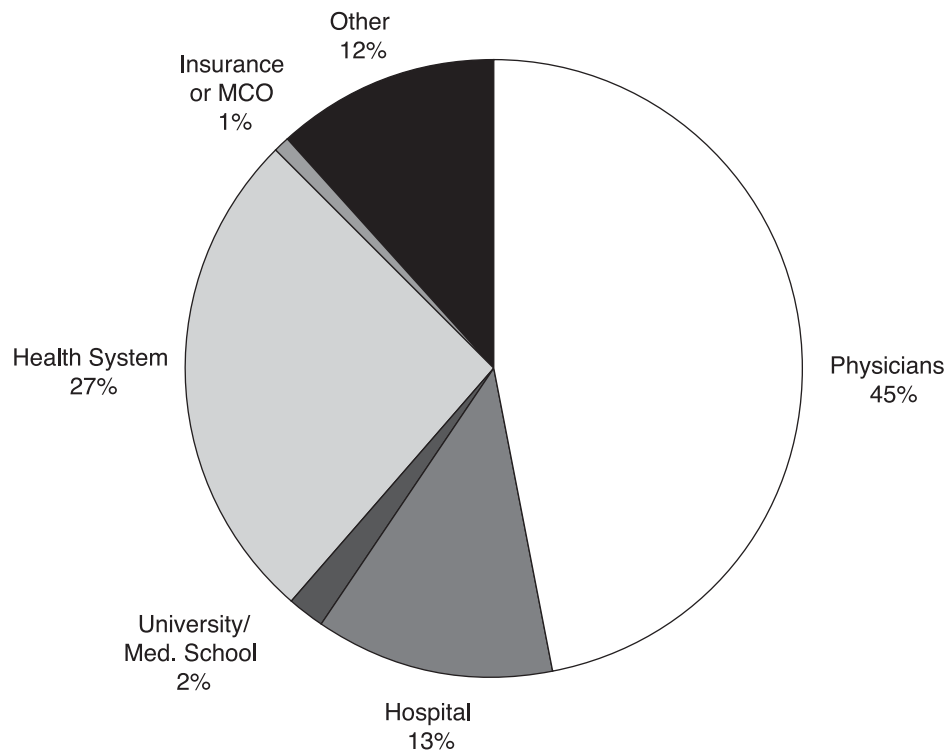
Table 5: Region & Capitated Breakout

% of Revenue from Capitated Contracts	Eastern Clinics	Northern Clinics	Southern Clinics	Western Clinics
0%	67%	82%	83%	49%
0.1% - 10.0%	33%	10%	6%	13%
10.1% - 35.0%	0%	2%	5%	15%
Greater than 35.0%	0%	6%	6%	23%
Total	100.0%	100.0%	100.0%	100.0%

Ownership of Medical Groups

The type of ownership of the participating medical groups is shown in Figure 2. Of the 204 medical groups that responded to this survey question, 91 were physician-owned. In addition, 26 of the medical groups were hospital-owned versus 32 medical groups in the 2008 survey. This year 12% (25) of the medical groups indicated “other,” which is an increase from 3% in the prior year’s survey.

