Community Health Systems

Insights from SullivanCotter's *Physician Compensation and Productivity Survey*

The pressure on financial sustainability continues to increase for community health systems. Lower professional collections per wRVU and higher total cash compensation (TCC) per wRVU when compared to the national average increases the financial support community health systems must provide to maintain their employed medical staff.

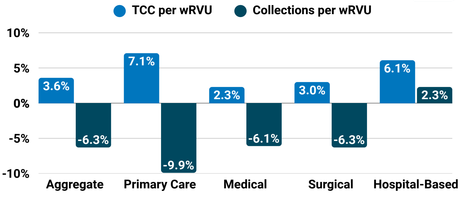
What can you do about it?

Turn insight into action with the right data!

When compared to national averages, **physician TCC per wRVU is higher in community health systems** across all specialty categories. However, collections per wRVU for physician services are lower than national averages, indicating that physicians within community health systems are paid more for each wRVU they generate and for each professional services dollar collected than national averages.

Median Annual TCC per wRVU and Collections per wRVU

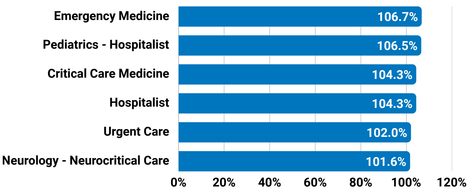
Percent Difference to National Averages



Hospital-based specialties in community health systems are required to work more **annual hours** than national averages, but are also more likely to be paid for their call coverage hours.

Minimum Annual Clinical Work Hours Required for 1.0 FTE in Hospital-Based Specialties*

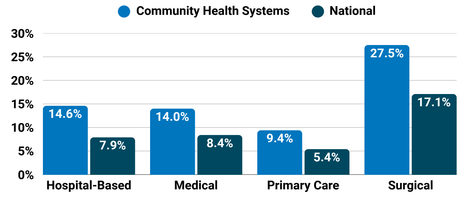
Percent of National Average



*Excluding paid time off and holiday hours

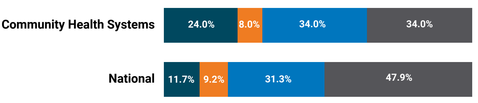
Call Pay Prevalence for Full-Time Clinical Staff Physicians

Percent Paying



Community health systems **offer student loan repayments more frequently** than the national average, suggesting more difficulty in recruitment.

Student Loan Repayment Used for Staff Physicians



How can community health systems address these challenges?

Carefully balanced compensation design and recruitment

- **Implement core performance expectations** – including a minimum level of service tied to base salary as a requirement before any potential incentive is paid
- **Align productivity incentive eligibility with financial affordability** with a specific focus on the retention of high performers
- **Include non-productivity incentives**, such as physician and APP care coordination, that are aligned with payer performance incentive dollars
- **Ensure advanced practice provider (APP) compensation program is externally competitive** and aligned closely with the physician plan

Thoughtful workforce planning

- Update **provider needs assessments** for physicians and APPs regularly to anticipate recruitment needs and allow plenty of time to recruit
- Focus on **recruitment and retention** within the local community – including incumbents and training programs with geographic ties to candidates
- Considering the high cost to replace providers and staff, ensure that **succession planning** is proactive and coordinated

Performance enhancement

- Use **collaborative care models** to ensure top-of-license practice for all providers and care team members
- **Reward team-based care** with shared incentives
- Improve **patient access** via joint panels, maximizing APP scheduling, and more
- Implement **compensation management software** to reduce administrative burden and build trust between administration and providers

Need help **evaluating or designing** physician or APP compensation, care models, provider needs assessments, or other transformation initiatives?

Contact us!

SullivanCotter

Source: SullivanCotter 2025 *Physician Compensation and Productivity Survey*

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