

## 2023 AMGA MEDICAL GROUP COMPENSATION AND PRODUCTIVITY SURVEY INSTRUCTIONS AND DATA DEFINITIONS

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### General Information

- Report data effective as of **January 1, 2023**.
- The completed survey questionnaire is due by **March 31st, 2023**.
- Target date for issuance of final report: June 2023.
- Survey reporting period: Calendar year 2022 or most recently completed fiscal year.
- For questions regarding the survey:

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### Key Changes to 2023 Survey

- Provider specialty names have been updated for clarity and consistency. All changes are noted in red on the *Specialty List* tab of the survey. Specialty updates include:
  - Specialties Added
    - **1318 Hospitalist – Orthopedic**
  - Specialties Removed
    - **1120 Family Medicine – Branch**
    - **1190 Hypertension and Nephrology**
    - **2120 Ophthalmology – Orbital**
    - **2292 Transplant Surgery – Medical**
    - **3140 PhD Only: Other Laboratory**
  - Specialties Renamed
    - **1016 Advanced Heart Failure and Transplant Cardiology** changed to **Cardiology – Advanced Heart Failure and Transplant**
    - **1175 Mammography** changed to **Mammography/Breast Imaging**
    - **1181 Medical Oncology** changed to **Oncology – Medical**
    - **1317 Palliative Care** changed to **Palliative/Hospice Care**
    - **1470 Rheumatologic Disease** changed to **Rheumatology**
    - **1472 Skilled Nursing Facility Physician** changed to **Skilled Nursing Home (SNF)/Assisted Living Facility (ALF) Physician**
    - **1485 Transplant Nephrology** changed to **Nephrology – Transplant (Non-Surgical)**
    - **2090 Neurological Surgery** changed to **Neurosurgery**
    - **2095 Neurological Surgery – Pediatrics** changed to **Neurosurgery – Pediatrics**
    - **2145 Orthopedic Oncology** changed to **Orthopedic Surgery – Oncology**
    - **2185 Orthopedic Surgery – Shoulder** changed to **Orthopedic Surgery – Shoulder and Elbow**
    - **2280 Orthopedic Sports Medicine** changed to **Orthopedic Surgery – Sports Medicine**
    - **2210 Otolaryngology** changed to **Otolaryngology/ENT**
    - **3230 Social Worker** changed to **Social Worker (LICSW)**
  - Specialties Combined
    - **2017 Ophthalmology – Cataract Surgeon** and **2105 Ophthalmology – Refractive** updated to **2117 Ophthalmology – Cataract and Refractive Surgery**

- Excess On-Call Compensation added to both the *Physician* and *Other Provider Comp & Prod* tabs. Routine on-call requirements are generally a 1 in 4-day commitment, though this definition varies by specialty. Routine on-call compensation is a component of clinical compensation/base salary and is included in the reported *Total Clinical Compensation* category for both physicians and other providers. Excess on-call compensation is compensation for time outside standard requirements and is generally compensated separately. Report any excess on-call compensation separately and not as a component of *Total Clinical Compensation*.

### Overall Instructions

1. Please use the specialty number listing found in this document.
2. **Do not gross up partial FTE or salaries, productivity, patient visits and consultations or work RVUs to annualized figures.** This will be done by AMGA Consulting.
3. Please fill out as much of the survey as possible. We realize that there may be portions of the survey you may not be able to answer.
4. Return all survey tools, including the wRVU Converter, if utilized, to enable wRVU data validation.
5. All returned surveys/data will be retained in a confidential file by AMGA Consulting. Only summarized information from the aggregate database will be reported.

## Section Descriptions

This survey questionnaire is in seven sections:

- I. **Individual Physician Compensation and Productivity** for physician data from January through December 2022 or your medical group's most recent fiscal year/reporting period. A list of physician specialties is included in the *Specialty List* tab.
- II. **Other Healthcare Provider Compensation and Productivity (Advanced Practice Providers)** for other provider data from January through December 2022 or your medical group's most recent fiscal year/reporting period. A list of "other provider" specialties is included in the *Specialty List* tab.
- III. **New Hire Starting Salaries** for provider positions filled/start date from January through December 2022 or the reporting period.
- IV. **Executive Compensation** for compensation details of roles included in your medical group's executive and leadership team.
- V. **Executive Benefits** includes the benefits details for the reported executive and leadership roles.
- VI. **Compensation Profile** relates to your compensation plan, revenue mix and general and demographic information about your medical group.

The hard copy survey report contains national and regional summary tables of clinical compensation, net collections, work RVUs and productivity ratios for physician specialties and advanced practice provider specialties. It also contains national summary tables of patient visits and fringe benefits for physician specialties. Executive summary tables are also included in the report as are the individual executive position total cash compensation, base compensation, earned bonus compensation and earned bonus to base ratios.

AMGA Consulting, LLC gathers data pursuant to this questionnaire for purposes described on the AMGA website. AMGA Consulting keeps the information provided in this questionnaire confidential, as described herein. The data you provide are reported in AMGA Consulting's surveys in the form of aggregated summary statistics. No organization's data are listed or reported in any identifiable way. The survey report is based on data provided by survey participants and each disseminated statistic is based on data from at least five organizations. Furthermore, the information is sufficiently aggregated so that no organization's data can be identified in the survey report.

In addition, data gathered for the survey report described above may also be used by AMGA Consulting for research purposes, including (but not limited to), publication of national reports and/or customized reports, and to supplement other AMGA Consulting surveys and reports. In such a case, individual data may be used or disclosed in a non-summary form; however, in such instances, the data will be purged of any identifying information and no non-aggregated data will be reported. For proper attribution, your organization will be included as a listed participant in any survey or report in which your data are included.

## Section I: Individual Physician Compensation and Productivity

### **Column 1 Physician ID**

This code is used to identify each physician from year to year. Please provide a code that identifies the physician to your organization only. **Do not use the physician's full Social Security number.**

### **Column 2 Specialty Number**

This is the specialty number for each physician related to the area of medicine the physician practices. Refer to the specialty number listing that follows these instructions or the Specialty List tab in the survey tool. **Please remember to review these physician assignments to ensure an accurate submission.**

### **Column 3 Specialty Name**

The specialty name is automatically populated based on the physician specialty number entered in Column 2.

### **Column 4 Department Chair (Y or N)**

Indicate whether this physician is a department chair. A department chair is a provider who is responsible for the high-level financial and operating results achieved by a department(s) and may be involved in duties such as provider recruitment/selection and strategic planning. The department chair often reports to a CMO or physician President and often supervises the work of division medical directors.

### **Column 5 Medical Director (Y or N)**

Indicate if this physician fulfills a formal medical director role. A medical director is a provider who typically has responsibility for managing a division that is smaller in scope than that of a Chair. The medical director is often responsible for clinical quality improvement, support staffing and general clinical management of the section. The role may include APC supervision responsibilities. The medical director may have an administrative dyad partner.

### **Column 6 Clinical FTE (Required)**

Clinical FTE is the full-time equivalent percentage of the individual physician's time spent in clinical work. Full-time clinical (1.0 FTE) is defined as a physician fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many physicians work above this minimum level, but the reported FTE will not exceed 1.0. Other adjustments to this FTE status will not be common, but include the following:

- Physicians receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc., should have their FTE status adjusted. Standard vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.
- A physician working in an operational administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. For example, a physician administrator who is 50% clinical and 50% administrative would be 0.5 clinical FTE. No adjustments are to be made for physicians serving on committees that do not materially affect clinical expectations.
- Physicians performing specific research activities, funded separately by the medical practice, which affect the clinical FTE status to be below 1.0. These physicians have clear, separate material research responsibilities outside of their clinical expectations.

- A physician performing specific administrative teaching activities, such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the medical practice. These adjustments are not for *typical* supervision and resident training while performing patient care activities (rounding, office visits, etc.).

Keep in mind there are many organizations that inherently have less intensive administrative committee work, research or teaching responsibilities blended in with their physician's role and salary, while still expecting 1.0 clinical performance. Our intent is not to try to break out such fine detail, but to capture the clear, material instances for certain individual physicians.

***It is important that Column 6 is populated for all providers.***

**Column 7      Admin FTE**

Admin FTE is the full-time equivalent percentage of the individual physician's time spent in a significant administrative role. Many physicians will have 0.0 admin FTE. Only in the case of a physician working in an administrative role that affects the clinical FTE status to be below 1.0 FTEs should this be included. This value is intended for physician administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. Admin FTE should not be counted for department chairs or for physicians serving on committees that do not materially affect clinical expectations. For example, a physician administrator who is 50% clinical and 50% administrative would be 0.5 admin FTE.

**Column 8      Department Chair FTE**

Department Chair FTE is the full-time equivalent percentage of the individual physician's time spent in a significant administrative role with defined department chair responsibilities. Only in the case of a physician working in a department chair role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Chair duties could include the following: attending meetings, provider recruitment/selection and strategic planning. The department chair often reports to a CMO or physician President and often supervises the work of division medical directors.

**Column 9      Medical Director FTE**

Medical director FTE is the full-time equivalent percentage of the individual physician's time spent in a significant administrative role with defined Medical Director responsibilities. Only in the case of a physician working in a Medical Director role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and clinical patient complaints.

**Column 10     Academic FTE**

Academic FTE is the full-time equivalent percentage of the individual physician's time spent in a significant teaching or research role. Only in the case of a physician performing specific research activities, funded separately by the medical practice, which affect the clinical FTE status to be below 1.0 FTE should this be included. These physicians have clear, separate material teaching or research responsibilities outside of their clinical expectations, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These adjustments are not for *typical* supervision and resident training while performing patient care activities (rounding, office visits, etc.).

**Column 11 Total FTE**

Total FTE should be the sum of Columns 5 through 9. Only report providers with a 0.5 Total FTE or greater. Please note that in some cases a provider's FTEs may add up to more than 1.0 FTE although this should be the exception.

***It is important that Column 11 is populated for all providers.***

**Column 12 Total Clinical Compensation (Required)**

Total Clinical Compensation is the total annual clinical compensation of the individual physician, including base and variable compensation plus all voluntary salary reductions. Examples of clinical compensation would include, but are not limited to, compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships with no FTE associated, call coverage or ancillary or APC supervision stipends. This field should not be less than the sum of Columns 13-17.

**Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan.**

Although the reported compensation should be all-inclusive for most physicians, participants should also exclude specific instances of the following:

- Specific compensation for administrative physicians whose clinical FTE status was adjusted as defined in Column 6, and whose admin FTE status is not 0 as defined in Column 7. The excluded amount should relate to the amount of the admin FTE.
- Specific compensation for department chair physicians whose clinical FTE status was adjusted as defined in Column 6 and whose department chair FTE status is not 0 as defined in Column 8. The excluded amount should relate to the amount of the reported FTE.
- Specific compensation for medical director physicians whose clinical FTE status was adjusted as defined in Column 5 and whose medical director FTE status is not 0 as defined in Column 8. The excluded amount should relate to the amount of the reported FTE.
- Specific compensation for teaching and research physicians whose clinical FTE status was adjusted as defined in Column 6, and whose academic FTE status is not 0 as defined in Column 10. The excluded amount should relate to the amount of the academic FTE.
- Do not include any signing/retention bonuses or loan forgiveness recognized from a prior year hire.
- A specific instance where the physician performs "moonlighting." Moonlighting duties include duties not related to the physician's specialty or department, duties performed outside of normal clinical hours and duties for which the physician is compensated outside of the medical group's compensation plan. For example, a family practitioner works nights or weekends in urgent care at a hospital for an hourly rate and production is not captured. There should be no FTE adjustment because this is done outside of the family practitioner's practice. Please feel free to call AMGA Consulting with any questions.

***It is important that Column 12 is populated for all providers. Do not annualize data. It is our expectation that participants report the clinical compensation in the same manner as prior years. We want to ensure clinical compensation is reported strictly for the clinical time worked.***

**Column 13 Base Salary**

Report any compensation paid as a set or base salary. This compensation is not separate from the clinical FTE as reported in Column 6 **and is included in the Column 11 total clinical compensation amount.**

**Column 14 Production Incentive Compensation**

If your organization provides payments to providers based on productivity as a separate component, provide the amount paid here. This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.

**Column 15 Quality/Value-based Incentive Compensation**

If your organization provides payments to providers based on quality, service or outcome measures as a separate component, provide the amount paid here. This compensation could be related to patient satisfaction, outcomes, HEDIS measures, access, diabetes management, etc. **This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.**

**Column 16 APC Supervision Compensation**

If your organization compensates for APC supervisory duties as a separate component, provide the amount paid here. This amount could include flat stipends, a portion of APC productivity or production net of cost methods. **This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.**

**Column 17 Other Non-CPT Code Patient Care Compensation**

Report any other amounts that your organization pays for non-billable patient care services. The following are examples of non-billable patient care services: stipends for travel, contract compensation for occupational health services, etc. **This amount should be included in the Column 12 total clinical compensation amount.** Most organizations with a salary-based system will not be able to break out the data for this Column.

**Column 18 Excess On-Call Compensation**

If your organization compensates for on-call compensation in excess of typical on-call requirements/responsibilities, typically a 1 in 4 days commitment, provide the amount of compensation specific to the excess call paid here. The definition for routine call may vary by specialty. Routine on-call compensation considered part of the expectation for all providers in a given specialty should be reported in base salary (Column 13) and is included as part of clinical compensation. Excess on-call compensation will be evaluated separately from and excluded from the total clinical compensation Column 12.

**Column 19 Administrative Compensation**

Report the actual annual salary or stipend paid to each provider for time spent performing significant administrative duties related to the reported Administrative FTE reported in column 7. Examples of administrative duties would be the duties of physician administrators, possible extensive committees requiring significant time, paying an hourly rate to physicians for ad-hoc leadership support, etc. Include any compensation related to an admin FTE status greater than 0. Do not include compensation amounts for clinic-expected meetings that may have some monetary awards for attendance, but do not materially change clinical FTE expectations, as this is included in the clinical compensation Column 12.

**Column 20 Department Chair Compensation**

Department chair compensation is all compensation paid for established department chair duties. Examples of department chair duties would include department leadership, attending meetings, clinical activities and other administrative duties. Include any compensation related to the reported Department Chair FTE from Column 8.

**Column 21 Medical Directorship Compensation**

Medical directorship compensation is all compensation paid for established medical directorship duties. Medical directorship duties would include performing clinical-related responsibilities. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and managing clinical patient complaints. Include any compensation related to the reported Medical Director FTE from Column 9.

**Column 22 Academic/Research Compensation**

Report the actual annual salary or stipend paid to each provider for time spent performing significant research or teaching duties. Include any compensation related to the reported academic FTE from Column 10.

**Column 23 Total Compensation**

Total compensation is the total annual compensation of the individual provider, including base, variable, administrative, and teaching compensation plus all voluntary salary reductions. Examples of total compensation would include, but are not limited to, the following: compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships, administrative stipends, research or teaching stipends, call coverage, ancillary or APC supervision stipends, moonlighting stipends and other unidentified compensation. The compensation reported in this Column should generally equal reported W2 wages. Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan. This Column is the sum of Columns 12 and 18-22 but can include other compensation types outside the categories noted.

**Column 24 Work RVUs**

**Note:** Include all work RVUs, including those from telehealth or virtual services. Work RVUs in this column are to be reported using the **2022 CMS wRVU values**. The **2023 AMGA Survey wRVU Converter tool** can be used to calculate wRVU totals for 2022 based on billing code utilization. It is critical that wRVU values be reported accurately. If utilized, please include the wRVU Converter with survey submission.

Report calculated work relative value units (RVUs) as measured by the work resource based relative value scale (RBRVS), not weighted by a conversion factor attributed to ambulatory care, inpatient care or other professional services performed by each physician in the medical group, **using the 2022 Centers for Medicare & Medicaid Services (CMS) scale**.

A work relative value unit is a non-monetary unit of measure that indicates the *professional* value of services provided by a physician or allied healthcare professional. Report FTE physicians with at least a 0.5 **clinical** FTE at their actual RVU amount. See the Production Guideline Table under Column 31 as it applies to work RVUs. In order to make your work RVUs more compatible, all code frequencies with the modifiers described below should be adjusted by the indicated percentage. For example, a modifier of 80 (99210-80) indicates that the procedure was recorded as a surgery assist and therefore the department only received approximately 16.0% of the original RVU value. For occupational health physicians performing corporate or contracted services, either report RVU production for these services or indicate that they cannot be reported. If multiple modifiers are used, report work RVUs calculated using multiple modifiers.



*Note regarding modifier 50: AMGA Consulting requests that participants adjust volume of CPT codes based on any modifiers attached to the individual codes. There is a special circumstance with modifier 50. Medicare reimburses the code with the modifier at 150%. Many other payers reimburse by a two-code combination: one code without the modifier at 100%, another code with the modifier at 50%. When reporting bilateral data, please adjust the Medicare volume appropriately to reflect proper volume.*

**RVU Modifier Adjustment Table**

<b>Modifier</b>	<b>Description</b>	<b>Volume Adjustment</b>
80,81,82	Assistant at Surgery	16%
AS	Assistant at Surgery – Physician Assistant	14% (85% * 16%)
50 or LT and RT	Bilateral Surgery	150%
51	Multiple Procedure	50%
52	Reduced Services	50%
53	Discontinued Procedure	50%
54	Intraoperative Care only	Preoperative + Intraoperative Percentages on the payment files used by Medicare contractors to process Medicare claims
55	Postoperative Care only	Postoperative Percentage on the payment files used by Medicare contractors to process Medicare claims
62	Co-surgeons	62.5%
66	Team Surgeons	33%

**Column 25 Telehealth wRVUs**

Subset of column 24. Report wRVUs specific to the provision of telehealth or virtual visits/services.