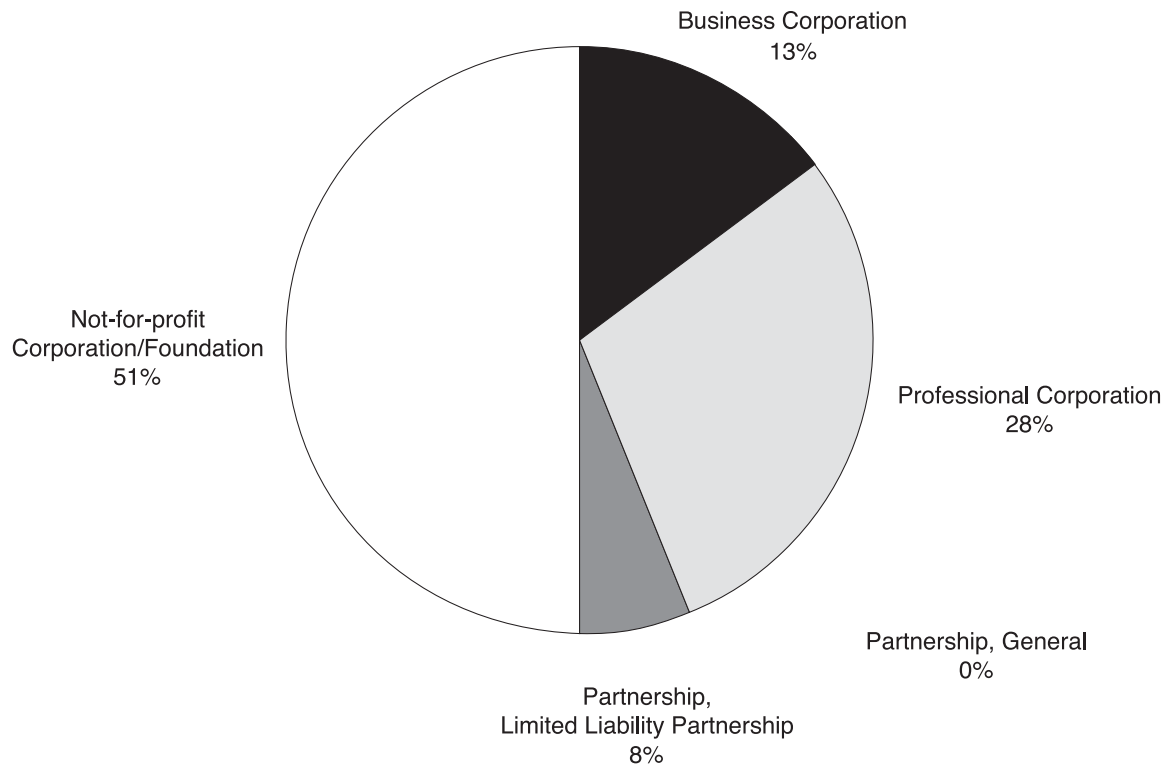
Figure 2: Medical Group Ownership



Legal Organization of Medical Groups

Figure 3 shows the type of legal organization of the participating medical groups. Of the 209 medical groups that responded, 59 (28%) were professional corporations and 107 (51%) were not-for-profit corporations/foundations.

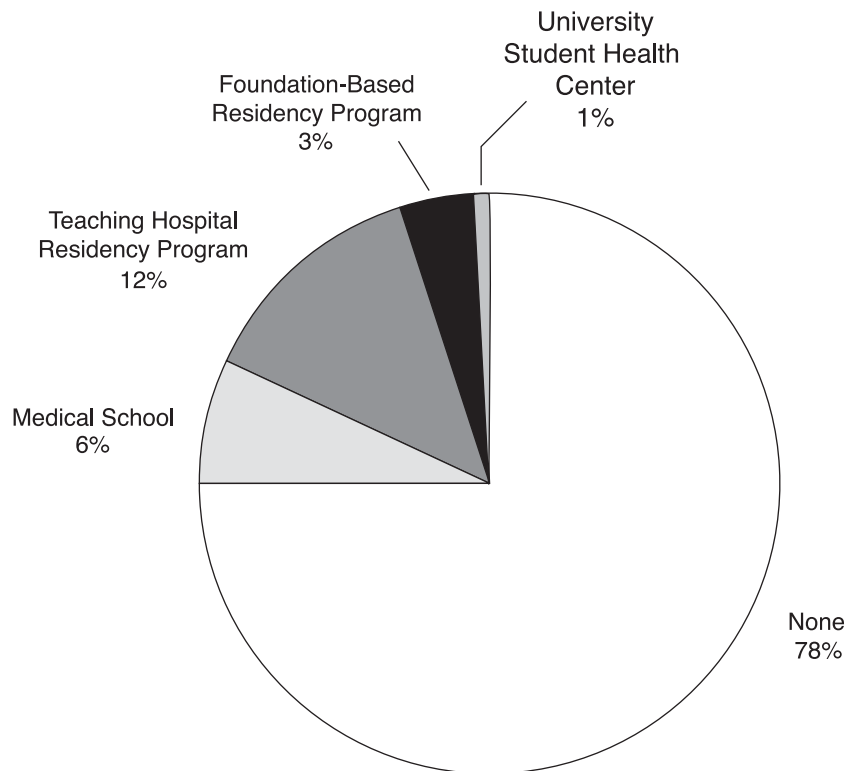
Figure 3: Medical Group Organization



Academic Affiliation of Medical Groups

The academic affiliation of the medical groups is shown in Figure 4 below. The majority of the medical groups do not have any academic affiliation. Of the 196 medical groups that responded to the question, 25 (12%) had an affiliation with a teaching hospital residency program.

Figure 4: Academic Affiliation



Clinical Hours per Week

Figure 5 represents the number of hours per week a physician must work to be considered full-time. Of the 194 medical groups that responded to this question, 99 (51%) require physicians to work 36-40 hours per week to be considered full-time, which is a decrease from 68% in the 2008 survey. Table 6 below shows the office hour standards for the 100 medical groups that indicated they had standards in place.

Figure 5: Full-Time Consideration Based upon Hours

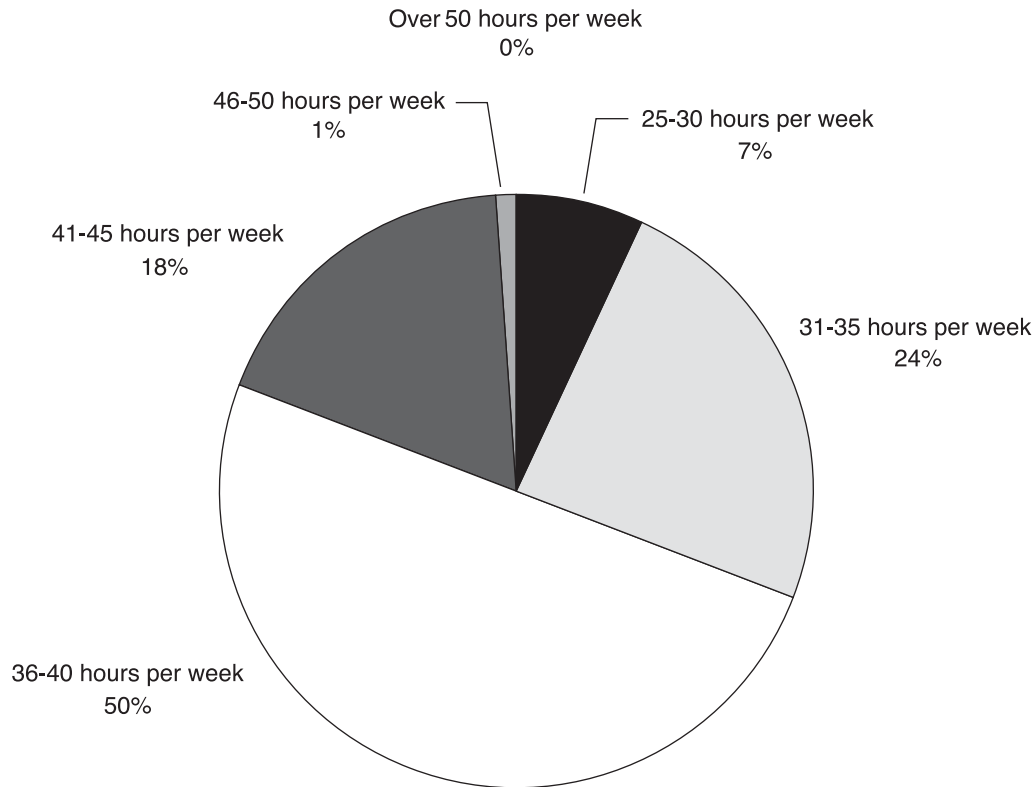


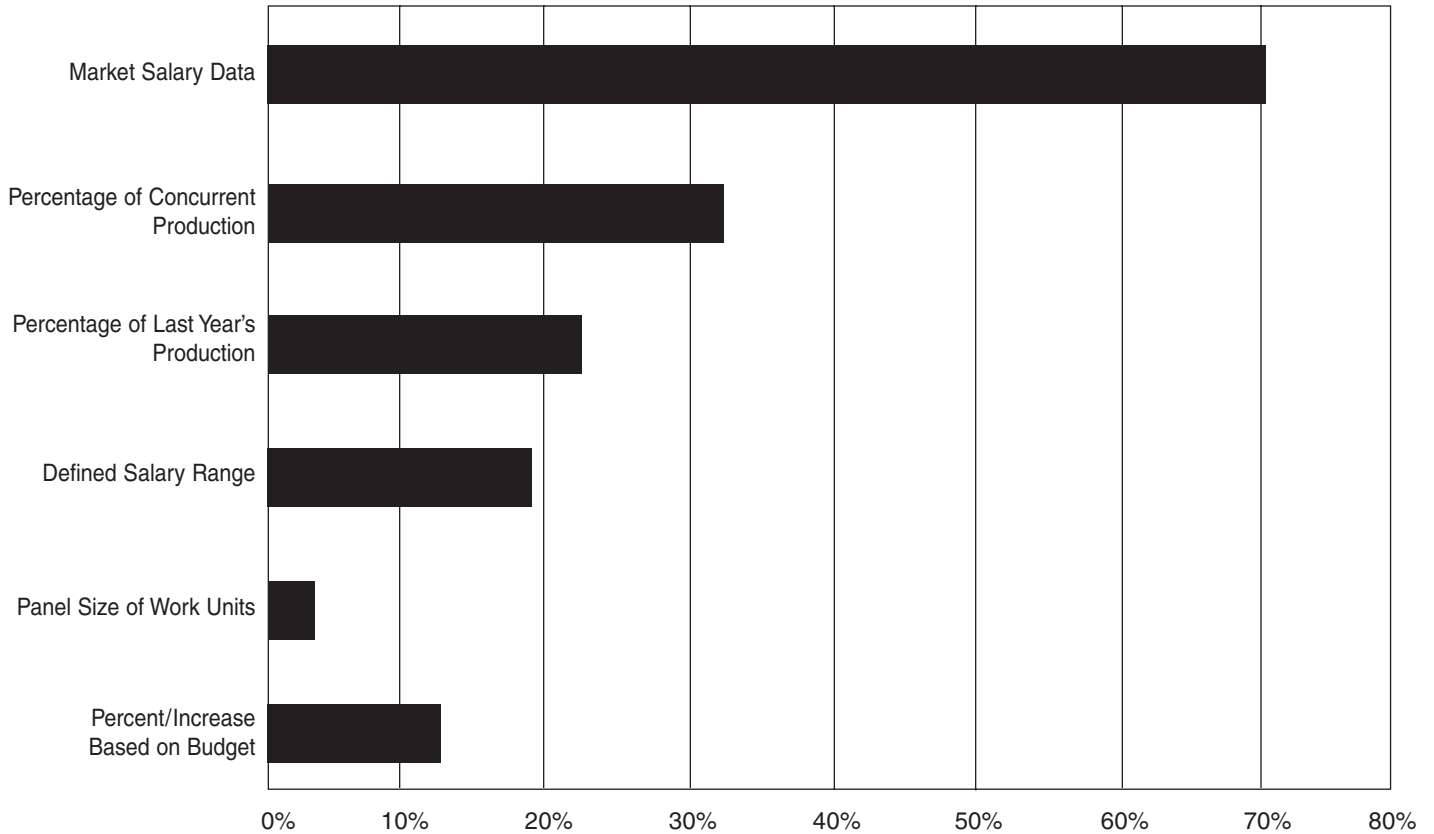
Table 6: Office Hour Standards

	Patient Available Hours per Week	Days per Week in Office
All Physicians	35.0	4.6
Primary Care	36.2	4.5
Specialists	34.4	4.1

Base Salary

Figure 6 represents the base salary determinants of the 172 medical groups that indicated how base salary for physicians is determined. Survey respondents indicated a clear reliance on market salary data when determining physician base salaries, and this situation has not changed from previous years.