**Column 26 In-Person wRVUs**

Subset of column 24. Report wRVUs for in-person visits/services.

**Column 27 ASA Units**

Report calculated ASA Units in this column for anesthesiology specialties. The ASA values should include base units and time components. Do not include CRNA-only performed activity. ASAs from cases performed as a team should be reported as 50% credit to the physician. For services billed under modifier AA, 100% of ASA units billed should be reported to anesthesiologists. For services billed under modifier AD, QK, QY, and QX, 50% of ASA units billed should be reported to anesthesiologists. For services billed under modifier QZ, 0% of ASA units billed should be reported to anesthesiologists.

**Column 28 Patient Visits**

**Note:** Include all patient visits, including those from telehealth or virtual visits.

Patient visits are the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter. For surgical and anesthesia procedures, record the case as one visit and not the number of procedures performed. For global codes, such as deliveries, a visit should be recorded for each patient encounter in the global code. In the event that a patient visits two or more separate departments during the day and sees a physician in each department, this is recorded as a patient visit at each department. If a patient has only an ancillary service, as ordered by a physician, but has no personal physician contact, this should not be recorded as a physician patient visit (examples would be lab tests, EKGs, EEGs, injections, etc.). If the patient was seen only by a non-physician provider or technician, no visit should be recorded for the physician. Multiple visits by a single patient to a single physician during the same day are counted as only one visit. If your organization cannot exclude these types of visits, then please exclude all visit information. Report physicians with at least a 0.5 FTE at their actual visit or consultation amount.

**Column 29 Telehealth Visits**

Subset of column 28. Report total visits provided via telehealth or virtually.

**Column 30 In-Person Visits**

Subset of column 28. Report in-person visit totals only.

**Column 31 Gross Charges**

Gross charges are the total charges reported for services produced by the physician before such charges are reduced by courtesy allowances, employee discounts or non-collected accounts. Total charges are defined as the full dollar value, at the medical group's established non-discounted rates, for services provided for all patients. Gross productivity should include the medical group's full, non-discounted charges. Medicare charges should also be grossed up and *not* reported at the allowable charge. **These charges are for professional activities only, and thus should exclude retail income (e.g., optical, pharmacy), drugs, vaccines, etc. Productivity by various categories of physician extenders, such as nurse practitioners, nurse midwives, CRNAs, etc., should also be excluded from the data.** Charges should not include credits for the technical component of ancillary services. **Technical procedures supervised, but not performed, by the physician should be excluded.** Charges for codes with modifiers should be adjusted to reflect the modified amount. Report physicians with at least a 0.5 clinical FTE at their actual production amount. Guidelines for specific specialties are included below:

### Production Guidelines Table

Allergy	Do not include antigen billings for the following CPT codes: 95144, 95145, 95146, 95147, 95148, 95149, 95165 and 95170.
Anesthesiology	Do not include CRNA-only performed activity. Production from cases performed as a team should be reported as 50% credit to the physician the other 50% to the CRNA.
Audiology	Do not include hearing aid sales.
Cardiology	Do not include technical component fees or technical components of global fees for EKGs, GXTs, echos, etc.
GI Medicine	Do not include technical component fees.
Medical Oncology	Do not include billings for drugs.
Neurology	Do not include technical component fees or technical components of global fees for EEGs, EMGs or sleep studies.
OB/GYN	Do not include technical component fees or technical components of global fees for ultrasound tests.
Optometry and Ophthalmology	Do not include eyewear or contact sales.
Otolaryngology	Do not include production related to audiology services.
Pathology	Do not include technical component fees or technical components of global fees for pathology exams.
Pulmonary Disease	Do not include technical component fees or technical components of global fees for pulmonary tests.
Radiology	Do not include technical component fees or technical components of global fees for radiological exams.
Radiation Oncology	Do not include technical component fees or technical components of global fees for oncology services.

#### **Column 32    Net Collections**

Indicate the actual dollar amount collected of gross productivity. This will be the net of contractual arrangements, discounts and bad debts. See the Production Guideline Table under Column 31 as it applies to Net Collections.

#### **Column 33    Employer Benefits Expense**

Employer benefits expense is the cost of all health and welfare benefits provided by the employer. This includes the employer's share of all payroll taxes (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; and employer payment to defined benefits and contribution, 401(k), 403(b) and unqualified retirement plans. Malpractice liability insurance should be excluded.

**Column 34 Primary Care Adjusted Panel Size**

*This Column is for the collection of adjusted panel size for primary care providers only: family medicine, internal medicine, and pediatrics and adolescent – general. If you cannot provide this data, please leave it blank.*

Panel size is the number of patients served by a physician or physician group. A provider's panel is a provider's population of living patients, based on a count of unique patients seen within the last 18 months. Patients are assigned to a provider by the following: Patients who have seen only one provider for all visits, verified within the last three years, are assigned to that provider. If a patient does not have a personal provider identified, the patient is assigned to a provider based on whom the patient saw the most often. If the patient has seen multiple doctors the same number of times, the patient is assigned to the provider seen most recently. The following weights should be applied to the panel sizes reported.

<b>Age and Gender Specific Panel Adjustments</b>		
<b>Age Range (Years)</b>	<b>Male</b>	<b>Female</b>
0	5.02	4.66
1	3.28	2.99
2	2.05	1.97
3	1.72	1.62
4	1.47	1.46
5-9	0.98	1.00
10-14	0.74	0.79
15-19	0.54	0.72
20-24	0.47	0.70
25-29	0.60	0.82
30-34	0.63	0.84
35-39	0.66	0.86
40-44	0.69	0.89
45-49	0.76	0.98
50-54	0.87	1.10
55-59	1.00	1.20
60-64	1.17	1.31
65-69	1.36	1.46
70-74	1.55	1.60
75-79	1.68	1.40
80-84	1.70	1.66
85+	1.57	1.39

**Column 35 Clinical Hours Worked (Hospital-Based Specialties Only)**

Provide the number of hours the physician worked in the hospital during the reporting period. This Column is intended for hospital-based specialties only, such as hospitalists and intensivists.

**Column 36 Date of Hire**

The date of hire for the physician.

**Column 37 Physician's Years since Residency/Fellowship**

The total number of years the physician has been working in that particular specialty since completing their residency or fellowship program (i.e., for a cardiologist, it would be years since completing the cardiology fellowship; for a general surgeon, it would be years since completing their general surgery residency).

**Column 38 APC FTEs Supervised**

If APC Compensation was included in Column 16, provide the total number of unique APC FTEs supervised by the physician. If APCs are "co-supervised" by physicians, allocate the APC FTEs to avoid double counting (e.g., 3 physicians jointly supervise 2.0 APC FTEs = 0.67 FTE per physician).

**Column 39 On-Call Hours Worked**

If On-Call Compensation was included in Column 17, provide the total number of on call hours worked (restricted or unrestricted) by the physician.

**Column 40 Physician Age**

The current age of the physician.

**Column 41 Physician Gender**

Report the gender of the physician.

## Section II: Other Health Care Provider Compensation and Productivity (Advanced Practice Providers)

### **Column 1 Other Provider ID**

This code is used to identify each provider from year to year. Please provide a code that identifies the provider to your organization only. **Do not use the provider's full Social Security number.**

### **Column 2 Specialty Number**

This is the specialty number for each provider related to the area of medicine the provider practices. Refer to the specialty number listing that follows these instructions or the Specialty List tab in the survey tool. **Please remember to review these provider assignments to ensure an accurate submission.**

### **Column 3 Specialty Name**

The specialty name is automatically populated based on the other provider specialty number entered in Column 2.

### **Column 4 Specialty Number of Department**

Indicate within which physician level specialty the NP or PA practices. For instance, if the provider is a nurse practitioner practicing in general pediatrics, you would use code 3115 in Column 2, Nurse Practitioner – Primary Care, and code 1320 in Column 3, Pediatrics & Adolescent - General. Only complete this Column for Nurse Practitioners and Physician Assistants practicing in a particular physician specialty.

### **Column 5 Clinical FTE (Required)**

Clinical FTE is the full-time equivalent percentage of the individual provider's time spent in clinical work. Full-time (1.0 FTE) is defined as a provider fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many providers work above this minimum level, but the reported FTE will not exceed 1.0.

Providers receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc., should have their FTE status adjusted. Standard vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.

***It is important that Column 5 is populated for all providers.***

### **Column 6 Admin FTE**

Admin FTE is the full-time equivalent percentage of the individual provider's time spent in a significant administrative role. Many providers will have 0.0 admin FTE. Only in the case of a provider working in an administrative role that affects the clinical FTE status to be below 1.0 FTEs should this be included. This value is intended for provider administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. Admin FTE should not be counted for department chairs or for providers serving on committees that do not materially affect clinical expectations. For example, a provider administrator who is 50% clinical and 50% administrative would be 0.5 admin FTE.

### **Column 7 Department Chair FTE**

Department Chair FTE is the full-time equivalent percentage of the individual provider's time spent in a significant administrative role with defined Department Chair responsibilities. Only in the case of a provider working in a Department Chair role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Chair duties could include the following: attending meetings, provider recruitment/selection and strategic planning. The department Chair often reports to a CMO or provider President and often supervises the work of division medical directors.

**Column 8 Medical Director FTE**

Medical director FTE is the full-time equivalent percentage of the individual provider's time spent in a significant administrative role with defined Medical Director responsibilities. Only in the case of a provider working in a Medical Director role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and clinical patient complaints.

**Column 9 Academic FTE**

Academic FTE is the full-time equivalent percentage of the individual provider's time spent in a significant teaching or research role. Only in the case of a provider performing specific research activities, funded separately by the medical practice, which affect the clinical FTE status to be below 1.0 FTE should this be included. These providers have clear, separate material teaching or research responsibilities outside of their clinical expectations, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These adjustments are not for *typical* supervision and resident training while performing patient care activities (rounding, office visits, etc.).

**Column 10 Total FTE**

Total FTE should be the sum of Columns 4 through 8. Only report providers with a 0.5 Total FTE or greater. Please note that in some cases a provider's FTEs may add up to more than 1.0 FTE although this should be the exception.

***It is important that Column 10 is populated for all providers.***

**Column 11 Total Clinical Compensation (Required)**

Total Clinical Compensation is the total annual clinical compensation of the individual provider, including base and variable compensation plus all voluntary salary reductions. Examples of clinical compensation would include, but are not limited to, compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships with no FTE associated, call coverage or ancillary or APC supervision stipends. This field should not be less than the sum of Columns 12-15.

**Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan.**

Although the reported compensation should be all-inclusive for most providers, participants should also exclude specific instances of the following:

- Specific compensation for administrative providers whose clinical FTE status was adjusted as defined in Column 5, and whose admin FTE status is not 0 as defined in Column 6. The excluded amount should relate to the amount of the admin FTE.
- Specific compensation for department chair providers whose clinical FTE status was adjusted as defined in Column 5 and whose department chair FTE status is not 0 as defined in Column 7. The excluded amount should relate to the amount of the reported FTE.
- Specific compensation for medical director providers whose clinical FTE status was adjusted as defined in Column 5 and whose medical director FTE status is not 0 as defined in Column 8. The excluded amount should relate to the amount of the reported FTE.
- Specific compensation for teaching and research providers whose clinical FTE status was adjusted as defined in Column 5, and whose academic FTE status is not 0 as defined in Column 9. The excluded amount should relate to the amount of the academic FTE.
- Do not include any signing/retention bonuses or loan forgiveness recognized from a prior year hire.

- A specific instance where the provider performs “moonlighting.” Moonlighting duties include duties not related to the provider’s specialty or department, duties performed outside of normal clinical hours and duties for which the provider is compensated outside of the medical group’s compensation plan. For example, a family practitioner works nights or weekends in urgent care at a hospital for an hourly rate and production is not captured. There should be no FTE adjustment because this is done outside of the family practitioner’s practice. Please feel free to call AMGA Consulting with any questions.

***It is important that Column 11 is populated for all providers. Do not annualize data. It is our expectation that participants report the clinical compensation in the same manner as prior years. We want to ensure clinical compensation is reported strictly for the clinical time worked.***

**Column 12 Base Salary**

Report any compensation paid as a set or base salary. **This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.**

**Column 13 Production Incentive Compensation**

If your organization provides payments to providers based on productivity as a separate component, provide the amount paid here. **This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.**

**Column 14 Quality/Value-based Incentive Compensation**

If your organization provides payments to providers based on quality, service or outcome measures as a separate component, provide the amount paid here. This compensation could be related to patient satisfaction, outcomes, HEDIS measures, access, diabetes management, etc. **This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.**

**Column 15 Other Non-CPT Code Patient Care Compensation**

Report any other amounts that your organization pays for non-billable patient care services. The following are examples of non-billable patient care services: stipends for travel, contract compensation for occupational health services, etc. **This amount should be included in the Column 11 total clinical compensation amount.** Most organizations with a salary-based system may not be able to break out the data for this Column.

**Column 16 Excess On-Call Compensation**

If your organization compensates for on-call compensation in excess of typical on-call requirements/responsibilities, typically a 1 in 4 days commitment, provide the amount of compensation specific to the excess call paid here. The definition for routine call may vary by specialty. Routine on-call compensation considered part of the expectation for all providers in a given specialty should be reported in base salary (Column 12) and is included as part of clinical compensation. Excess on-call compensation will be evaluated separately from and excluded from the total clinical compensation Column 11.

**Column 17 Administrative Compensation**

Report the actual annual salary or stipend paid to each provider for time spent performing significant administrative duties related to the reported Admin FTE from Column 6. Examples of administrative duties would be the duties of provider administrators, possible extensive committees requiring significant time, paying an hourly rate to providers for ad-hoc leadership support, etc. Include any compensation related to an admin FTE status greater than 0. Do not include compensation amounts for clinic-expected meetings that may have some monetary awards for attendance, but do not materially change clinical FTE expectations, as this is included in the total clinical compensation Column 11.



**Column 18 Department Chair Compensation**

Department chair compensation is all compensation paid for established department chair duties. Examples of department chair duties would include department leadership, attending meetings, clinical activities and other administrative duties. Include any compensation related to the reported Department Chair FTE from Column 7.

**Column 19 Medical Directorship Compensation**

Medical directorship compensation is all compensation paid for established medical directorship duties. Medical directorship duties would include performing clinical-related responsibilities. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and managing clinical patient complaints. Include any compensation related to the reported Medical Director FTE from Column 8.

**Column 20 Academic/Research Compensation**

Report the actual annual salary or stipend paid to each provider for time spent performing significant research or teaching duties. Include any compensation related to the reported academic FTE from Column 9.

**Column 21 Total Compensation**

Total compensation is the total annual compensation of the individual provider, including base, variable, administrative, and teaching compensation plus all voluntary salary reductions. Examples of total compensation would include, but are not limited to, the following: compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships, administrative stipends, research or teaching stipends, call coverage, ancillary or APC supervision stipends, moonlighting stipends and other unidentified compensation. The compensation reported in this Column should generally equal reported W2 wages. Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan. This Column is the sum of Columns 11 and 16-20.

**Column 22 Work RVUs**

**Note:** Include all work RVUs, including those from telehealth or virtual services. Work RVUs in this column are to be reported using the **2022 CMS wRVU values**. The *2023 AMGA Survey wRVU Converter tool* can be used to calculate wRVU totals for both 2020 and 2022 based on billing code utilization. It is critical that wRVU values be reported accurately. If utilized, please include the wRVU Converter with survey submission.

Report calculated work relative value units (RVUs) as measured by the work resource based relative value scale (RBRVS), not weighted by a conversion factor attributed to ambulatory care, inpatient care or other professional services performed by each provider in the medical group, using the 2022 Centers for Medicare & Medicaid Services (CMS) scale.

A work RVU is a non-monetary unit of measure that indicates the *professional* value of services provided by a provider or allied healthcare professional. Report FTE providers with at least a 0.5 FTE at their actual RVU amount. In order to make your work RVUs more compatible, all code frequencies with the modifiers described below should be adjusted by the indicated percentage. For example, a modifier of 80 (99210-80) indicates that the procedure was recorded as a surgery assist and therefore the department only received approximately 16.0% of the original RVU value. For occupational health providers performing corporate or contracted services, either report RVU production for these services or indicate that they cannot be reported. If multiple modifiers are used, report work RVUs calculated using multiple modifiers.

Note regarding modifier 50: AMGA Consulting requests that participants adjust volume of CPT codes based on any modifiers attached to the individual codes. There is a special circumstance with modifier 50. Medicare reimburses the code with the modifier at 150%. Many other payers reimburse by a two-code combination: one code without the modifier at 100%, another code with the modifier at 50%. When reporting bilateral data, please adjust the Medicare volume appropriately to reflect proper volume.

**RVU Modifier Adjustment Table**

Modifier	Description	Volume Adjustment
80,81,82	Assistant at Surgery	16%
AS	Assistant at Surgery – Physician Assistant	14% (85% * 16%)
50 or LT and RT	Bilateral Surgery	150%
51	Multiple Procedure	50%
52	Reduced Services	50%
53	Discontinued Procedure	50%
54	Intraoperative Care only	Preoperative + Intraoperative Percentages on the payment files used by Medicare contractors to process Medicare claims
55	Postoperative Care only	Postoperative Percentage on the payment files used by Medicare contractors to process Medicare claims
62	Co-surgeons	62.5%
66	Team Surgeons	33%

**Column 23 Telehealth wRVUs**

Subset of column 22. Report wRVUs specific to the provision of telehealth or virtual visits/services.

**Column 24 In-Person wRVUs**

Subset of column 22. Report wRVUs for in-person visits/services.

**Column 25 ASA Units**

Report calculated ASA Units in this Column for CRNAs. The ASA values should include base units and time components. ASAs from cases performed as a team should be reported as 50% credit to the CRNA. For services billed under modifier AA, 0% of ASA units billed should be reported to CRNAs. For services billed under modifier AD, QK, QY, and QX, 50% of ASA units billed should be reported to CRNAs. For services billed under modifier QZ, 100% of ASA units billed should be reported to CRNAs.

**Column 26 Patient Visits**

**Note:** Include all patient visits, including those from telehealth or virtual visits.

Patient visits are the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter.

**Column 27      Telehealth Visits**

Subset of column 26. Report total visits provided via telehealth or virtually.

**Column 28      In-Person Visits**

Subset of column 26. Report in-person visit totals only.

**Column 29      Gross Charges**

Gross charges are the total charges reported for services produced by the provider before such charges are reduced by courtesy allowances, employee discounts or non-collected accounts. Total charges are defined as the full dollar value, at the medical group's established non-discounted rates, for services provided for all patients. Gross productivity should include the medical group's full, non-discounted charges. Medicare charges should also be grossed up and *not* reported at the allowable charge. **These charges are for professional activities only, and thus should exclude retail income (e.g., optical, pharmacy), drugs, vaccines, etc.** Charges should not include credits for the technical component of ancillary services. Report all providers with at least a 0.5 FTE at their actual production amount.

**Column 30      Net Collections**

Indicate the actual dollar amount collected of gross productivity. This will be the net of contractual arrangements, discounts and bad debts.

**Column 31      Employer Benefits Expense**

Employer benefits expense is the cost of all health and welfare benefits provided by the employer. This includes the employer's share of all payroll taxes (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; and employer payment to defined benefits and contribution, 401(k), 403(b) and unqualified retirement plans. Malpractice liability insurance should be excluded.

**Column 32 Primary Care Adjusted Panel Size**

*This Column is for the collection of panel size for primary care providers only: nurse practitioner – primary care and physician assistants – primary care. If you cannot provide this data, please leave it blank.*

Panel size is the number of patients served by a provider. A provider's panel is a provider's population of living patients, based on a count of unique patients seen within the last 18 months. Patients are assigned to a provider by the following: Patients who have seen only one provider for all visits, verified within the last three years, are assigned to that provider. If a patient does not have a personal provider identified, the patient is assigned to a provider based on whom the patient saw the most often. If the patient has seen multiple doctors the same number of times, the patient is assigned to the provider seen most recently. The following weights should be applied to the panel sizes reported.

<b>Age and Gender Specific Panel Adjustments</b>		
<b>Age Range (Years)</b>	<b>Male</b>	<b>Female</b>
0	5.02	4.66
1	3.28	2.99
2	2.05	1.97
3	1.72	1.62
4	1.47	1.46
5-9	0.98	1.00
10-14	0.74	0.79
15-19	0.54	0.72
20-24	0.47	0.70
25-29	0.60	0.82
30-34	0.63	0.84
35-39	0.66	0.86
40-44	0.69	0.89
45-49	0.76	0.98
50-54	0.87	1.10
55-59	1.00	1.20
60-64	1.17	1.31
65-69	1.36	1.46
70-74	1.55	1.60
75-79	1.68	1.40
80-84	1.70	1.66
85+	1.57	1.39

**Column 33 Independent Practitioner/Carries Own Panel (Y or N)**

Indicate if this provider has a patient panel separate from his or her physician and practices with limited oversight at least 70% of the time. A provider that does not function as an independent practitioner often works to support a physician as an extender of the physician's practice and does not have a separate patient panel from the physician. Only complete this Column for Nurse Practitioners and Physician Assistants.

**Column 34 Clinical Hours Worked (Hospital-Based Specialties Only)**

Provide the number of hours the provider worked in the hospital during the reporting period. This Column is intended for hospital-based specialties only.

**Column 35      Date of Hire**

The date of hire for the provider.

**Column 36      Provider's Years of Experience**

The total number of years the provider has been working in that specialty.

**Column 37      On-Call Hours Worked**

If On-Call Compensation was included in Column 15, provide the total number of on call hours worked (restricted or unrestricted) by the physician.

**Column 38      Provider Age**

The age of the provider.

**Column 39      Provider Gender**

Report the gender of the provider.

### Section III: New Hire Starting Salaries

Indicate the starting salaries for physicians and other providers hired between January and December 2022 or your medical group's most recent fiscal year end/reporting period. New residents who have completed their residency are considered new hires. Experienced physicians are physicians who are currently employed at your facility and who have worked in the medical field at another facility. Report only those physicians who are board certified or board eligible.

#### **Column 1 Physician ID**

This code is used to identify each physician from year to year. Please provide a code that identifies the physician to your organization only. **Do not use the physician's full Social Security number.**

#### **Column 2 Specialty Number**

This is the specialty number for each physician related to the area of medicine the physician practices. Refer to the specialty number listing that follows these instructions. **Please remember to review these physician assignments to ensure an accurate submission.**

#### **Column 3 Clinical FTE**

Clinical FTE is the full-time equivalent percentage of the new hire physician's time spent in clinical work. Full-time clinical (1.0 FTE) is defined as a physician fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many physicians work above this minimum level, but the reported FTE will not exceed 1.0. Other adjustments to this FTE status will not be common, but include the following:

- Physicians receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. should have their FTE status adjusted. Standard vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.
- A physician working in an operational administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. No adjustments are to be made for department chairs or for physicians serving on committees that do not materially affect clinical expectations. For example, a physician administrator who is 50% clinical and 50% administrative would be 0.5 clinical FTE.
- Physicians performing specific research activities, funded separately by the medical practice, which affect the clinical FTE status to be below 1.0. These physicians have clear, separate material research responsibilities outside of their clinical expectations.
- A physician performing specific administrative teaching activities, such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the medical practice. These adjustments are not for *typical* supervision and resident training while performing patient care activities (rounding, office visits, etc.).

Keep in mind there are many organizations that inherently have less intensive administrative committee work, research or teaching responsibilities blended in with their physician's role and salary, while still expecting 1.0 clinical performance. Our intent is not to try to break out such fine detail, but to capture the clear, material instances for certain individual physicians.

#### **Column 4 Total FTE**

Total FTE is the sum of the Clinical FTE, plus any material compensated administrative time. Only report providers with a 0.5 Total FTE or greater. Please note that in some cases a provider's FTEs may add up to more than 1.0 FTE although this should be the exception

**Column 5 Experienced Starting Salary/Base Guarantee**

Indicate the starting salary for the experienced physician hire. Experienced hires will have worked in the medical field at another facility and are now recently employed by your facility.

**Column 6 New Resident/Fellow Starting Salary/Base Guarantee**

Indicate the starting salary for the new resident hire. New residents or fellows will just have completed their residency or a fellowship program.

**Column 7 Signing Bonus**

Report the total amount of the bonuses each new hire was awarded. If the physician received a signing bonus, indicate the full amount here. A signing bonus or sign-on bonus is a one-time sum paid upfront to a new employee as an incentive to join the organization. If the physician received a retention bonus, indicate the full amount here. A retention bonus is an incentive paid to an employee to retain the employee through a stated length of time or business cycle.

**Column 8 Student Loan Forgiveness Amount Offered**

The amount of student loans forgiven as a component of the physician's compensation package. Typically, this is given after the physician meets a certain criterion for years of service. Please provide the amount offered assuming the criteria has been satisfied.

**Column 9 Relocation Allowance**

The amount a provider received to compensate for expenses associated with relocation at the start of employment.

**Column 10 Date of Hire**

The date of hire for the provider.

## Section IV: Executive Compensation

### **Column 1 ID/Name**

This code is used to identify each executive. Please provide a code that identifies the individual to your organization only. **Do not use the individual's full Social Security number.**

### **Column 2 Medical Group Position Title**

Using the drop-down list, select the position title for the role that most closely matches the functions on your executive leadership team. Position descriptions are included in this instruction document for reference.

### **Column 3 Job Title**

Enter the individual's official title within your organization.

### **Column 4 Date of Hire in Current Position**

Enter the date the executive was hired/began the role identified in Column 2.

### **Column 5 FTE**

FTE is the full-time equivalent for the identified executive role. Full-time (1.0 FTE) is defined as an individual fulfilling your organization's minimum requirements for classification as a full-time employee (40 hours per week). Many executives work above this level, but the reported FTE will not exceed 1.0.

### **Column 6 Current Annual Base Salary (\$)**

Enter the annual base compensation for the individual, including any base salary deferred through election. Please exclude anticipated cash distributions or deferred compensation based on prior year performance, rewards or incentives. (Base pay does not include payments made under the normal retirement, benefits, pension or profit-sharing plans.) Report data in annual, whole dollars.

### **Column 7 Eligible for Short Term Incentive/Bonus (Y or N)**

Identify if the individual is eligible for a short-term (one year or less) bonus. Indicate "Yes" or "No" utilizing the drop-down menu.

### **Column 8 Short Term Incentive/Bonus Basis**

Enter how the amount of the short-term incentive/bonus is determined. Select "Specific Criteria," "Discretionary," or "Both" from the drop-down menu.

### **Column 9 Short Term Incentive/Bonus Amount (latest year end \$)**

Report the bonus amount received by the individual in the reporting period.

### **Column 10 Maximum Incentive/Bonus Opportunity as a percentage of Base Salary**

Indicate the maximum incentive/bonus opportunity the individual is eligible to receive as a percent of the individual's base salary.

### **Column 11 Long Term Incentive Pay Eligibility (LTI) (Y or N)**

Indicate if the individual is eligible for a long-term (greater than one year) incentive. Select "Yes" or "No" utilizing the drop-down menu.



## Section V: Executive Benefits

Columns 1 and 2 will automatically populate from data entered in *Section IV. Executive Compensation*.

**Column 1 ID/Name**

This code is used to identify each executive. Please provide a code that identifies the individual to your organization only. **Do not use the individual's full Social Security number.**

**Column 2 Medical Group Position Title**

Using the drop-down list, select the position title for the role that most closely matches the functions on your executive leadership team. Position descriptions are included in this instruction document for reference.

**Column 3 Actual Annual Cost of Benefits Provided (\$)**

Report the organization's annual cost of benefits provided to the individual. Do not include deferred compensation costs.

**Column 4 Flexible Benefit Allowance Offered (Y or N)**

Indicate if the individual is offered enrollment in a Flexible Benefit Plan. These are sometimes referred to as a cafeteria-style benefit plan. Select "Yes" or "No" utilizing the drop-down menu.

**Column 5 Annual Flexible Benefit Allowance Amount (\$)**

Enter the annual allowance amount offered to the individual enrolled in the flexible benefit plan.

**Column 6 Supplemental Life Insurance Provided (Y or N)**

Identify if the executive is provided a Supplemental Life Insurance Plan. Indicate "Yes" or "No" utilizing the drop-down menu.

**Column 7 Supplemental Life Insurance Multiple of Base Salary**

Enter the multiple of base salary benefit provided in the Supplemental Life Insurance Plan.

**Column 8 Supplemental Life Insurance Maximum Face Value (\$)**

Enter the maximum dollar amount to be paid upon death of the individual, as stipulated in the supplemental life insurance benefit plan.

**Column 9 Supplemental Long-Term Disability (LTD) Provided (Y or N)**

Identify if the executive is provided with a Supplemental Long-Term Disability plan. Select "Yes" or "No" utilizing cell's drop-down menu.

**Column 10 Long Term Disability Benefit Level as a Percentage of Base Pay (%)**

Enter the percentage of base pay that is provided in regard to the Supplemental Long-Term Disability Plan.

**Column 11 Long Term Disability Maximum Monthly Benefit (\$)**

Enter the maximum monthly amount to be paid as the Supplemental Long-Term Disability plan benefit.

**Column 12 Supplemental Executive Retirement Plan Provided (Y or N)**

Identify if the individual is provided with a Supplemental Executive Retirement Plan benefit. Select "Yes" or "No" utilizing the drop-down menu.

**Column 13 Employment Contract in Place**

Indicate if there is an employment contract in place for the individual. Select "Yes" or "No/At Will" utilizing the drop-down menu.

**Column 14 Term of Contract (Years)**

Please report the number of years stipulated in the employment contract.

**Column 15 Automatic contract Renewal/Evergreen Provision (Y or N)**

Indicate if the employment contract automatically renews upon the end of term. Select "Yes" or "No" utilizing the drop-down menu.

**Column 16 Severance Paid for Change of Governance (Months)**

Report the number of month's the individual is eligible for severance, when a change in governance occurs.

**Column 17 Severance Paid for Involuntary Termination (Months)**

Report the number of month's the individual is eligible for severance, when terminated involuntarily, without cause.

## Section VI: Compensation Profile

The compensation profile section contains a series of questions and specific data requests to capture information about your organization and compensation plan details. The questions are self-explanatory or include definitions, with a large number of the questions offering drop-down lists to select your response. The profile includes the following focus areas:

- Demographics
- Financial Data
- Compensation Plan Profile
- Benefits
- Emergency Room Physicians
- Hospitalists
- Concierge Medicine
- Nurse Practitioners and Physician Assistants
- Telehealth

If any question in the profile is unclear, please contact Danielle DuBord for assistance at [ddubord@amgaconsulting.com](mailto:ddubord@amgaconsulting.com).

**2023 AMGA Specialties and Executive Leadership Positions**

**Physician Specialties**

**Medical Specialties**

1000 Allergy/Immunology	1355 Pediatrics and Adolescent – Developmental-Behavioral	2097 Oculo-Facial/Oculoplastic
1040 Cardiology – General (Non-Invasive)	1360 Pediatrics and Adolescent – Endocrinology	2098 Oncology – Surgical
1016 Cardiology – Advanced Heart Failure and Transplant	1370 Pediatrics and Adolescent – Gastroenterology	2100 Ophthalmology
1020 Cardiology – Echo Lab and Nuclear	1375 Pediatrics and Adolescent – Genetics	2117 Ophthalmology – Cataract and Refractive Surgery
1030 Cardiology – EP	1380 Pediatrics and Adolescent – Hematology and Oncology	2250 Ophthalmology – Pediatrics
1010 Cardiology – Invasive Interventional	1382 Pediatrics and Adolescent – Infectious Disease	2130 Ophthalmology – Retinal Surgery
1007 Clinical Nutrition and Bariatric Medicine	1384 Pediatrics and Adolescent – Intensive Care	2135 Oral-Maxillofacial Surgery
1123 Concierge Medicine - Primary Care	1386 Pediatrics and Adolescent – Internal Medicine	2150 Orthopedic Surgery
1060 Critical Care/Intensivist	1240 Pediatrics and Adolescent – Neonatology	2175 Orthopedic Surgery – Foot and Ankle
1070 Dermatology	1390 Pediatrics and Adolescent – Nephrology	2170 Orthopedic Surgery – Hand
1090 Dermatology – Mohs	1400 Pediatrics and Adolescent – Neurology	2180 Orthopedic Surgery – Joint Replacement
1100 Endocrinology	4108 Pediatrics and Adolescent – Physical Medicine and Rehabilitation	2145 Orthopedic Surgery – Oncology
1110 Family Medicine	1410 Pediatrics and Adolescent – Pulmonary	2200 Orthopedic Surgery – Pediatrics
1115 Family Medicine With Obstetrics	1415 Pediatrics and Adolescent – Rheumatology	2185 Orthopedic Surgery – Shoulder and Elbow
1130 Gastroenterology	1417 Pediatrics and Adolescent – Urgent Care	2190 Orthopedic Surgery – Spine
1465 Genetics	1430 Physical Medicine and Rehabilitation	2280 Orthopedic Surgery – Sports Medicine
1150 Geriatrics	1440 Psychiatry	2285 Orthopedic Surgery – Trauma
1180 Hematology and Medical Oncology	1005 Psychiatry – Addiction Medicine	2210 Otolaryngology/ENT
1183 Hepatology	1445 Psychiatry – Child	2215 Otolaryngology – Head and Neck Surgery
1186 Hospitalist – Family Medicine	1443 Psychiatry - Consult Liaison	2205 Otolaryngology – Pediatrics
1135 Hospitalist – Gastroenterology	1446 Psychiatry – Geriatric	2240 Pediatric Surgery
1185 Hospitalist – Internal Medicine	1441 Psychiatry – Inpatient	2260 Plastic and Reconstructive Surgery
1245 Hospitalist – Laborist	1442 Psychiatry – Outpatient	2265 Plastic and Reconstruction – Pediatrics
1318 Hospitalist – Orthopedic	1451 Pulmonary Disease (With Critical Care)	2099 Thoracic Oncological Surgery
1260 Hospitalist – Neurology	1450 Pulmonary Disease (Without Critical Care)	2275 Thoracic Surgery
1260 Hospitalist – Nocturnist	1452 Pulmonary Intensivist	2300 Transplant Surgery – Kidney
1187 Hospitalist – Pediatrics	1460 Reproductive Endocrinology	2310 Transplant Surgery – Liver
1200 Infectious Disease	1470 Rheumatology	2290 Transplant Surgery – Thoracic
1205 Integrative Medicine	1472 Skilled Nursing Home (SNF)/Assisted Living Facility (ALF) Physician	2295 Trauma Surgery
1210 Internal Medicine	1475 Sleep Lab	3001 Urological Oncology
1223 Internal Medicine – Medical Home	1480 Sports Medicine	2320 Urology
1485 Nephrology – Transplant (Non-Surgical)	1490 Urgent Care	2335 Urology – Pediatrics
1191 Nephrology	1500 Wound Care/Hyperbaric	2340 Vascular Surgery
1257 NeuroIntensivist/Neuro Critical Care	<b>Surgical Specialties</b>	<b>Radiology/Anesthesiology/Pathology</b>
1250 Neurology	2005 Bariatric Surgery	2000 Anesthesiology
1253 Neurology – EMG Lab	2007 Breast Surgery	2003 Anesthesiology – Cardiac
1252 Neurology – Epilepsy/EEG Lab	2008 Burn Surgery	2230 Anesthesiology – Pain Clinic
1255 Neurology – Movement Disorder	2010 Cardiac/Thoracic Surgery	4005 Anesthesiology – Pediatrics
1255 Neurology – Stroke	2241 Cardiac/Thoracic Surgery – Pediatrics	4010 Dermatopathology
1188 Neuro-Oncology	2015 Cardiovascular Surgery	4101 Laboratory Hematology
1448 Neuropsychiatry	2020 Colon and Rectal Surgery	1175 Mammography/Breast Imaging
1280 Occupational/Environmental Medicine	2030 Emergency Medicine	4070 Microbiology (MD Only)
1181 Oncology – Medical	2035 Emergency Medicine – Pediatrics	4080 Nuclear Medicine (MD Only)
1315 Ophthalmology – Medical	2027 Endovascular Surgery	2270 Pathology – Anatomic (MD Only)
1230 Ophthalmology – Medical Retinal	2050 General Surgery	4103 Pathology – Clinical (MD Only)
1310 Orthopedic – Medical	2090 Neurosurgery	4100 Pathology – Combined (MD Only)
1437 Pain Management – Non-Anesthesiology	2095 Neurosurgery – Pediatrics	4105 Pathology – Pediatrics
1317 Palliative Care /Hospice Care	2070 OB/GYN – General	4107 Pathology – Surgical
1320 Pediatrics and Adolescent – General	1160 OB/GYN – Gynecological Oncology	4130 Radiation Therapy (MD Only)
1325 Pediatrics and Adolescent – Adolescent Medicine	1170 OB/GYN – Gynecology Only	4030 Radiology – MD Interventional
1330 Pediatrics and Adolescent – Allergy	1420 OB/GYN – Maternal Fetal Medicine/Perinatology	4020 Radiology – MD Neuro-Interventional
1350 Pediatrics and Adolescent – Cardiology	1270 OB/GYN – Obstetrics	4040 Radiology – MD Non-Interventional
1085 Pediatrics and Adolescent – Dermatology	2075 OB/GYN – Urogynecology	4045 Radiology – Pediatrics