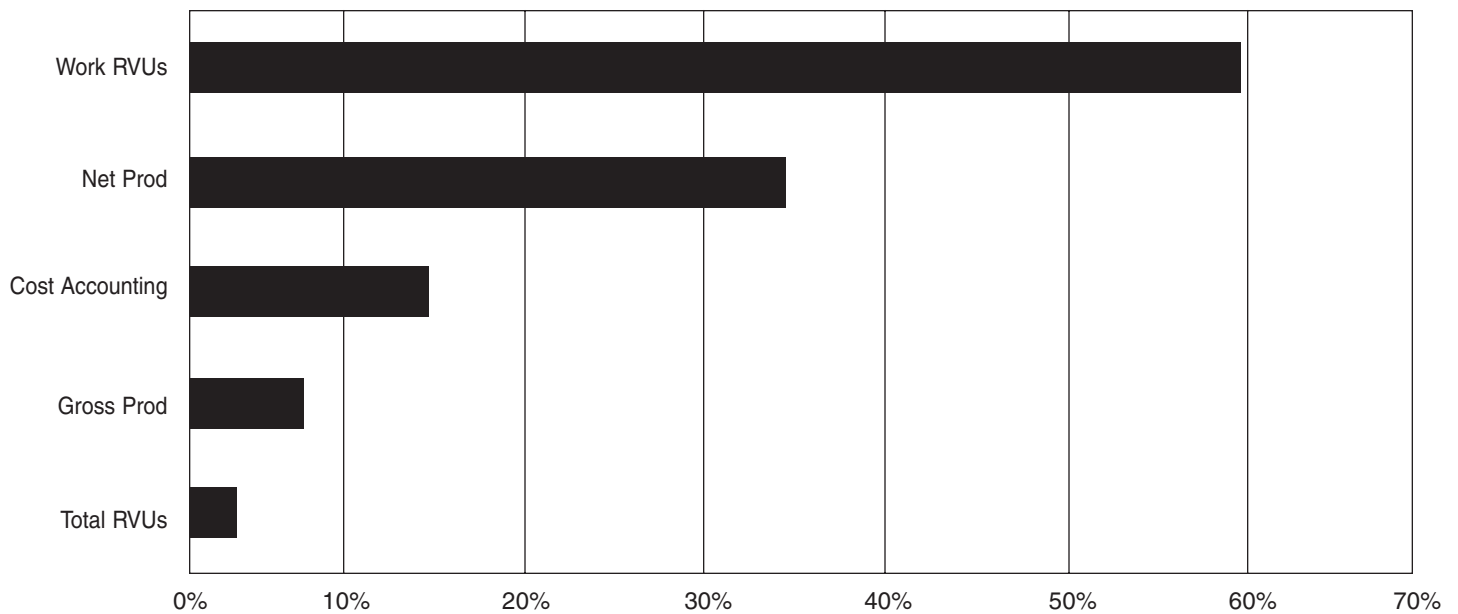
Figure 6: Base Salary Determinants



Production-Based Plan Factors

Figure 7 represents compensation measures for organizations that implement production-based compensation plans for physicians. A *production-based plan* is defined as a plan where at least 50% of the group's compensation is distributed based on some type of work or financial contribution. Among the 134 organizations responding, the use of work RVUs topped the list of compensation measures. The work RVU continues to grow in importance as a measure of productivity. Gross production has shown a decrease in popularity, as only 7% of the organizations now use this type of measurement component.