**2023 AMGA Specialties and Executive Leadership Positions**

<b>Provider Specialties cont.</b>	<b>Executive and Leadership Positions</b>	<b>Nursing Leadership</b>
<b>Other Health Care Providers</b>	<b>Chief Executive</b>	5025 Chief Nursing Officer (CNO) / Patient Care Executive
3000 Audiology	5090 Chief Executive Officer (CEO) / President – Non-Physician	5020 Director, Nursing
3025 Certified Nurse Specialist	5100 Chief Executive Officer (CEO) / President – Physician	<b>Operational Leadership</b>
3030 Certified Registered Nurse Anesthetist	<b>Compliance Leadership</b>	5140 Chief Operating Officer (COO)
3035 Chiropractor	5170 Chief Compliance Officer (CCO)	5520 Director of Operations / Practice Administrator
3040 Dentistry	5160 In-House Legal Counsel	5030 Director, Facilities Management
3041 Dentistry – Pediatrics	<b>Finance Leadership</b>	5105 Manager, Clinic Operations I (< 15 providers)
3065 Epidemiology	5000 Chief Financial Officer (CFO)	5530 Manager, Clinic Operations II (15 – 30 providers)
3080 Midwife	5005 VP, Finance	5540 Manager, Clinic Operations III (> 30 providers)
3090 Nuclear Medicine – Non-Radiologist (Dosimetrist)	5590 Director, Business Office	<b>Pharmacy Leadership</b>
3112 Nurse Practitioner – Geriatric	5190 Director, Finance / Controller	5550 Chief Pharmacy Officer / VP of Pharmacy
3113 Nurse Practitioner – Medical Specialty	5200 Director, Health Information Management	<b>Strategic Services Leadership</b>
3115 Nurse Practitioner – Primary Care	5110 Director, Payer Relations / Reimbursement	5060 Chief Marketing Officer
3116 Nurse Practitioner –	5570 Director, Physician Compensation	5365 VP, Marketing
3117 Nurse Practitioner – Surgical Specialty	5500 Director, Revenue Cycle (Professional)	5360 VP, Strategy/Business Development
3118 Nutritionist (Non-MD)	5150 Manager, Business Office	5120 Director, Marketing / Public Relations / Communications
3120 Occupational Therapist	<b>Human Resources Leadership</b>	5560 Director, Strategy / Business Development
3130 Optometrist	5040 Chief Human Resources Officer (CHRO)	<b>Population Health Leadership</b>
3042 Orthodontics	5045 VP, Human Resources	5400 Chief Integration Officer – Non-Physician
3155 Perfusionist	5041 Director, Human Resources	5405 Chief Integration Officer – Physician
3160 Pharmacist	5580 Director, Physician Recruiting	5305 VP, Population Health
3020 PhD Only: Biochemistry	<b>Information Management Leadership</b>	5310 Director, Care Coordination/Case Management
3050 PhD Only: Diagnostic Radiology	5010 Chief Information Officer (CIO)	
3055 PhD Only: Imaging (Physicist)	5017 Chief Medical Informatics Officer (CMIO)	
3060 PhD Only: Immunology	5050 Director, Analytics/Decision Support	
3070 PhD Only: Microbiology	5510 Director, Information Technology	
3075 PhD Only: Neurophysiology	5155 Manager, Business Analytics	
3215 PhD Only: Neuropsychology	<b>Physician And Clinical Quality Leadership</b>	
3100 PhD Only: Nuclear Medicine	5015 Chief Medical Officer (CMO)	
3140 PhD Only: Other Laboratory	5016 Chief Medical Quality Officer (Physician)	
3150 PhD Only: Pathology	5220 Chief Quality Officer – Non-Physician	
3210 PhD Only: Psychology	5067 Director, Medical Education	
3211 PhD Only: Psychology – Child	5221 Director, Quality Management / Performance	
3220 PhD Only: Radiation Therapy	5076 Medical Director, Medical Specialty	
3170 Physical Therapist	5077 Medical Director, Primary Care	
3180 Physician Assistant – Medical	5078 Medical Director, Surgical Specialty	
3182 Physician Assistant – Primary Care	5189 Chair, Medical Specialties	
3183 Physician Assistant –	5188 Chair, Primary Care	
3185 Physician Assistant – Surgical	5186 Chair, Primary Care / Medical Specialties	
3195 Podiatry – Medical	5187 Chair, Surgical Specialties	
3190 Podiatry – Surgical		
3212 Psychology (Master's Level)		
3230 Social Worker		
3235 Speech Pathology		

## 2023 AMGA Specialty Listing and Definitions

### Primary Care and Medical Specialties

- 1000 Allergy/Immunology**
- These physicians are certified by the American Board of Allergy and Immunology. These physicians are trained in evaluation, physical and laboratory diagnosis and management of disorders involving the immune system.
- 1016 Cardiology – Advanced Heart Failure and Transplant**
- These physicians are certified by the American Board of Internal Medicine with special certifications in cardiology and advanced heart failure. These physicians specialize in Heart Failure and Transplant Cardiology with the special knowledge and skills required of cardiologists for evaluating and optimally managing patients with heart failure, particularly those with advanced heart failure, those with devices, including ventricular assist devices, and those who have undergone or are awaiting transplantation.
- 1020 Cardiology – Echo Lab and Nuclear**
- These physicians are certified by the American Board of Internal Medicine and the American Board of Nuclear Medicine with a certificate of special qualification in cardiovascular disease and specifically echocardiography. Echocardiography is used in the diagnosis, management, and follow-up of patients with any suspected or known heart diseases. At least 70% of the physician's time is spent in this specialized field of cardiology.
- 1030 Cardiology – EP**
- These physicians are certified by the American Board of Internal Medicine with a certificate of added qualification in cardiac electrophysiology. Cardiology – electrophysiology pacemaker is a field of special interest within the subspecialty of cardiovascular disease, which involves intricate technical procedures to evaluate heart rhythms and determine appropriate treatment for them. At least 70% of the physician's time is spent in this specialized field of cardiology.
- 1040 Cardiology – General (Non-Invasive)**
- These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in cardiovascular disease. These physicians are internists who specialize in diseases of the heart, lungs and blood vessels and manage complex cardiac conditions such as heart attacks and life-threatening, abnormal heartbeat rhythms. This specialty should capture the remaining cardiologists not defined in the cardiology subspecialties.
- 1010 Cardiology – Invasive Interventional**
- These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in cardiovascular disease and a certificate of added qualification in interventional cardiology. At least 70% of the physician's time is spent in this specialized field of cardiology.
- 1007 Clinical Nutrition and Bariatric Medicine**
- These physicians are certified by the American Board of Obesity Medicine. Bariatric medicine, or bariatrics, refers to the branch of medicine that is concerned with the treatment of obesity and associated conditions, as well as its causes and prevention techniques.
- 1123 Concierge Medicine – Primary Care**
- These physicians are certified by the American Board of Family Medicine and which practice concierge medicine. These physicians are trained to diagnose and treat a wide variety of ailments in patients of all ages. These physicians operate in a care model where the patient population is managed through a retainer or annual fee in exchange for enhanced care, access and services.

**1060 Critical Care/Intensivist**

These physicians are certified by either the American Board of Internal Medicine or the American Board of Anesthesiology with a certificate of special qualification in critical care medicine. These physicians diagnose, treat and support patients with multiple organ dysfunction. These physicians may facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.

**1070 Dermatology**

These physicians are certified by the American Board of Dermatology. These physicians are trained to diagnose and treat pediatric and adult patients with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as a number of sexually transmitted diseases. These physicians have had additional training and experience in the diagnosis and treatment of skin cancers, melanomas, moles and other tumors of the skin; management of contact dermatitis; other allergic and non-allergic skin disorders; and in the recognition of the skin manifestation of systemic and infectious diseases. These physicians have special training in dermatopathology and in the surgical techniques used in dermatology. These physicians also have expertise in the management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging.

**1090 Dermatology – Mohs**

These physicians are certified by the American Board of Dermatology. These physicians specialize in performing surgery used for the treatment of skin cancers, especially basal cell or squamous cell carcinomas of the skin. These physicians have the expertise to diagnose and monitor diseases of the skin, including infectious, immunological, degenerative, and neoplastic diseases.

**1100 Endocrinology**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in endocrinology, diabetes and metabolism. These physicians concentrate on disorders of the internal (endocrine) glands such as the thyroid and adrenal glands. These physicians also deal with disorders such as diabetes, metabolic and nutritional disorders, pituitary diseases, and menstrual and sexual problems.

**1110 Family Medicine**

These physicians are certified by the American Board of Family Medicine. These physicians are trained to diagnose and treat a wide variety of ailments in patients of all ages. These physicians receive a broad range of training that includes internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and geriatrics.

**1115 Family Medicine with Obstetrics**

These physicians are certified by the American Board of Family Medicine with additional training or experience in obstetrics.

**1130 Gastroenterology**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in Gastroenterology. These physicians specialize in the diagnosis and treatment of diseases of the digestive organs, including the stomach, bowels, liver, and gallbladder. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer, and jaundice and performs complex diagnostic and therapeutic procedures using endoscopes to see internal organs.

**1465 Genetics**

These physicians are certified by the American Board of Medical Genetics and Genomics. These physicians are specialists trained in diagnostic and therapeutic procedures for patients with genetically linked diseases. These specialists use modern cytogenetic, radiological, and biochemical testing to assist in specialized genetic counseling; implement necessary therapeutic interventions; and provide prevention through prenatal diagnosis.

**1150 Geriatrics**

These physicians are certified by either the American Board of Family Medicine or the American Board of Internal Medicine with a certificate of added qualification in geriatric medicine. These physicians have special knowledge of the aging process and specific skills in the diagnostic, therapeutic, preventative and rehabilitative aspects of illness in the elderly. These physicians also care for geriatric patients in the patient's home, the office, long-term care settings, such as nursing homes, and the hospital.

**1180 Hematology and Medical Oncology**

These physicians are certified by the American Board of Internal Medicine with certificates of special qualification in hematology and medical oncology. Physicians in the field of hematology are internists with additional training who specialize in diseases of the blood, spleen, and lymph glands. These specialists treat conditions such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. Physicians in the field of medical oncology are internists who specialize in the diagnosis and treatment of all types of cancer and other tumors, both benign and malignant. These specialists decide on and administer chemotherapy for malignancy and consult with surgeons and radiotherapists on other treatments for cancer.

**1183 Hepatology**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in gastroenterology. These physicians are specialists who focus on diagnosing and treating liver disease. This should not include Transplant Hepatologists. (Please see 2310 for all board-certified Transplant Hepatologists.)

**1186 Hospitalist – Family Medicine**

These physicians are certified by the American Board of Family Medicine. At least 70% of the physician's time is spent in the hospital. These physicians are family medicine physicians practicing as hospitalists.

**1135 Hospitalist – Gastroenterology**

These physicians are certified by the American Board of Internal Medicine with certificates of special qualification in gastroenterology. At least 70% of the physician's time is spent in the hospital. These physicians are gastroenterology physicians practicing as hospitalists.

**1185 Hospitalist – Internal Medicine**

These physicians are certified by the American Board of Internal Medicine. At least 70% of the physician's time is spent in the hospital. These physicians are internal medicine physicians practicing as hospitalists.

**1245 Hospitalist – Laborist**

These surgeons are certified by the American Board of Obstetrics and Gynecology. These surgeons are obstetricians or gynecologists who work full time in a hospital, only delivering babies. A laborist does not see patients in an office setting, as a traditional obstetrician or gynecologist does.



**1251 Hospitalist – Neurology**

These physicians are certified by the American Board of Psychiatry and Neurology. At least 70% of the physician's time is spent in the hospital. These physicians are neurology physicians practicing as hospitalists.

**1260 Hospitalist – Nocturnist**

These physicians are hospital-based physicians who only work overnight. Nocturnists are usually trained in internal medicine and have experience in hospital medicine. However, there are nocturnists trained in other specialties such as psychiatry or family medicine.

**1318 Hospitalist – Orthopedic**

These physicians are certified by the American Board of Orthopedic Surgery. At least 70% of the physician's time is spent in the hospital. These physicians are orthopedic physicians practicing as hospitalists.

**1187 Hospitalist – Pediatrics**

These physicians are certified by the American Board of Pediatrics. At least 70% of the physician's time is spent in the hospital. These physicians are pediatricians practicing as hospitalists.

**1200 Infectious Disease**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in infectious diseases. These physicians deal with infectious diseases of all types and in all organs, including conditions requiring selective use of antibiotics. These specialists diagnose and treat AIDS patients and patients with fevers that have not been explained. These physicians may also have expertise in preventive medicine and conditions associated with travel.

**1205 Integrative Medicine (MD Only)**

These physicians combine conventional Western medicine with alternative or complementary treatments, such as nutrition consultation, herbal medicine, acupuncture, and massage.

**1210 Internal Medicine**

These physicians are certified by the American Board of Internal Medicine. An internal medicine physician is one who provides long-term, comprehensive care in the office and the hospital, managing both common and complex illnesses of adolescents, adults and the elderly. These physicians are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints, and digestive, respiratory, and vascular systems. These physicians are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system, and reproductive organs.

**1223 Internal Medicine – Medical Home**

Internal medicine – medical home is similar to internal medicine (1210), but these physicians only practice in a medical home setting.

**1485 Nephrology – Transplant (Non-Surgical)**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualifications in nephrology. These physicians are nephrologists who specialize in the treatment of kidney and pancreas transplant recipients.

**1191 Nephrology**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in nephrology. These physicians are internist who treat disorders of the kidney, high blood pressure, fluid and mineral balance and performs dialysis of body wastes when the kidneys do not function.

**1257 Neurointensivist/Neurocritical Care**

These physicians are certified by the American Board of Anesthesiology with a neurocritical care subspecialty. Neurointensivist/Neurocritical Care physicians are devoted to the comprehensive multisystem care of critically ill patients with neurological diseases or conditions. These physicians usually assume the primary care role for the patient or facilitate and coordinate patient care among the primary physician, the critical care staff, and other specialists.

**1250 Neurology**

These physicians are certified by the American Board of Psychiatry and Neurology. A neurologist specializes in the diagnosis and treatment of all types of disease or impaired function of the brain, spinal cord, peripheral nerves, autonomic nervous system, and blood vessels that relate to these structures.

**1253 Neurology – EMG Lab**

These physicians are certified by the American Board of Psychiatry and Neurology. A neurologist works primarily in a specialty laboratory dedicated to the investigation of diseases of nerves and muscles, the electromyography (EMG) laboratory. These physicians are doctors who specialize in the diagnosis and testing of diseases of the peripheral nervous system.

**1252 Neurology – Epilepsy/EEG Lab**

These physicians are certified by the American Board of Psychiatry and Neurology. These physicians are neurologists or child neurologists who focus on the evaluation and treatment of adults and children with recurrent seizure activity and seizure disorders. Specialists in epilepsy (epileptologists) possess specialized knowledge in the science, clinical evaluation, and management of these disorders.

**1254 Neurology – Movement Disorder**

These physicians are certified by the American Board of Psychiatry and Neurology, with a certificate of added qualification in Parkinson's disease and other movement disorders. These physicians specialize in the diagnosis and treatment of all types of diseases or impaired functions associated with Parkinson's and other movement disorders.

**1255 Neurology – Stroke**

These physicians are certified by the American Board of Psychiatry and Neurology, with a certificate of added qualification in stroke neurology. These physicians specialize in the diagnosis and treatment of all types of diseases or impaired functions of the brain, spinal cord, peripheral nerves, muscles and autonomic nervous system, as well as the blood vessels that relate to these structures.

**1188 Neuro-Oncology**

These physicians are trained to diagnose and treat patients with brain tumors and other types of tumors of the nervous system. A neuro-oncologist may be one of a number of types of physicians: a neurologist (a physician trained in the diagnosis and treatment of diseases of the nervous system), an oncologist (cancer specialist), or a neurosurgeon (a physician trained in surgery of the nervous system). Other types of physicians may function as neuro-oncologists, because oncology (the study of cancer) is a very large field with a considerable diversity of neural tumors and various ways of diagnosing and treating them. At least 50% of the physician's time is spent in this specialized field.

**1448 Neuropsychiatry**

These physicians are certified by the American Board of Psychiatry and Neurology. These physicians specialize in the psychiatric care of persons with disorders of brain function to include diagnostic skills, neurological and mental status examinations, cognitive testing, electrophysiological testing, neuroimaging, differential diagnosis, crisis intervention, application of time-limited psychotherapy and referral for rehabilitative therapies.

**1280 Occupational/Environmental Medicine**

These physicians are certified by the American Board of Preventive Medicine. At least 70% of the physician's time is spent on the control of environmental factors that may adversely affect health or the control and prevention of occupational factors that may adversely affect health and safety. This specialist works with large population groups and individual patients to promote health and understanding of the risks of disease, injury, disability, and death, seeking to modify and eliminate these risks.

**1181 Oncology – Medical**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in medical oncology. These physicians are internists who specialize in the diagnosis and treatment of all types of cancer and other tumors, both benign and malignant. These specialists decide on and administer chemotherapy for malignancy and consult with surgeons and radiotherapists on other treatments for cancer.

**1315 Ophthalmology – Medical**

These physicians are ophthalmologists who work 70% of the time with the diagnoses and non-surgical treatment of ocular and visual disorders.

**1230 Ophthalmology – Medical Retinal**

These physicians are certified by the American Board of Ophthalmology. At least 70% of the physician's time is spent in the diagnosis and non-surgical treatment of retinal disorders.

**1310 Orthopedic – Medical**

These physicians are certified by the American Board of Orthopaedic Surgery. At least 70% of the physician's time in the practice involves the non-surgical treatment of musculoskeletal disorders.

**1437 Pain Management – Non-Anesthesiology**

These physicians are doctors who have a special certificate in pain management. These physicians provide a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic, or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists. At least 70% of the physician's time is spent in pain management – non-anesthesiology.

**1317 Palliative Care / Hospice Care**

These physicians are certified by the American Academy of Hospice and Palliative Medicine. Palliative care programs provide one to two years of specialty training following primary residency. Palliative Care reduces the severity of a disease or slows its progress, rather than providing a cure. For incurable diseases, in cases where the cure is not recommended due to other health concerns, and when the patient does not wish to pursue a cure, palliative care becomes the focus of treatment. It may occasionally be used in conjunction with curative therapy.

**1325 Pediatrics and Adolescent – Adolescent Medicine**

These physicians are certified by the American Board of Pediatrics with a certificate of added qualification in adolescent medicine. A pediatrician who specializes only in adolescent medicine is a multidisciplinary healthcare specialist trained in the unique physical, psychological, and social characteristics of adolescents, their healthcare problems and needs.

**1330 Pediatrics and Adolescent – Allergy**

These physicians are certified by the American Board of Pediatrics with a certificate of added qualification in clinical and laboratory immunology. These physicians are trained in evaluation, physical and laboratory diagnosis, and management of disorders involving the immune system.

**1350 Pediatrics and Adolescent – Cardiology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric cardiology. A pediatric cardiologist provides comprehensive care to patients with cardiovascular problems. This specialist is skilled in the clinical evaluation of cardiovascular disease and in selecting, performing and evaluating the structural and functional assessment of the heart and blood vessels.

**1085 Pediatrics and Adolescent – Dermatology**

These physicians are certified by the American Board of Dermatology. Through additional special training, these physicians have developed expertise in the treatment of specific skin disease categories with an emphasis on those diseases that predominate in infants, children, and adolescents.

**1355 Pediatrics and Adolescent – Developmental-Behavioral**

These physicians are certified by the American Board of Pediatrics. These physicians are pediatricians, with special training and experience, who aim to foster understanding and the promotion of optimal development of children and families through research, education, clinical care and advocacy efforts. These physicians assist in the prevention, diagnosis and management of developmental difficulties and problematic behaviors in children and in family dysfunctions that compromise children's development.

**1360 Pediatrics and Adolescent – Endocrinology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric endocrinology. These physicians are pediatricians who provide expert care to infants, children and adolescents who have diseases that result from an abnormality in the endocrine glands (glands which secrete hormones). These diseases include diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region, and disorders of the thyroid, the adrenal, and pituitary glands.

**1370 Pediatrics and Adolescent – Gastroenterology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric gastroenterology. These physicians are pediatricians who specialize in the diagnoses and treatment of diseases of the digestive systems of infants, children and adolescents. These specialists treat conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and perform complex diagnostic and therapeutic procedures using lighted scopes to see internal organs.

**1320 Pediatrics and Adolescent – General**

These physicians are certified by the American Board of Pediatrics. A pediatrician is concerned with the physical, emotional and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. A pediatrician deals with biological, social, and environmental influences on the developing child, and with the impact of disease and dysfunction on development. A pediatrician who specializes in adolescent medicine is a multidisciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.

**1380 Pediatrics and Adolescent – Genetics**

These physicians are certified by the American Board of Genetics and Genomics with a certificate of special qualification in Pediatric Genetics. At least 70% of time is spent with pediatric patients.

**1380 Pediatrics and Adolescent – Hematology and Oncology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric hematology and oncology. These physicians are pediatricians trained in the combination of pediatrics, hematology, and oncology to recognize and manage pediatric blood disorders and cancerous diseases.

**1382 Pediatrics and Adolescent – Infectious Disease**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric infectious disease. These physicians are pediatricians trained to care for children in the diagnosis, treatment and prevention of infectious diseases. These specialists can apply specific knowledge to affect a better outcome for pediatric infections with complicated courses, underlying diseases that predispose to unusual or severe infections, unclear diagnoses, uncommon diseases, and complex or investigational treatments.

**1384 Pediatrics and Adolescent – Intensive Care**

These physicians are certified by the American Board of Internal Medicine with special certification in critical care. At least 70% of the physician's time is spent with pediatric and adolescent patients in a hospital intensive care unit.

**1386 Pediatrics and Adolescent – Internal Medicine**

These physicians are certified by the American Board of Internal Medicine or the American Board of Family Medicine with a certificate of added qualification in adolescent medicine. These physicians are multidisciplinary healthcare specialists trained in the unique physical, psychological, and social characteristics of adolescents and their healthcare problems and needs.

**1240 Pediatrics and Adolescent – Neonatology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in neonatal-perinatal medicine. These physicians are pediatricians whose principle care is for sick newborn infants. Clinical expertise is used by physicians for direct patient care and for consulting with obstetrical colleagues to plan for the care of mothers who have high-risk pregnancies.

**1390 Pediatrics and Adolescent – Nephrology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric nephrology. These physicians are pediatricians who deal with the normal and abnormal development and maturation of the kidney and urinary tract, the mechanisms by which the kidney can be damaged, the evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension, and renal replacement therapy.

**1400 Pediatrics and Adolescent – Neurology**

These physicians are certified by the American Board of Psychiatry and Neurology with special qualifications in child neurology. A neurologist specializes in the diagnosis and treatment of all types of disease or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, as well as the blood vessels that relate to these structures. A child neurologist has specific skills in the diagnosis and management of neurologic disorders of the neonatal period, infancy, early childhood, and adolescence.

**4108 Pediatrics and Adolescent – Physical Medicine and Rehabilitation**

Physical medicine and rehabilitation physicians spend at least 70% of their time with pediatric patients.

**1410 Pediatrics and Adolescent – Pulmonary**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric pulmonology. These physicians are pediatricians dedicated to the prevention and treatment of all respiratory diseases affecting infants, children, and young adults. This specialist is knowledgeable about the growth and development of the lung and assessment of respiratory function in infants and children and is experienced in a variety of invasive and non-invasive diagnostic techniques.

**1415 Pediatrics and Adolescent – Rheumatology**

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric rheumatology. These physicians are pediatricians who treat diseases of joints, muscle, bones, and tendons. A pediatric rheumatologist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries, and collagen diseases.

**1417 Pediatrics and Adolescent – Urgent Care**

These physicians are certified by the American Board of Pediatrics. At least 70% of the physician's time is spent in the urgent care setting treating pediatric patients, including satellite clinics.

**1430 Physical Medicine and Rehabilitation**

These physicians are certified by the American Board of Physical Medicine and Rehabilitation. Physical medicine and rehabilitation is the medical specialty concerned with diagnosing, evaluating, and treating patients with physical disabilities. These disabilities may arise from conditions affecting the musculoskeletal system such as neck and back pain, sport injuries or other painful conditions affecting the limbs (e.g., carpal tunnel syndrome). Alternatively, the disabilities may result from neurological trauma or disease such as spinal cord injury, head injury, or stroke. For diagnosis and evaluation, a physiatrist may include the techniques of electromyography to supplement the standard history, physical, X-ray, and laboratory examinations. The physiatrist has expertise in the appropriate use of therapeutic exercise, prosthetics (artificial limbs), orthotics, and mechanical and electrical devices.

**1440 Psychiatry**

These physicians are certified by the American Board of Psychiatry and Neurology. A psychiatrist specializes in the prevention, diagnosis and treatment of mental, addictive and emotional disorders such as schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender dysphoria, and adjustment disorders. The psychiatrist is able to understand the biological, psychological and social components of illness, and therefore is uniquely prepared to treat the whole person. The main form of treatment used by a psychiatrist is psychopharmacology. A psychiatrist is qualified to order diagnostic laboratory tests and to prescribe medications, evaluate and treat psychological and interpersonal problems, and to intervene with families who are coping with stress, crises, and other problems in living. Use this definition if the physician spends equal time in an inpatient and outpatient setting.

**1005 Psychiatry – Addiction Medicine**

These physicians are certified by the American Society of Addiction Medicine. These physicians specialize in the treatment of addiction, focus on addiction diseases, and have had special training focusing on the prevention and treatment of such diseases.

**1445 Psychiatry – Child**

These physicians are certified by the American Board of Psychiatry and Neurology with a certificate of special qualification in child and adolescent psychiatry. These physicians are psychiatrists with additional training in the diagnosis and treatment of developmental, behavioral, emotional, and mental disorders of childhood and adolescence.

**1443 Psychiatry – Consult Liaison**

These physicians are certified by the American Board of Psychiatry and Neurology with fellowship training in psychosomatic medicine. These physicians consult with medical and surgical colleagues on patients with mental and emotional disorders such as delirium, dementia, depression and psychosis, as these can often be secondary or exacerbating medical or surgical illness. Physicians within this specialty consult and are liaisons on the medical and surgical floors, rather than in a closed unit.

**1446 Psychiatry – Geriatric**

These physicians are certified by the American Board of Psychiatry and Neurology. These physicians are psychiatrists with expertise in the prevention, evaluation, diagnosis, and treatment of mental and emotional disorders in the elderly. The geriatric psychiatrist seeks to improve the psychiatric care of the elderly, both in health and in disease.

**1441 Psychiatry – Inpatient**

Using the above definition for psychiatry – general, inpatient psychiatry treatment is more ongoing. At least 70% of the physician’s time is spent within an inpatient setting.

**1442 Psychiatry – Outpatient**

Using the above definition for psychiatry – general, outpatient psychiatry treatment occurs in a more temporary setting. At least 70% of the physician’s time is spent within an outpatient setting.

**1451 Pulmonary Disease (with Critical Care)**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in pulmonary and critical care medicine. These physicians treat diseases of the lungs and airways and diagnose and treat cancer, pneumonia, pleurisy, asthma, occupational diseases, bronchitis, sleep disorders, emphysema, and other complex disorders of the lungs.

**1450 Pulmonary Disease (without Critical Care)**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in pulmonary diseases. These physicians treat diseases of the lungs and airways and diagnose and treat cancer, pneumonia, pleurisy, asthma, occupational diseases, bronchitis, sleep disorders, emphysema, and other complex disorders of the lungs.

**1452 Pulmonary Intensivist**

These physicians are certified by the American Board of Internal Medicine with a special qualification in pulmonary diseases and critical care medicine. These physicians may facilitate and coordinate patient care among the primary care physician, the critical care staff, and other specialists.



**1460 Reproductive Endocrinology**

These physicians are certified by the American Board of Obstetrics and Gynecology with a certificate of special qualification in reproductive endocrinology.

**1470 Rheumatology**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in Rheumatology. These specialists treat diseases of joints, muscle, bones, and tendons which can include arthritis, back pain, muscle strains, common athletic injuries, and “collagen” diseases.

**1472 Skilled Nursing Home (SNF) / Assisted Living Facility (ALF) Physician**

A primary care provider sometimes referred to as a SNF, is a full-time physician practicing in a skilled nursing facility. These physicians are certified by either the American Board of Family Medicine or Internal Medicine. The physician is readily available to patients, particularly older ones, with multiple comorbidities and at risk for readmission to acute care. These physicians tend to elderly patients nearly exclusively in the skilled nursing setting.

**1475 Sleep Lab**

These physicians are internists with demonstrated expertise in the diagnosis and management of clinical conditions that occur during sleep, which disturb sleep or that are affected by disturbances in the wake-sleep cycle. These specialists are skilled in the analysis and interpretation of comprehensive polysomnography and are well-versed in emerging research and management of a sleep laboratory. This subspecialty includes the clinical assessment, polysomnographic evaluation and treatment of sleep disorders, including insomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related breathing disorders (e.g., obstructive sleep apnea), parasomnias, circadian rhythm disorders, sleep-related movement disorders and other conditions pertaining to the sleep-wake cycle. At least 70% of the physician’s time is spent in the treatment of sleep disorders.

**1480 Sports Medicine**

These physicians are certified by either the American Board of Emergency Medicine or the American Board of Family Medicine or the American Board of Internal Medicine or the American Board of Pediatrics, with a certificate of added qualification in sports medicine. These physicians are responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention and management of injury and illness. These physicians have knowledge and experience in the promotion of wellness and the role of exercise in promoting a healthy lifestyle. Knowledge of exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation and epidemiology is essential to the practice of sports medicine. At least 70% of the physician’s time is spent in nonsurgical orthopedic procedures.

**1490 Urgent Care**

These physicians are certified by the American Board of Internal Medicine. At least 70% of the physician’s time is spent in the urgent care setting, including satellite clinics.

**1500 Wound Care/Hyperbaric**

These physicians have specialized training in the evaluation, treatment and healing of chronic wounds. A chronic, non-healing wound is one that does not heal in six to eight weeks with traditional wound care. Some treatment options a wound care specialist may provide include the following: Doppler evaluation, wound debridement, wound dressings, negative pressure therapy, orthopedic, vascular and plastic surgery, nutrition counseling, or diabetes counseling. At least 70% of the physician’s time is spent performing wound care.



**2005 Bariatric Surgery**

These surgeons are certified by the American Board of Surgery. These surgeons specialize in performing gastric bypass surgery, generally a treatment for obesity. The surgeon provides preoperative, operative and postoperative care to surgical patients. At least 50% of the surgeon's time is spent in bariatric practice.

**2007 Breast Surgery**

These surgeons are especially skilled in operating on the breast. These surgeons may biopsy a tumor in the breast and, if it is malignant, remove the tumor. A breast surgeon may also do breast reconstruction following a mastectomy for breast cancer. The surgeons who conduct this type of breast reconstruction may be breast oncology surgeons or plastic surgeons.

**2008 Burn Surgery**

These surgeons are certified by the American Board of Surgery with an additional burn fellowship. These surgeons are especially skilled in operating on and treating burn victims. At least 70% of the surgeon's time is spent performing burn-related surgeries.