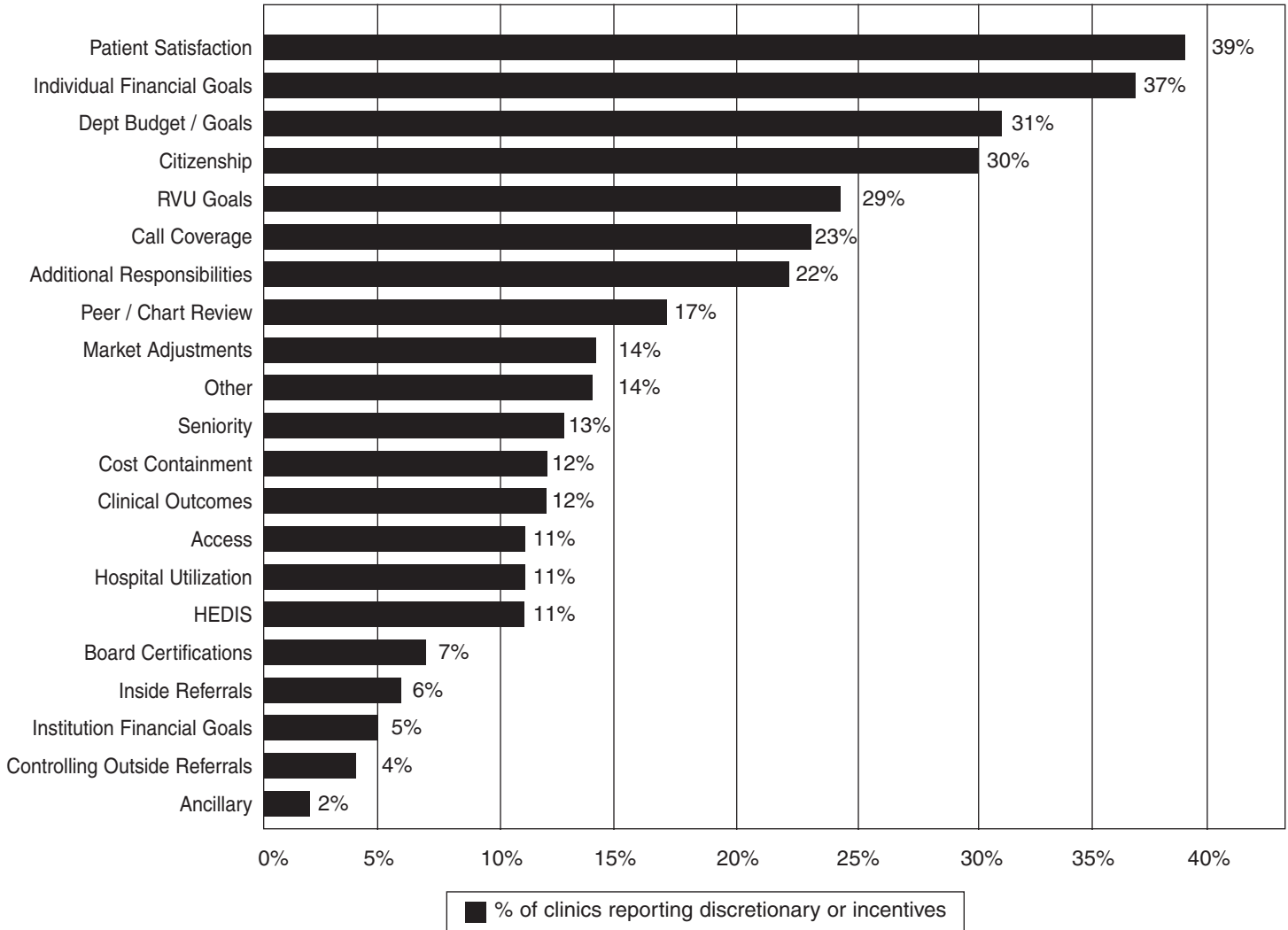
Figure 7: Factors Used in Production-Based Compensation Plans



Other Incentives and Discretionary Compensation

The final component of compensation reviewed was discretionary compensation. It is a variable component that is determined by individual(s) in the organization and does not necessarily relate to a specific measure. The most common determinants were patient satisfaction, individual financial goals, department budget or goals, citizenship, and RVU goals, which are consistent with the prior year's survey results.

Figure 8: Discretionary or Other Incentive Compensation



Survey Methodology

Distribution and Response Rate

The 2008 AMGA Medical Group Compensation and Financial Survey was compiled from data submitted by 231 medical groups from across the nation. These medical practices reported 44,205 total providers, for an average of 191 providers per group.

Data Editing and Reporting

To ensure that data collected from groups remains confidential, AMGA contracts with the independent consulting firm of RSM McGladrey, Inc., for the collection and compilation of data. All responses were sent directly to RSM McGladrey, which maintains a confidential file for each response. No other organization has access to these files. The following table details the minimums applied to the data for exclusion:

Data Minimum Values

Provider Type	Compensation	Productivity	Net Productivity	Visits	Work RVUs
Medical Specialties	\$100,000	\$120,000	\$60,000	650	750
Surgical Specialties	\$105,000	\$190,000	\$95,000	500	1,000
Anesthesiology/Radiology/ Laboratory	\$105,000	\$190,000	\$95,000	300	1,000
Mid-Level Providers	\$25,000	\$50,000	\$25,000	250	500

Additionally, data were excluded when a provider fell outside normal distribution for the productivity ratios. Only summary statistics have been published. Data at the individual physician, provider, or manager level requires a minimum of 10 responses from three organizations for the summary statistic to be included. Data that cannot be reported are denoted with an ***.