**2010 Cardiac/Thoracic Surgery**

These surgeons are certified by the American Board of Thoracic Surgery. Procedures such as cardiac catheterization, angiography, electrocardiography, echocardiography, imaging techniques, endoscopy, tissue biopsy, and biologic and biochemical tests appropriate to thoracic diseases and procedures involving evolving techniques such as laser therapy, endovascular procedures, electrophysiologic procedures and devices, and thoracoscopy and thoracoscopic surgery are performed by these surgeons. The scope of thoracic surgery encompasses knowledge of normal and pathologic conditions of both cardiovascular and general thoracic structures. This includes congenital and acquired lesions (including infections, trauma, tumors, and metabolic disorders) of both the heart and blood vessels in the thorax, as well as diseases involving the lungs, pleura, chest wall, mediastinum, esophagus, and diaphragm. In addition, the ability to establish a precise diagnosis, an essential step toward proper therapy, requires familiarity with diagnostic procedures such as cardiac catheterization, angiography, electrocardiography, echocardiography, imaging techniques, endoscopy, tissue biopsy, and biologic and biochemical tests appropriate to thoracic diseases. It is essential that the thoracic surgeon be knowledgeable and experienced in evolving techniques, such as laser therapy, endovascular procedures, electrophysiologic procedures and devices, and thoracoscopy and thoracoscopic surgery.

**2241 Cardiac/Thoracic Surgery – Pediatrics**

These surgeons are certified by the American Board of Thoracic Surgery with additional fellowship training in pediatric cardiac and thoracic surgery. These surgeons treat infants, children and adolescents with congenital or acquired heart or thoracic diseases. Treatment includes consultation and surgical intervention for a broad range of cardiothoracic conditions, from general thoracic and esophageal problems to complex cardiac procedures for repair of birth abnormalities. Procedures for these surgeons include the following: general thoracic surgery, diagnosis and treatment of congenital heart defects in children, tumor removal, lung biopsies, esophageal surgery, and treatment of aortic and mitral valve disease. At least 70% of time is spent performing pediatric cardiac and thoracic surgeries.

**2015 Cardiovascular Surgery**

These surgeons are certified by the American Board of Surgery with a cardiac surgery fellowship combined with vascular surgery. A cardiovascular surgeon performs operations on the heart and blood vessels of the body. This may include replacement of heart valves or bypasses of blocked coronary arteries. Training in the specialization of cardiovascular surgery involves the completion of a general surgery residency program followed by two or three more years of specialized training in all aspects of heart, blood vessel, and chest surgery. Some surgeries for these surgeons include the following: permanent transvenous pacemaker insertion, cardiac surgery of the coronary artery (bypass), treatment of valvular heart disease, artery problems, carotid artery problems, or microvascular surgery for diabetic leg ulcers.

**2020 Colon and Rectal Surgery**

These surgeons are certified by the American Board of Colon and Rectal Surgery. These surgeons are trained to diagnose and treat various diseases of the intestinal tract, colon, rectum, anal canal, and perianal area by medical and surgery means. These surgeons also deal with other organs and tissues (such as the liver, urinary, and female reproductive system) involved with primary intestinal disease. These surgeons have the expertise to diagnose and manage anorectal conditions in an office setting. These surgeons also treat problems of the intestine and colon and perform endoscopic procedures to evaluate and treat problems such as cancer, polyps, and inflammatory conditions.

**2030 Emergency Medicine**

These surgeons are certified by the American Board of Emergency Medicine. These surgeons focus on the immediate decision making and action necessary to prevent death or any further disability both in the pre-hospital setting by directing emergency medical technicians and in the emergency department. These surgeons provide immediate recognition, evaluation, care, stabilization, and disposition of a generally diversified population of adult and pediatric patients in response to acute illness and injury.

**2035 Emergency Medicine – Pediatrics**

These surgeons are certified by the American Board of Emergency Medicine or the American Board of Pediatrics, with a certificate of added qualification in pediatric emergency medicine. These surgeons are emergency physicians who have special qualifications to manage emergencies in infants and children.

**2027 Endovascular Surgery**

These surgeons perform minimally invasive surgery designed to access many regions of the body via major blood vessels. These physicians may use intravascular balloons, stents, and coils, and perform coronary artery bypass surgery (CABG), carotid endarterectomy, and aneurysm clipping. Endovascular surgery may be performed by certified radiologists, neurologists, neurosurgeons, cardiologists, or vascular surgeons with an additional fellowship in endovascular training.

**2050 General Surgery**

These surgeons are certified by the American Board of Surgery. These surgeons manage a broad spectrum of surgical conditions affecting almost any area of the body. These surgeons establish the diagnosis and provide the preoperative, operative, and postoperative care to surgical patients and are usually responsible for the comprehensive management of the trauma victim and the critically ill surgical patient. These surgeons use a variety of diagnostic techniques, including endoscopy, for observing internal structures and may use specialized instruments during operative procedures. A general surgeon is expected to be familiar with the salient features of other surgical specialties in order to recognize problems in those areas and to know when to refer a patient to another specialist.

**2090      Neurosurgery**

These surgeons are certified by the American Board of Neurological Surgery. These surgeons provide the operative and non-operative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central peripheral and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes, which modify function or activity of the nervous system; and the operative and non-operative management of pain. These surgeons treat patients with disorders of the nervous system; disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column and disorders of the cranial and spinal nerves throughout their distribution.

**2095      Neurosurgery – Pediatrics**

These surgeons are neurological surgeons who spend at least 70% of their time with pediatric patients.

**2070      OB/GYN – General**

These physicians are certified by the American Board of Obstetrics and Gynecology. An obstetrician or gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system in the pregnant and non-pregnant state and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.

**1160      OB/GYN – Gynecological Oncology**

These surgeons are certified by the American Board of Obstetrics and Gynecology with a certificate of special qualification in gynecologic oncology. These surgeons are obstetricians or gynecologists who provide consultation and comprehensive management of patients with gynecologic cancer.

**1170      OB/GYN – Gynecology Only**

These physicians are certified by the American Board of Obstetrics and Gynecology. An obstetrician or gynecologist possesses special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system in the non-pregnant state and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.

**1420      OB/GYN – Maternal Fetal Medicine/Perinatology**

These surgeons are certified by the American Board of Obstetrics and Gynecology. These surgeons are obstetricians or gynecologists who care for, or provide consultation on, patients with complications of pregnancy. These specialists have advanced knowledge of the obstetrical, medical, and surgical complications of pregnancy, and their effect on both the mother and the fetus. This surgeon also possesses expertise in the most current diagnostic and treatment modalities used in the care of patients with complicated pregnancies.

**1270      OB/GYN – Obstetrics**

These physicians are certified by the American Board of Obstetrics and Gynecology. An obstetrician or gynecologist possesses special knowledge, skills, and professional capability in the medical and surgical care of the female reproductive system in the pregnant state and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.

**2075      OB/GYN – Urogynecology**

These surgeons are certified by the American Board of Obstetrics and Gynecology. These doctors become specialists with additional training and experience in the evaluation and treatment of conditions that affect the female pelvic organs and the muscles and connective tissue that support the organs. They specialized in the care of women with pelvic floor dysfunction. The pelvic floor is the muscles, ligaments, connective tissue, and nerves that help support and control the rectum, uterus, vagina, and bladder.

**2097 Oculo–Facial/Oculoplastic**

These surgeons are certified by the American Board of Plastic Surgery or the American Board of Ophthalmology with training in ocular facial. Plastic and reconstructive surgery involves the periorbital and facial tissues, including eyelids and eyebrows, cheeks, orbit, and lacrimal (tear) system. Eye plastic surgeons are ophthalmologists who have completed extensive post-residency training in this unique subspecialty. This is a highly specialized area of plastic surgery that focuses on the area around the eyes, forehead, and midface. These surgeons treat tumors of the eyelids and orbit, trauma, congenital abnormalities, thyroid eye disease, tearing problems, and blinking difficulties.

**2098 Oncology – Surgical**

Oncology – surgical is the branch of surgery that focuses on the surgical management of malignant neoplasms (cancer). There are currently fourteen surgical oncology fellowship training programs in the United States that have been approved by the Society of Surgical Oncology. While many general surgeons are actively involved in treating patients with malignant neoplasms, the designation of surgical oncologist is generally reserved for those surgeons who have completed one of the approved fellowship programs.

**2100 Ophthalmology**

These surgeons are certified by the American Board of Ophthalmology. An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor, and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit, and the visual pathways.

**2117 Ophthalmology – Cataract and Refractive Surgery**

These surgeons are certified by the American Board of Ophthalmology. These surgeons are ophthalmologists who specialize in cataract and/or refractive surgery, including laser correction surgery.

**2250 Ophthalmology – Pediatrics**

These surgeons are certified by the American Board of Ophthalmology. An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor, and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit, and the visual pathways. An ophthalmologist also prescribes vision services, including glasses and contact lenses. At least 70% of the surgeon's time is spent with pediatric patients.

**2130 Ophthalmology – Retinal Surgery**

These surgeons are certified by the American Board of Ophthalmology. At least 70% of the surgeon's time is spent in retinal surgery.

**2135 Oral-Maxillofacial Surgery**

These surgeons are certified by the American Board of Oral and Maxillofacial Surgeons with additional fellowship in oral-maxillofacial surgery. These surgeons are skilled in a wide spectrum of diseases, injuries, and defects in the head, neck, face, jaws, and the hard and soft tissues of the oral and maxillofacial region. These surgeons treat the entire craniomaxillofacial complex: anatomical area of the mouth, jaws, face, skull, and associated structures.

**2150 Orthopedic Surgery**

These surgeons are certified by the American Board of Orthopaedic Surgery. An orthopedic surgeon is trained in the preservation, investigation and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical means. An orthopedic surgeon is involved with the care of patients whose musculoskeletal problems include congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow in children and adults. An orthopedic surgeon is also concerned with primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.

**2175 Orthopedic Surgery – Foot and Ankle**

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in foot and ankle. These surgeons are orthopedic surgeons who spend at least 70% of their time on foot and ankle cases.

**2170 Orthopedic Surgery – Hand**

These surgeons are certified by the American Board of Orthopaedic Surgery with a certificate of added qualification in hand surgery. These surgeons are specialists trained in the investigation, preservation and restoration, by medical, surgical, and rehabilitative means, of all structures of the upper extremity directly affecting the form and function of the hand and wrist.

**2180 Orthopedic Surgery – Joint Replacement**

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in joint replacement. At least 70% of the surgeon's time is spent in the surgical treatment of degenerative diseases of the knee or hip.

**2145 Orthopedic Surgery – Oncology**

An orthopedic oncologist specializes in the diagnosis and treatment of primary benign and malignant (cancerous) bone and soft-tissue tumors. Following an orthopedic surgical residency, a fellowship in orthopedic oncology lasting one to two years is to be completed. During this time, the physician will learn in depth about the pathology and treatment of various forms of primary malignant neoplasm affecting the bony structures of the human body.

**2200 Orthopedic Surgery – Pediatrics**

These surgeons are certified by the American Board of Orthopaedic Surgery. At least 70% of the surgeon's time is spent with pediatric patients.

**2185 Orthopedic Surgery – Shoulder and Elbow**

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in shoulder surgery. At least 70% of the surgeon's time is spent performing surgeries specific to the shoulder and elbow .

**2190 Orthopedic Surgery – Spine**

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in spine. At least 70% of the surgeon's time is spent in the surgical treatment of diseases of the spine.

**2280 Orthopedic Surgery – Sports Medicine**

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in sports medicine. An orthopedic surgeon is trained in the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical and physical means. At least 70% of the surgeon's time is spent on sports-related injuries.

**2285 Orthopedic Surgery – Trauma**

These surgeons are certified by the American Board of Orthopaedic Surgery. At least 70% of the surgeon's time is spent on the treatment of trauma injuries. These surgeons are likely located in an emergency unit.

**2210 Otolaryngology/ENT**

These surgeons are certified by the American Board of Otolaryngology. An otolaryngologist provides comprehensive medical and surgical care for patients with diseases and disorders that affect the ears, nose, throat, respiratory and upper alimentary systems, and the related structures of the head and neck. An otolaryngologist diagnoses and provides medical and surgical therapy or prevention of diseases, allergies, neoplasms, deformities, disorders and injuries of the ears, nose, sinuses, throat, respiratory and upper alimentary systems, face, jaws, and the other head and neck systems. Head and neck oncology, facial plastic and reconstructive surgery, and the treatment of disorders of hearing and voice are fundamental areas of expertise for this specialty.

**2215 Otolaryngology – Head and Neck Surgery**

These surgeons are otolaryngologists with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair, and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged.

**2205 Otolaryngology – Pediatrics**

These surgeons are certified by the American Board of Otolaryngology with a certificate of special qualification in pediatric otolaryngology. Pediatric otolaryngologists provide comprehensive medical and surgical care for pediatric patients with diseases and disorders that affect the ears, nose, throat, the respiratory and upper alimentary systems, and related structures of the head and neck.

**2240 Pediatric Surgery**

These surgeons are certified by the American Board of Surgery with a certificate of special qualification in pediatric surgery. These surgeons have expertise in the management of surgical conditions in premature and newborn infants, children, and adolescents.

**2260 Plastic and Reconstructive Surgery**

These surgeons are certified by the American Board of Plastic Surgery. A plastic surgeon deals with the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia. A plastic surgeon uses aesthetic surgical principles not only to improve undesirable qualities of normal structures but also in all reconstructive procedures. A plastic surgeon possesses special knowledge and skill in the design and surgery of grafts, flaps, free tissue transfer, and replantation. Competence in the management of complex wounds, the use of implantable materials and in tumor surgery is required for this specialty.

**2265 Plastic and Reconstruction – Pediatrics**

These surgeons are plastic surgeons who spend at least 70% of their time with pediatric patients.

**2099 Thoracic Oncological Surgery**

Thoracic oncological surgery is the branch of surgery that focuses on the surgical management of malignant neoplasms (cancer). These surgeons are surgical oncologists who specialize in the treatment of lung cancer, mesothelioma, esophageal cancer, sarcoma, and cancer that has metastasized to the chest.



**2275 Thoracic Surgery**

These surgeons are certified by the American Board of Thoracic Surgery. A thoracic surgeon provides the operative, perioperative, and critical care of patients with pathologic conditions within the chest. Included in this specialty is the surgical care of coronary artery disease, cancers of the lung, esophagus and chest wall, abnormalities of the trachea, abnormalities of the great vessels and heart valves, congenital anomalies, tumors of the mediastinum, and diseases of the diaphragm. The management of the airway and injuries of the chest is within the scope of the specialty. Thoracic surgeons have the knowledge, experience, and technical skills to accurately diagnose, safely operate upon and effectively manage patients with thoracic diseases of the chest. This requires substantial knowledge of cardiorespiratory physiology and oncology, as well as capability in the use of heart assist devices, management of abnormal heart rhythms and drainage of the chest cavity, respiratory support systems, endoscopy, and invasive and non-invasive diagnostic techniques. The management of the airway and injuries of the chest is within the scope of the specialty. At least 90% of the surgeon's time is spent performing thoracic-related procedures. Use the cardiac and thoracic surgery specialty (2010) for physicians performing both areas.

**2300 Transplant Surgery – Kidney**

These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. This physician's practice is predominantly related to kidney procedures.

**2310 Transplant Surgery – Liver**

These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. This physician's practice is predominantly related to liver procedures.

**2290 Transplant Surgery – Thoracic**

These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. This physician's practice is predominantly related to cardiac procedures.

**2295 Trauma Surgery**

These surgeons are certified by the American Board of Surgery with special certification in trauma surgery. Trauma surgeons have expertise in the management of the critically ill and postoperative patient, particularly the trauma victim, and specialize in critical care medicine diagnoses, treating and supporting patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff, and other specialists.

**3001 Urological Oncology**

These surgeons are certified by the American Board of Urology. These surgeons are urologists who specialize in the treatment of malignant genitourinary diseases. These surgeons may use minimally invasive techniques to manage urologic cancers.

**2320 Urology**

These surgeons are certified by the American Board of Urology. These surgeons are urologists who manage benign and malignant medical and surgical disorders of the genitourinary system and the adrenal glands. This specialist has comprehensive knowledge of and skills in endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.

**2335 Urology – Pediatrics**

These surgeons are certified by the American Board of Urology with a certificate of special qualification in pediatric urology. These surgeons are pediatricians who manage benign and malignant medical and surgical disorders of the genitourinary system and the adrenal glands. These specialists have comprehensive knowledge of and skills in endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.

**2340 Vascular Surgery**

These surgeons are certified by the American Board of Surgery with a certificate of added qualification in general vascular surgery. A vascular surgeon has expertise in the management of surgical disorders of the blood vessels, excluding the intracranial vessels of the heart. A vascular surgeon has expertise in the diagnosis and care of patients with diseases and disorders affecting the arteries, veins, and lymphatic systems, excluding vessels of the brain and heart. Vascular surgeons also perform non-invasive diagnostic testing to detect vascular problems.

**Anesthesiology, Pathology, and Radiology**

**2000 Anesthesiology**

These physicians are certified by the American Board of Anesthesiology. These physicians are trained to provide pain relief and maintenance or restoration of a stable condition during and immediately following an operation, an obstetric or diagnostic procedure. These physicians also provide medical management and consultation in pain management and critical care medicine. Anesthesiologists diagnose and treat acute, longstanding and cancer pain problems; diagnose and treat patients with critical illnesses or severe injuries; perform direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation; and supervise post anesthesia recovery.

**2003 Anesthesiology – Cardiac**

These surgeons are certified by the American Board of Anesthesiology with advanced training in cardiothoracic anesthesiology via a one-year fellowship. This subspecialty is devoted to the preoperative, intraoperative and postoperative care of adult patients undergoing cardiothoracic surgery and related invasive procedures. It deals with the anesthesia aspects of care related to surgical cases such as open-heart surgery, lung surgery, and other operations of the human chest. These aspects include perioperative care with expert manipulation of patient cardiopulmonary physiology through precise and advanced application of pharmacology, resuscitative techniques, critical care medicine, and invasive procedures. This also includes management of the cardiopulmonary bypass (heart-lung) machine, which most cardiac procedures require intraoperatively while the heart undergoes surgical correction.

**2230 Anesthesiology – Pain Clinic**

These physicians are certified by the American Board of Anesthesiology with a certificate of added qualification in pain management. These physicians are anesthesiologists who provide a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic, or cancer pain in both hospital and ambulatory settings.

**4005 Anesthesiology – Pediatrics**

These physicians are certified by the American Board of Anesthesiology. An anesthesiologist who specializes in pediatric anesthesiology provides anesthesia for neonates, infants, children and adolescents undergoing surgical, diagnostic, or therapeutic procedures as well as appropriate preoperative and postoperative care, advanced life support, and acute pain management.



**4010 Dermatology**

These physicians are certified by the American Board of Pathology or the American Board of Dermatology with a certificate of added qualification in dermatopathology. A dermatopathologist has the expertise to diagnose and monitor diseases of the skin including infectious, immunologic, degenerative, and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and florescent) microscopes.

**4101 Laboratory Hematology**

Certified by the American Board of Pathology with a certificate of special qualification in Blood Banking/Transfusion Medicine. A pathologist who acquires, prepares, stores, and manages blood products for adult, pediatric, and neonatal transfusion.

**1175 Mammography/Breast Imaging**

These physicians are certified by the American Board of Radiology with special certification in mammography. Mammographers are radiologists with more than 70% of their practice in mammography.

**4070 Microbiology (MD Only)**

These physicians are certified by the American Board of Pathology with a certificate of special qualification in medical microbiology. These physicians are experts in the isolation and identification of microbial agents that cause infectious disease. Viruses, bacteria, and fungi, as well as parasites, are identified and, where possible, tested for susceptibility to appropriate antimicrobial agents.

**4080 Nuclear Medicine (MD Only)**

These physicians are certified by the American Board of Nuclear Medicine. A nuclear medicine specialist employs the properties of radioactive atoms and molecules in the diagnosis and treatment of disease and in research. The nuclear medicine specialist has special knowledge in the biological effects of radiation exposure, the fundamentals of the physical sciences and the principles and operation of radiation detection and imaging instrumentation systems.

**2270 Pathology – Anatomic (MD Only)**

These physicians are certified by the American Board of Pathology in anatomic pathology. These physicians perform surgical procedures in the diagnosis and identification of diseases and deal with the morphologic changes in the tissues, gross and microscopic and pathological anatomy.

**4103 Pathology – Clinical (MD Only)**

These physicians are certified by the American Board of Pathology for clinical pathology and deal with the study of disease and disease processes by means of chemical, microscopic, and serologic examinations.

**4100 Pathology – Combined (MD Only)**

These physicians are certified by the American Board of Pathology for combined anatomic and clinical pathology. A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biological, chemical, and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion, and monitoring of disease.

**4105 Pathology – Pediatrics (MD Only)**

These physicians are certified by the American Board of Pathology. A pediatric pathologist is an expert in the laboratory diagnosis of diseases that occur during fetal growth, infancy, and child development. The practice requires a strong foundation in general pathology and substantial understanding of normal growth and development, along with extensive knowledge of pediatric medicine.

**4107 Pathology – Surgical (MD Only)**

These physicians are certified by the American Board of Pathology in anatomic pathology with a surgical pathology fellowship. A surgical pathologist examines gross and microscopic surgical specimens, as well as biopsies submitted by non-surgeons such as general internists, medical subspecialists, dermatologists, and interventional radiologists. The practice of surgical pathology allows for definitive diagnosis of disease (or lack thereof) in any case where tissue is surgically removed from a patient. The pathologist may perform evaluations of molecular properties of tissue by immunohistochemistry or other laboratory tests.

**4130 Radiation Therapy (MD Only)**

A radiation oncologist physician certified by the American Board of either Pathology or Radiology. A specialist physician who uses ionizing radiation (such as megavoltage X-rays or radionuclides) in the treatment of cancer.

**4030 Radiology – MD Interventional**

These physicians are certified by the American Board of Radiology with a certificate of added qualification in vascular and interventional radiology. These physicians are radiologists who diagnose and treat diseases by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography, and magnetic resonance imaging.

**4040 Radiology – MD Non-Interventional**

These physicians are certified by the American Board of Radiology. These physicians are radiologists who utilize X-ray, radionuclides, ultrasound, and electromagnetic radiation to diagnose disease.

**4020 Radiology – MD Neuro-Interventional**

These physicians are radiologists who diagnose and treat diseases utilizing imaging procedures as they relate to the brain, spine and spinal cord, head, neck, and organs of special sense in adults and children.

**4045 Radiology – Pediatrics**

These physicians are certified by the American Board of Radiology. These physicians are specialists in pediatric radiology who utilize imaging and interventional procedures related to the diagnosis, care, and management of congenital abnormalities (those present at birth) and diseases particular to infants and children. Two additional years – one year of a fellowship and one year of practice or additional approved training – are required.

**PhD-Only Positions**

**3020 PhD Only – Biochemistry**

Biochemists study such things as the structures and physical properties of biological molecules, including proteins, carbohydrates, lipids and nucleic acids; the mechanisms of enzyme action; the chemical regulation of metabolism; the chemistry of nutrition; the molecular basis of genetics; the chemistry of vitamins; energy utilization in the cell; and the chemistry of the immune response.

**3050 PhD Only – Diagnostic Radiology**

This is a subspecialty concerned with or aiding in diagnosis using radiology. Diagnostic radiologists use ionizing and nonionizing radiation for the diagnosis and treatment of disease.

**3055 PhD Only – Imaging (Physicist)**

This specialty provides clinical medical imaging physics services using radiological imaging equipment. Clinical medical physicists are board certified (American Board of Radiology, American Board of Medical Physics or the American Board of Science in Nuclear Medicine) and maintain clinical credentials in independent specialties of medical imaging physics. Imaging physicists perform independent research in digital X-ray imaging, magnetic resonance imaging (MRI), X-ray computed tomography (CT), nuclear medicine physics (imaging and therapy), and optical imaging.

**3060 PhD Only – Immunology**

This specialty involves clinical treatments and ongoing research programs in molecular aspects of lymphocyte differentiation and function, including MHC expression and peptide interactions; class I MHC structure and function; germinal center biology; HIV pathogenesis; immune responses to gene therapy; inflammation and allergy; signal transduction; and V(D)J recombination.

**3070 PhD Only – Microbiology**

These individuals are medical providers who are experts in the isolation and identification of microbial agents that cause infectious disease.

**3075 PhD Only – Neurophysiology**

This specialty involves expertise in the diagnosis and management of central, peripheral, and autonomic nervous system disorders using a combination of clinical evaluation and electrophysiologic testing such as electroencephalography (EEG), electromyography (EMG), and nerve conduction studies (NCS).

**3215 PhD Only – Neuropsychology**

These individuals are psychologists who have completed special training in the neurobiological causes of brain disorders and who specialize in diagnosing and treating these illnesses using a predominantly medical (as opposed to psychoanalytical) approach.

**3100 PhD Only – Nuclear Medicine**

This branch of medicine is concerned with the use of radioisotopes in the diagnosis, management and treatment of disease. Nuclear medicine uses small amounts of radioactive materials or radiopharmaceuticals, substances that are attracted to specific organs, bones, or tissues.

**3150 PhD Only – Pathology**

These individuals are specialists in pathology; they evaluate or supervise diagnostic tests, using materials removed from living or dead patients, function as laboratory consultants to clinicians, or conduct experiments or other investigations to determine the causes or nature of disease changes.

**3210 PhD Only – Psychology**

These individuals are professionals specializing in diagnosing and treating diseases of the brain, emotional disturbances and behavior problems. Psychologists use psychotherapy as the primary form of treatment. In addition to their PhD and board certification, these individuals may have additional training in a specialized type of therapy.

## PhD Only Positions

Continued

### **3211 PhD Only – Psychology – Child**

These individuals are professionals specializing in diagnosing and treating diseases of the brain, emotional disturbances, developmental problems, and behavior problems in children. Psychologists use play and other psychotherapy as treatment and their practice is limited to children. In addition to their psychology PhD, these individuals may also have other qualifications, including additional training in child psychology.

### **3220 PhD Only – Radiation Therapy**

Radiation therapists specialize in the use of high-energy rays to damage cancer cells, stopping them from growing and dividing. Radiation therapists use radiation therapy to treat cancer cells only in the affected area. These individuals have a PhD in physics, medical physics, or a physical science and are board certified by the American Board of Radiology in therapeutic radiologic physics or by the American Board of Medical Physics in radiation oncology physics.

## Other Health Care Providers

### **3000 Audiology**

These individuals are healthcare professionals who are trained to evaluate hearing loss and related disorders, including balance disorders and tinnitus (ringing in the ears), and to rehabilitate individuals with hearing loss and related disorders. An audiologist uses a variety of tests and procedures to assess hearing and balance function. Audiologists fit and dispense hearing aids and other assistive devices for hearing.

### **3025 Certified Nurse Specialist**

All clinical nurse specialists are registered nurses (RNs) who hold a master's degree in nursing with a focus on a specific specialty. These nursing professionals usually work in a hospital setting delivering direct patient care, teaching staff and patients, consulting with other professionals, and providing leadership and supervision in the workplace.

### **3030 Certified Registered Nurse Anesthetist (CRNA)**

Certified registered nurse anesthetists (CRNAs) are RNs with critical care experience and graduate training in the delivery of anesthesia. CRNAs, usually under a doctor's supervision, administer intravenous, spinal, and other anesthetics as needed for surgical operations, deliveries and other medical and dental procedures. They control the flow of gases or injected fluids to maintain the needed anesthetic state of the patient.

### **3035 Chiropractor**

This specialty requires a minimum of two years of college and four years in a chiropractic school. The chiropractic specialty is defined as a system of diagnosis and treatment that is based upon the concept that the nervous system coordinates all of the body's functions; holds that disease results from a lack of normal nerve function; and employs manipulation and specific adjustment of body structures. Chiropractors work to manipulate the spine with their hands to realign the vertebrae and relieve pressure on the nerves.

### **3040 Dentistry**

Dentistry involves the evaluation, diagnosis, prevention, and treatment (non-surgical, surgical or related procedures) of diseases, disorders, and conditions of the oral cavity, maxillofacial area, and the adjacent and associated structures and their impact on the human body.

**3041 Dentistry – Pediatrics**

Licensed by the state board of dentistry, a pediatric dentist specializes in both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special healthcare needs.

**3065 Epidemiology**

Epidemiology specialists focus on aspects of determining the occurrences and risk factors of disease and practice the prevention and treatment of disease. This can include surveillance and monitoring, screening, establishing, and administering intervention programs for prevention or treatment of diseases, designing studies for determining risk factors of effectiveness of prevention approaches and analyzing data. These specialists have a master's degree in epidemiology.

**3080 Midwife (CNM)**

Midwives are trained to assist a woman during childbirth. Midwives also provide prenatal care for pregnant women, birth education for women and their partners, and care for mothers and newborn babies after the birth.

**3090 Nuclear Medicine – Non-Radiologist (Dosimetrist)**

This branch of medicine is concerned with the use of radioisotopes in the diagnosis, management and treatment of disease. Nuclear medicine uses small amounts of radioactive materials or radiopharmaceuticals, substances that are attracted to specific organs, bones, or tissues.

**3112 Nurse Practitioner – Geriatric**

A geriatric nurse practitioner (NP) is a state-licensed nurse and specializes in the branch of medicine concerned with the diagnosis, treatment, and prevention of disease in older people and the problems specific to aging. An NP may function as a primary direct provider of health care and prescribe medications.

**3113 Nurse Practitioner – Medical Specialty**

Nurse practitioners – medical specialty are state-licensed nurses and their primary function involves any specialty found in the Medical Specialties section of this document with the exception of the following: family practice, internal medicine, pediatrics, geriatrics, and any of the respective subspecialties. The NP specializes in providing the patient with a broad spectrum of care, both preventive and curative, over a period of time and in coordinating all of the care the patient receives. An NP may function as a primary direct provider of health care and prescribe medications or as a support position for physicians.

**3115 Nurse Practitioner – Primary Care**

Nurse practitioners – primary care are state-licensed nurses and their primary function involves the specialties of family practice, internal medicine, pediatrics, and any of the respective subspecialties. The NP specializes in providing the patient with a broad spectrum of care, both preventive and curative, over a period of time and in coordinating all of the care the patient receives. A primary care NP often functions as a primary direct provider of health care and prescribes medications.

**3116 Nurse Practitioner – Radiology/Anesthesiology/Pathology**

Nurse practitioners – Radiology/Anesthesiology/Pathology specialty are state-licensed nurses and their primary function involves any specialty found in the Radiology/ Anesthesiology/ Pathology Specialties section of this document. The NP specializes in providing the patient with a broad spectrum of care and helps coordinate the care the patient receives. The NP functions as a support position for physicians.

**3117 Nurse Practitioner – Surgical Specialty**

Nurse practitioners – surgical specialty are state-licensed nurses and their primary function involves any specialty found in the Surgical Specialties section of this document. The NP specializes in providing the patient with a broad spectrum of care and helps coordinate the care the patient receives. A surgical NP functions as a support position for physicians.

**3118 Nutritionist (Non-MD)**

In a hospital or nursing home, a nutritionist is a person who plans or formulates special meals for patients. Nutritionist can also be simply a euphemism for a cook who works in a medical facility, but who does not have extensive training in special nutritional needs. In clinical practices, a nutritionist is a specialist in nutrition. Nutritionists can help patients with special needs, allergies, health problems, or a desire for increased energy or weight change devise healthy diets. Training requirements vary by state.

**3120 Occupational Therapist**

An occupational therapist is a licensed health professional who is trained to evaluate patients with joint conditions, such as arthritis, to determine the impact the disease has on their daily living activities. Occupational therapists can design and prescribe assistive devices that can improve the quality of daily living activities for patients with arthritis and other conditions of the muscles and joints.

**3130 Optometrist**

An optometrist is a Doctor of Optometry; an OD. This individual is a healthcare professional who is licensed to provide primary eye care services. Optometrists examine and diagnose eye diseases such as glaucoma, cataracts, and retinal diseases, diagnose related systemic (body-wide) conditions such as hypertension and diabetes that may affect the eyes, examine, diagnose, and treat visual conditions such as nearsightedness, farsightedness, astigmatism and presbyopia, and prescribe glasses, contact lenses, low-vision rehabilitation, and medications. Optometrists also perform minor surgical procedures such as the removal of foreign bodies.

**3042 Orthodontics**

Orthodontics involves the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application, and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiological and esthetic harmony among facial and cranial structures.

**3155 Perfusionist**

A perfusionist is a specialized health professional who operates the heart-lung machine during cardiac surgery and other surgeries that require cardiopulmonary bypass. The perfusionist's main responsibility is to support the physiological and metabolic needs of the cardiac surgical patient so that the cardiac surgeon may operate. The perfusionist is solely responsible for the circulatory and respiratory functions of the heart-lung machine. Perfusionists can be involved in procurement of cardiothoracic donor organs for transplant.

**3160 Pharmacist**

A pharmacist is a professional who fills prescriptions. Pharmacists are familiar with medication ingredients, interactions, cautions, and hints. Pharmacists prepare and distribute medicines and give information about them.

**3170 Physical Therapist**

Physician therapists are trained and certified by a state or accrediting body to design and implement physical therapy programs. Physical therapists use specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical therapists work with many types of patients, from infants born with musculoskeletal birth defects to adults suffering from sciatica or the aftereffects of injury, to elderly post-stroke patients.

**3180 Physician Assistant – Medical**

Physician assistant – medical training (PA) programs are accredited by the National Commission on Certification of Physician Assistants. They work under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). A PA can perform histories and physical examinations that do not go beyond a particular level. A PA can order any test that the PA is competent to interpret and provide the appropriate treatment. PAs follow patients through their hospital course or their course of treatment in a clinic setting.

**3182 Physician Assistant – Primary Care**

PA training programs are accredited by the National Commission on Certification of Physician Assistants. They work under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). A PA can perform histories and physical examinations that do not go beyond a particular level. A PA can order any test that the PA is competent to interpret and provide the appropriate treatment. PAs follow patients through their hospital course or their course of treatment in a clinic setting.

**3183 Physician Assistant – Radiology/Anesthesiology/Pathology**

PA training programs are accredited by the National Commission on Certification of Physician Assistants. A PA is a Radiology/Anesthesiology/Pathology practitioner who works under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). PAs can practice in virtually all Radiology/Anesthesiology/Pathology specialties, provided they are professionally trained and supervised. PAs can be second and third assists in Radiology/Anesthesiology/Pathology procedures.

**3185 Physician Assistant – Surgical**

PA training programs are accredited by the National Commission on Certification of Physician Assistants. A PA is a surgical practitioner who works under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). PAs can practice in virtually all surgical specialties, provided they are professionally trained and supervised. PAs can be second and third assists in surgical procedures and can perform simple surgical procedures such as laceration repairs.