Definitions

Branch — A physician who practices at a satellite clinic or at least 10 miles from the main campus, and may be subject to different practice patterns and productivity standards.

Compensation — The annual compensation for each physician from each specialty on the specialty code list. Compensation is the annual salary of the physician based on the current compensation rate plus any deferred compensation, tax-deferred annuities, and/or any anticipated cash distributions during the upcoming 12 months based on prior year performance, but excluding any payments under normal retirement, pension, or profit-sharing plans. Full-time equivalent (FTE) physicians with at least a 0.5 *clinical* FTE are reported at their actual compensation amount. *Non-clinical* FTE is defined as a physician serving as an administrator in the organization with the majority of responsibilities not involved with clinical practice.

Compensation-to-Productivity Ratio — The proportion of compensation related to gross charges for a provider. When the median value is presented, we have computed this ratio for all physicians reporting both compensation and gross charges for a specialty, and then determined the median value of that computation.

Compensation-to-Work RVUs Ratio — The proportion of compensation related to work RVUs for a provider. The median value for this computation is determined when we compute the ratio for all providers reporting both compensation and work RVUs. The ratios are then sorted to determine the value at which 50% of the observations lie above.

Fringe Benefits — This includes employer share of FICA, payroll and unemployment taxes; health, disability, life and workers compensation insurance; dues and memberships to professional organizations; professional development; state and local license fees; allowances for meetings and travel expenses; other entertainment expenses paid or reimbursed; employer payment to defined benefit and contribution, 401(k), 403(b), and unqualified retirement plans; and other amounts considered fringe benefits. This does not include malpractice insurance.

Gross Productivity — Total professional charges for services produced by the physician before such charges are reduced by courtesy allowances, employee discounts, Medicare discounts, or uncollectible accounts. Productivity is professional activity only and thus excludes retail, drugs, vaccines, etc. Productivity by various categories of physician extenders, such as nurse practitioners, midwives, CRNAs, etc., are excluded from the data. Charges do not include credits for the technical component of ancillary services. FTE physicians with at least a 0.5 *clinical* FTE are reported at their actual production amount.

Mean — Determined using the sum of the values and dividing by number of occurrences.

Median — A measure of central tendency, the *median* of a sample is the value for which one-half (50%) of the observations (when ranked) will lie above that value and one-half will lie below that value, when the number of observations is odd. When the number of values in the sample is even, the *median* is computed as the average of the two middle values.

Patient Visits — The total number of outpatient visits during the 2008 calendar year or most recent fiscal year. Outpatient visits are recorded as every *outpatient* contact with a physician. In the event that a patient visits two or three separate departments during the day and sees a physician in each department, these are recorded as separate patient visits. However, if a patient has only an ancillary service as ordered by a physician, but has *no* personal physician contact, this visit is *not* recorded as a physician outpatient visit. Therefore, “ancillary only” visits for lab tests, X-rays, dermatology or allergy injections, immunizations, etc., are *not* counted as patient visits.

Percentile — The percentile of a distribution of values is a number x_p such that a percentage p of the population values is less than or equal to x_p . For example, the 25th percentile (also referred to as the .25 quartile or lower quartile) of a variable is a value (x_p) such that 25 percent (p) of the values of the variable fall below that value.

Regional Designations — The four regions used in this report contain the following states:

Eastern	Western	Southern	Northern
Connecticut	Alaska	Alabama	Illinois
Delaware	Arizona	Arkansas	Indiana
District of Columbia	California	Florida	Iowa
Maine	Colorado	Georgia	Michigan
Maryland	Hawaii	Kansas	Minnesota
Massachusetts	Idaho	Kentucky	Nebraska
New Hampshire	Montana	Louisiana	North Dakota
New Jersey	Nevada	Mississippi	Ohio
New York	New Mexico	Missouri	South Dakota
North Carolina	Oregon	Oklahoma	Wisconsin
Pennsylvania	Utah	South Carolina	
Rhode Island	Washington	Tennessee	
Vermont	Wyoming	Texas	
Virginia			
West Virginia			

Standard Deviation — A statistical measure that quantifies the degree of dispersion or variability of the possible outcomes around the expected value: the higher the dispersion, the higher the standard deviation.