**3195 Podiatry – Medical**

A podiatrist is a provider that specializes in the evaluation and treatment of diseases of the foot. They focus health and conditions affecting the lower extremities

**3190 Podiatry – Surgical**

A podiatrist is a provider that specializes in the evaluation and treatment of diseases of the foot. They perform surgical procedures on the foot.

**3212 Psychology (Master's Level)**

This professional specializes in diagnosing and treating diseases of the brain, emotional disturbances, and behavior problems. Psychology practitioners use psychotherapy as treatment. These providers have a certified master's degree in psychology.

**3230 Social Worker (LICSW)**

A social worker helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. A social worker usually has a master's degree in social work and has studied sociology, growth and development, mental health theory and practice, human behavior or social environment, psychology, and research methods.

**3235 Speech Pathology**

This specialist evaluates and treats communication disorders and swallowing problems. Speech pathologists usually have an MA or doctorate in their specialty, as well as a certificate of clinical competence (CCC) earned b

*\*Most definitions are from the American Board of Medical Specialties' website.*



## Medical Group Executive Role Titles and Descriptions

### **5100 Chief Executive Officer (CEO) / President – Physician**

A physician CEO plans, directs, and coordinates the overall activity of the organization, participates with the governing board in planning and determining the strategic direction of the organization, and is responsible for all operational and financial performance. This position is the top physician executive and reports directly to the governing board.

### **5090 Chief Executive Officer (CEO) / President – Non-Physician**

A non-physician CEO plans, directs, and coordinates the overall activity of the organization, participates with the governing board in planning and determining the strategic direction of the organization, and is responsible for all operational and financial performance. This position is the top executive and reports directly to the governing board.

### **5170 Chief Compliance Officer (CCO)**

This position is responsible for maintaining contracts and processes so that adherence to federal and state regulations is maintained. Responsibilities may include conduct of internal reviews and monitoring for compliance as well as coordinating with other departments, such as legal, to interpret new or changing regulations.

### **5160 In-House Legal Counsel**

This position is responsible for legal matters related to risk management and professional liability, business transactions and contracting, human resources, and federal, state, and local regulations. This position may be considered the Vice President of Legal.

### **5000 Chief Financial Officer (CFO)**

This position is responsible for the organization's financial management, financial planning/budgeting, fiscal policies, and administration of accounting practices. The role is typically involved in Board finance committees and subcommittees. The CFO often directs and coordinates business office activity (e.g., insurance claims, filing, billing, collections, and accounts receivable).

### **5590 Director, Business Office**

This position is responsible for coordinating business office operations across the medical group. Duties include oversight of third-party reimbursement, physician billing, collections, contract administration, and management reporting. The position has a more focused span of responsibility than the director, revenue cycle.

### **5190 Director, Finance / Controller**

This position is typically responsible for preparing financial statements, supervising the financial departments, and monitoring financial and operational performance including cash flow. This position may be referred to as the Controller.

### **5200 Director, Health Information Management**

This position oversees all medical records personnel, policies, and budget. The incumbent typically holds a professional certification in medical records management and may be responsible for related functions such as transcription and coding.

### **5110 Director, Payer Relations / Reimbursement**

This position is responsible for interactions with insurance companies or payers with which the medical group contracts. Duties may include negotiation of payment rates, analysis of over/underpayments, and resolution of contract and billing issues with payers.



## Medical Group Executive Role Titles and Descriptions

Continued

### **5570 Director, Physician Compensation**

This position is responsible for overseeing physician compensation including pay philosophies and policies, documentation, conducting analysis, recommending modifications, budgeting, and communicating with physicians on pay related issues. Benefits plans responsibility may also be subsumed within this role. This position often reports to the VP of finance, CFO, or CHRO.

### **5500 Director, Revenue Cycle (Professional)**

This position is typically responsible for several functions across revenue cycle operations, business office, and collections functions. Duties include staffing, budgeting and daily operations. Additional areas of responsibility may include scheduling, registration and insurance verification, professional coding, and related compliance matters.

### **5150 Manager, Business Office**

This position is responsible for traditional business office operations including rejections/denials management, cash posting, customer service, and collections as well as related functions. The position has a more focused span of responsibility than the director, revenue cycle.

### **5595 Manager, Finance / Accounting**

This position is responsible for financial reports related to budgets, accounts payable, receivables, and expenses. The incumbent is typically responsible for reviewing budgets.

### **5005 VP, Finance**

This position is responsible for high-level leadership of the finance, budgeting and/or accounting functions. In medical group organizations without a CFO position, it may be the highest-ranking finance position.

### **5040 Chief Human Resources Officer (CHRO)**

This position is responsible for overall human resources or personnel administration including employee or labor relations, employment, wage and benefit administration, staff development, policy design, and employee safety. This is the highest level of human resources leadership for the medical group.

### **5041 Director, Human Resources**

This position is responsible for certain functions with human resources administration such as employee or labor relations, employment, wage and benefit administration, and staff development. The role supervises department staff, manages a budget and leads policy and procedure development. The human resources director reports to the VP of HR or CHRO.

### **5580 Director, Physician Recruiting**

This position is responsible for functions within the human resources department regarding provider recruitment. The position reports to the VP of HR or CHRO.

### **5545 Manager, Human Resources**

This position is responsible for functions within the human resources department regarding human resources administration such as employee or labor relations, employment, wage and benefit administration, and staff development. The position reports to the Director or VP of Human Resources.

### **5575 Manager, Physician Compensation**

This position is responsible for functions within the human resources department regarding management of provider compensation. The position reports to the Director or VP of Human Resources or Physician Compensation.

## Medical Group Executive Role Titles and Descriptions

*Continued*

### **5585 Manager, Physician Recruiting**

This position is responsible for functions within the human resources department regarding sourcing, recruiting, and hiring of physicians. The position reports to the Director or VP of Human Resources.

### **5045 VP, Human Resources**

This position is responsible for development, implementation and coordination of policies relating to all aspects of human resources and personnel administration. Duties may include oversight of recruitment, salary and benefits administration, labor law compliance, and employee relations. This position reports to the CHRO or may be the most senior HR leader in the organization

### **5010 Chief Information Officer (CIO)**

This position maintains overall accountability for information systems and computer activities, hardware, software, programming, networks, systems design, and implementation. This is the most senior information technology position within the organization, is part of the executive leadership team, and typically reports to the CEO or board of directors.

### **5017 Chief Medical Informatics Officer (CMIO)**

This position develops and manages the organization's capabilities in information systems and tools that are applied to medical information. The CMIO coordinates analytical support for medical management, including profiling, health economics, and business analytics or performance metrics. The CMIO works with the information systems department to prioritize medical management needs. This position typically reports to the CMO or the CIO.

### **5050 Director, Analytics/Decision Support**

This position is responsible for daily business intelligence and analytics solutions. Duties may include implementation and review of processes and systems within the medical group, business intelligence and analytics as well as project management and reporting. The position typically reports to the CFO or CIO.

### **5510 Director, Information Technology**

This position is responsible for daily operations and staffing of information systems functions and related operational and capital budgeting, project management, and reporting. The position typically reports to the CIO.

### **5155 Manager, Business Analytics**

This position is responsible for individual metric creation and dashboard development. This position is also involved in data system projects in areas such as health outcomes research, clinical data evaluation, care delivery design, patient flows, clinical episodes, and reimbursement design.

### **5515 Manager, IT / Help Desk / EHR**

This position is responsible for daily operations information systems functions including help desk management/staffing and/or EMR systems. The position typically reports to the Director of IT.

### **5025 Chief Nursing Officer (CNO) / Patient Care Executive**

This position exercises leadership responsibility over the practice of nursing as a member of the executive team. The CNO is responsible for evaluating, developing, recommending, and implementing policies and procedures related to the delivery of safe and efficient, high-quality nursing care. The CNO directs and coordinates the activities of a staff of managerial, professional, or technical and auxiliary nursing personnel.

## Medical Group Executive Role Titles and Descriptions

Continued

### **5020 Director, Nursing**

This position is responsible for planning and directing the activities of nursing staff and ancillary nursing personnel. Additionally, the nursing director is responsible for annual operational and financial planning. The nursing director reviews and evaluates nursing services to ensure the quality of patient care and effective use of resources. The nursing director develops and interprets policies and procedures relating to nursing professional practice.

### **5125 Chief Administrative Officer**

This position is responsible for a broad range of tasks and activities that drive the strategic direction of the organization. This position assists the CEO with planning and leadership of organizational goals and activities. This position typically reports to the CEO or president.

### **5140 Chief Operating Officer (COO)**

This position is responsible for a broad range of daily operations of the medical practice or any other affiliated organizations. The COO assists the CEO with planning and leadership of patient and non-patient care activities. This position reports to the CEO or president. In some organizations, this role may be the VP of Medical Group Operations.

### **5520 Director of Operations / Practice Administrator**

This position is responsible for the overall management of a physician practice or specialty. Duties include planning/budgeting, staffing and human resources management, regulatory compliance, and physician relations. The role differs from a practice manager in that this position is typically involved with higher-level physician recruitment and contracting and may work in a dyad structure with a physician leader on issues related to clinical practice and physician performance management.

### **5030 Director, Facilities Management**

This position is responsible for major building projects and facilities expansions, space planning, remodeling of current facilities and maintenance of equipment and facilities. The incumbent may be responsible for related areas such as parking and security functions.

### **5105 Manager, Clinic Operations I (< 15 FTE providers)**

This position is responsible for front-line management of clinic operations at a site or location with fewer than fifteen full-time equivalent (FTE) providers (MD/DO/advanced practice clinicians). Daily responsibilities are focused on hiring, scheduling and staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives. Clerical and administrative staff typically report to this position as well as clinical staff in some cases.

### **5530 Manager, Clinic Operations II (15 – 30 FTE providers)**

This position is responsible for front-line management of clinic operations at a site or location with 15 to 30 full-time equivalent (FTE) providers (MD/DO/advanced practice clinicians). Daily responsibilities are focused on hiring, scheduling and staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives. Clerical and administrative staff and supervisors typically report to this position as well as clinical staff in some cases.

### **5540 Manager, Clinic Operations III (> 30 FTE providers)**

This position is responsible for front-line management of clinic operations at a site or location with more than thirty full-time equivalent (FTE) providers (MD/DO/advanced practice clinicians). Daily responsibilities are focused on hiring, scheduling and staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives. Clerical and administrative staff and supervisors typically report to this position as well as clinical staff in some cases.

## Medical Group Executive Role Titles and Descriptions

Continued

### **5345 VP, Ambulatory Services**

This position is responsible for coordinating business direction and strategic initiatives within ambulatory services divisions. Duties typically include the exploration, expansion, development, and management of strategic and operations plans while maintaining goals.

### **5350 VP, Ancillary/Support Services**

This position is responsible for coordinating business direction, frontline management, and strategic initiatives for ancillary or support services. Duties typically include the development and management of operational plans while achieving clinical and operational outcomes.

### **5325 VP, Operations/Clinic Operations**

This position is responsible for front-line coordination and management of overall clinic operations. Duties can include staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives.

### **5550 Chief Pharmacy Officer / VP of Pharmacy**

This position is responsible for operational and financial management of pharmacy functions across the medical group which may include retail pharmacy operations. Duties typically include management of drug formularies, pharmacy policies and procedures, pharmacist professional practice guidelines, and related medication safety initiatives.

### **5505 Manager, Lab / Imaging / Pharmacy**

This position is responsible for managing pharmacy, imaging, and/or laboratory functions of the medical group.

### **5189 Chair, Medical Specialties**

This position is responsible for senior-level management of a broad range of ONLY medical specialties. May be referred to as the Department of Medicine. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational, and financial goals for the organization.

### **5188 Chair, Primary Care**

This position is responsible for senior-level management of a broad range of ONLY primary care specialties. May be referred to as the Department of Primary Care. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational, and financial goals for the organization.

### **5186 Chair, Primary Care / Medical Specialties**

This position is responsible for senior-level management of a broad range of primary care and medical specialties. May be referred to as the Department of Medicine. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational, and financial goals for the organization.

### **5187 Chair, Surgical Specialties**

This position is responsible for senior-level management of a broad range of surgical specialties. May be referred to as the Department of Surgery. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational, and financial goals for the organization.

### **5015 Chief Medical Officer (CMO)**

This position develops and implements strategic goals related to quality improvement and management programs followed by medical and nursing staff. The CMO develops policies, practices and systems to monitor and implement quality control standards and measurements while ensuring compliance with regulatory agency standards and requirements.

## Medical Group Executive Role Titles and Descriptions

Continued

### **5016 Chief Medical Quality Officer – Physician (CMQO)**

This is a physician-based role. The position is responsible to oversee and manage quality, safety and performance improvement projects within the medical group for the planning, administration, and monitoring of all quality management, regulatory requirements, and quality improvement processes. The CMQO develops policies, practices, and systems to monitor and implement quality measurements while ensuring compliance with regulatory agency standards and requirements and other key quality performance indicators.

### **5220 Chief Quality Officer – Non-Physician (CQO)**

This position is responsible for the planning, administration and monitoring of all quality management, regulatory requirements, and quality improvement processes. The CQO develops policies, practices, and systems to monitor and implement quality measurements while ensuring compliance with regulatory agency standards and requirements and other key quality performance indicators.

### **5067 Director, Medical Education**

This position is responsible for the administration of education activities including medical school relationships, residency programs, and allied health programs. Duties typically include responsibility for compliance with regulations and reporting requirements for these programs. Report physician and non-physician incumbents under this title.

### **5221 Director, Quality Management / Performance Improvement**

This position provides leadership and direction for quality improvement activities at the organization. This position is responsible for the development and maintenance of processes and procedures that monitor and improve quality including routine reporting across specialties. The incumbent may manage transfer of data to quality review organizations.

### **5525 Manager, Quality**

This position is responsible for frontline quality improvement activities at the organization. This position is responsible for the managing processes and procedures that monitor and improve quality including routine reporting across specialties.

### **5076 Medical Director, Medical Specialty**

This position is responsible for overseeing the range of services within a medical specialty, including related subspecialties (e.g., general cardiology, interventional, and EP). The medical director for a medical specialty directs the planning, implementation, and staffing of services to meet the organization's objectives.

### **5077 Medical Director, Primary Care**

This position is responsible for managing and directing the activities of the primary care specialties (family practice, internal medicine, pediatrics, and possibly obstetrics and gynecology) and administering the group's programs and policies. The medical director for primary care ensures clinic operations meet financial, quality, and productivity goals.

### **5078 Medical Director, Surgical Specialty**

This position is responsible for overseeing the range of services within a surgical specialty which may include related subspecialties (e.g., OB/GYN to include obstetrics, gynecology, perinatology, etc.). The medical director for a surgical specialty directs the planning, implementation and staffing of services to meet the organization's objectives.

## Medical Group Executive Role Titles and Descriptions

Continued

### **5400 Chief Integration Officer – Non-Physician**

This position is responsible for ensuring the coordination of all interacting systems within the medical group for population health management. The main focus of the position is on the physician integration needed to build and maintain accountable care management platforms that allow for risk segmentation. In some organizations, this role may be the Chief Accountable Care Officer. This is a non-physician position.

### **5405 Chief Integration Officer - Physician**

This position is responsible for ensuring the coordination of all interacting systems within the medical group for population health management. The main focus of the position is on the physician integration needed to build and maintain accountable care management platforms that allow for risk segmentation. In some organizations, this role may be the Chief Accountable Care Officer. This is a physician position.

### **5310 Director, Care Coordination/Case Management**

This position is responsible for managing patient transitions across the continuum of care. The position is often based in the inpatient setting. The duties include coordinating care across inpatient and outpatient services, including longer-term placement for some patients in rehabilitation services or skilled nursing facilities. Emphasis is placed on caring for the patient at the most appropriate level of care given the patient's clinical condition.

### **5305 VP, Population Health**

This position is responsible for coordinating data analysis and processes to improve health outcomes, reduce cost, and achieve patient satisfaction metrics. Duties typically include clinical quality review, and cost data review which may include managing risk-bearing payer contracts. This position reports to the Chief Integration Officer. Care coordination functions may report directly or indirectly to the role.

### **5060 Chief Marketing Officer**

This position is responsible for marketing policies and programs across the medical group. Duties typically include coordination of sales, marketing functions, programs, and policies that relate to the promotion of the organization.

### **5120 Director, Marketing / Public Relations / Communications**

This position is responsible for development, management and implementation support of the organization's marketing plan. The role often includes responsibilities for internal and external communications and may be involved with media relations. May report to VP of Marketing or other executive team members.

### **5560 Director, Strategy / Business Development**

This position is responsible for facilitation of strategic plan development, elements of strategic plan implementation, and general support of business development activities. Project-oriented work may include new clinic and service line development, mergers and acquisitions, joint ventures, and other growth-oriented activities.

### **5565 Manager, Marketing**

This position is responsible for overseeing and managing the implementation support of the organization's marketing plan. The role can include internal and external communications and may be involved with media relations.

### **5365 VP Marketing**

This position is responsible for the development and implementation of marketing policies and programs across the medical group. Duties typically include administration of department budgeting and supervision of marketing/communications. May be the highest-level marketing resource within the organization.

## Medical Group Executive Role Titles and Descriptions

*Continued*

### **5360 VP Strategy /Business Development**

This position is responsible for coordinating business direction and strategic initiatives of the medical group. Duties typically include the exploration, expansion, development, and management of business opportunities while maintaining organizational goals.