Starting Salaries — Annual compensation offered to and accepted by physicians hired during 2008 but excluding signing bonuses. Starting salaries include those for new residents and experienced new hires.

Work RVUs — The *professional component* of total relative value units (RVUs), as measured by the Resource Based Relative Value Scale (RBRVS), not weighted by a conversion factor attributed to ambulatory care, inpatient care, and other professional services of each physician and allied healthcare professional in the medical group.

How to Use This Report

Throughout this report, data is presented in a meaningful and easy-to-read format by separating data by group size and geographic region as follows:

Group Size	Region
Fewer than 35 physicians	Eastern
35 to 70 physicians	Western
71 to 100 physicians	Southern
More than 100 physicians	Northern

Four formats have been used to report the survey data:

Section II: Summaries of Specialties — Direct Compensation and Productivity for M.D.s presents data compiled for all specialties in which 10 or more compensation responses were received. This section presents the medians, by specialty, for compensation, gross productivity, and work RVUs. The last two pages of this section list the 90th, 80th, and 20th percentiles, as well as medians, means, and standard deviations for patient visits by specialty. Data pertaining to specialties for which fewer than 10 compensation responses were received have been eliminated for confidentiality purposes.

Section III: Summary of Starting Salaries by Specialty presents starting salary data for all specialties in which 10 or more responses were received. Due to the limited number of responses, this summary presents data on a national basis only.

Section IV: Summary of Administrative Compensation reports compensation data for the administrative positions surveyed. This section includes administrative base, administrative bonus, and total administrative salary for the reported positions. It also breaks down each position by region and clinic size.

Section V: Summary of Fringe Benefits presents fringe benefit data for all specialties in which 10 or more responses were received. Due to the limited number of responses, this summary presents data on a national basis only. It provides two sections: the first reports the actual fringe benefit dollar amount; and the second reports the percentage of cash compensation. This does not include malpractice expenses.

Section VI: Summary of Academic Facilities provides an analysis for each specialty for which more than nine responses were received for organizations reporting as one of the following: a foundation-based residency program, a teaching-based residency program, or a medical school. This section provides compensation and productivity and ratio information for academic facilities.

Section VII: Detailed Analyses of Specialties — 2008 Data for M.D.s, Other Healthcare Providers, and Administrative Positions

provides a separate analysis for each specialty for which more than nine compensation responses were received. These analyses present a specialty's group size and geographic region on a single page. This section also contains other healthcare provider positions. In addition, these analyses report compensation/productivity ratios, which measure the level of production in gross charges or work RVUs relative to compensation (a lower ratio indicates a higher level of production per compensation dollar paid). The ratios are calculated for both gross production and work RVU production. A group with a significantly higher ratio than that reported in the survey might consider investigating the causes, as this situation could indicate problems with billing, staffing, or other areas.

Section VIII: Overall Organizational Financial Summary presents medical group financial performance by the following per-physician breakouts: all groups, physician FTE size, region, and capitation as a % of net revenue. It also presents the financial performance by work RVU and total RVU, and on a per-square-foot basis.

Section IX: Financial Analysis by Specialty provides a separate analysis for each specialty for which more than three clinic responses were received. This analysis details financial performance on a per-physician and a per-work-RVU basis. It also provides staffing ratios and staffing salary information.

Section X: Accounts Receivables Information provides detailed information about medical group accounts receivables including aging and days in AR ratios. These data are broken out by region and clinic physician FTE size.

Section XI: Operational Areas Information provides unique information regarding common operational areas within medical groups. It shows staff/manager and per-physician ratios along with salary and benefits information.

Section XII: Survey Questionnaire and Specialty Definitions provides a copy of the survey tool that was sent to participants. This section also includes the definitions of all the specialties collected in the AMGA survey.