

Supplemental Material:

Supplement 1. AST Transplant Nephrologist Compensation and Job Satisfaction Survey

AST Transplant Nephrologist Compensation and Job Satisfaction Survey

Introduction

The AST Medical Directors Task Force is conducting a survey on compensation and job satisfaction of transplant nephrologists. Your input is critical. The survey will take approximately 15-20 minutes of your time. Upon completion of the survey, you can submit your email address if you would like to receive final aggregate results of the survey. Your email address will not be linked to your responses; all responses will be anonymous and de-identified.

While we encourage you to complete the survey in one sitting, you can complete the survey in more than one session. Your survey link is unique to your email and you can re-access the survey by clicking on the link in your email invitation.

This survey has been sanctioned by the AST and approved by the University of Michigan Medical School Institutional Review Board. There are no risks inherent to the study, however there may be risks the researchers have not thought of. Data will be collected utilizing Survey Monkey to ensure your privacy and confidentiality. The data we collect will be used for this study but may be important for future research and may be distributed to other researchers in the future without additional consent. If you have questions about the study you can call the University of Michigan Medical School IRB (phone: 734-763-4768) or one of the AST Medical Directors Task Force members: Neeraj Singh, MD (614-286-9829), Christina Klein, MD (404-275-6150), or Mona Doshi, MD (734-763-1407).

* 1. I am a transplant-trained or transplant-practicing nephrologist and wish to participate in the survey.

☐ Yes

☐ No

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Demographic Data

This section contains 5 questions.

* 2. Age

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65+

* 3. Gender

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer not to answer

* 4. Race

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian or Asian American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Prefer not to answer
- ☐ Another race (please specify)

* 5. Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to answer

*** 6. Geographic Region of Practice**

- ☐ Northeast - New England (ME, VT, NH, MA, RI, CT)
- ☐ Northeast - Middle Atlantic (NY, NJ, PA)
- ☐ South - South Atlantic (WV, MD, DE, DC, VA, NC, SC, GA, FL)
- ☐ South - East South Central (KY, TN, MS, AL)
- ☐ South - West South Central (OK, AR, LA, TX)
- ☐ Midwest - East North Central (WI, MI, IL, IN, OH)
- ☐ Midwest - West North Central (MN, IA, MO, ND, SD, NE, KS)
- ☐ West - Mountain (MT, WY, ID, CO, UT, NM, AZ)
- ☐ West - Pacific (WA, OR, CA)
- ☐ West - Alaska and Hawaii
- ☐ Canada
- ☐ Other (please specify)

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Professional Data

This section contains up to 11 questions.

*** 7. Did you attend a US or non-US based medical school?**

- ☐ US based medical school
- ☐ non-US based medical school

*** 8. Did you complete an AST-accredited transplant fellowship?**

- ☐ Yes
- ☐ No

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Professional Data, Transplant Fellowship

* 9. How many years ago did you complete the transplant nephrology fellowship?

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Professional Data, Continued

* 10. How many years have you been practicing transplant nephrology?

* 11. Are you an adult or pediatric transplant nephrologist?

- ☐ Adult
- ☐ Pediatric
- ☐ Adult and Pediatric

* 12. What percentage of your job is allocated to transplant nephrology?

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

* 13. With what type of practice are you affiliated? Check all that apply.

- ☐ A private practice physician group or solo practice
- ☐ University Hospital – Adult
- ☐ University Hospital - Pediatrics
- ☐ Non-University Hospital or independent Transplant Center – Adult
- ☐ Non-University Hospital or independent Transplant Center - Pediatrics
- ☐ Veterans Administration
- ☐ Other (please specify)

* 14. What is (are) your professional title(s)? Check all that apply.

- ☐ Transplant Center Director
- ☐ UNOS Medical Director of Kidney and Pancreas Transplant
- ☐ UNOS Medical Director of Kidney Transplant
- ☐ UNOS Medical Director of Pancreas Transplant
- ☐ Staff Nephrologist
- ☐ Transplant Nephrology Fellowship Director
- ☐ General Nephrology Fellowship Director
- ☐ Medical Director of OPO
- ☐ HLA Medical Director
- ☐ Research Director
- ☐ Live Kidney Donor Transplant Program Director
- ☐ Co- or Associate Medical Director of Kidney Transplant Program
- ☐ Director of Quality Program
- ☐ Other (please specify)

* 15. What is your academic rank?

- ☐ Instructor
- ☐ Assistant Professor
- ☐ Associate Professor
- ☐ Professor
- ☐ No academic appointment

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Professional Data, Academic Rank

* 16. How many years have you been at this rank?

- ☐ 0-4 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15-19 years
- ☐ 20+ years

* 17. Is this position on a tenure track or non-tenure track?

- ☐ Tenure
- ☐ Non-tenure

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Your Practice

This section contains up to 13 questions.

* 18. How many kidney transplants does your center perform per year?

- ☐ < 50
- ☐ 51-100
- ☐ 101-150
- ☐ 151-200
- ☐ 201-250
- ☐ 251-300
- ☐ > 300

* 19. How many pancreas transplants does your center perform per year?

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ Over 20

* 20. What is the alignment of your transplant program with the hospital?

- ☐ Transplant Program is run by the hospital, and the transplant staff including transplant nephrologists are employed by the hospital
- ☐ Transplant Program is run by the hospital, and hospital contracts with respective academic departments
- ☐ Transplant Program is run by the hospital, and hospital contracts with a private nephrology group or an individual

* 21. How many transplant nephrologists are employed within your transplant program/practice (including yourself)?

* 22. What is the distribution of your professional responsibilities in percentage?

Please enter numbers without symbols. The total distribution should add up to 100%.

Clinical

Administrative

Research

Other (specify)

* 23. What percent of your clinical time do you spend caring for the following patients?

Please enter numbers without symbols. The total distribution should add up to 100%.

Kidney Transplant Patients
(evaluation, waitlist, post-
transplant-inpatient and
outpatient)

General nephrology

Outpatient dialysis

* 24. How many patient-related night calls do you take per month?

* 25. Do you take calls from the OPO with organ offers?

- ☐ Yes
- ☐ No

* 26. Do you staff a transplant satellite or telemedicine clinic?

- ☐ Yes
- ☐ No

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Your Practice, Satellite

* 27. How many half-day satellite or telemedicine clinic sessions do you staff per month?

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Your Practice, NPs and PAs

* 28. Do you directly work with nurse practitioners or physician assistants?

☐ Yes

☐ No

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Your Practice, Ratio PEs

* 29. What is the ratio of nurse practitioners or physician assistants to physicians:

	1:1	1:2	1:3	1:4	> 1:4
in the outpatient setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the inpatient setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Your Practice, Continued

* 30. How is your clinical activity measured? Check all that apply.

- ☐ Your individual Relative Value Unit (RVU) generation
- ☐ Your individual billing/collection dollar amount
- ☐ Group RVU generation
- ☐ Group billing/collection dollar amount
- ☐ Group kidney transplant volume
- ☐ Group pancreas transplant volume
- ☐ Profitability of transplant program to hospital
- ☐ Participation in non-billable/non-direct patient care (e.g. transplant selection meeting, QAPI meetings, review of medical reports)
- ☐ Unsure
- ☐ Other (please specify)

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Relative Value Unit Information

For references to RVUs in this survey, please use only the work RVU [wRVU] component.

This section contains up to 9 questions.

* 31. Are your wRVUs tracked and reported to you?

- ☐ Yes
- ☐ No

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RVU Information, Credit and Target

* 32. Do you get RVU credit (or CFTE reduction) for any of the following titles? Check all that apply.

- ☐ Director of Quality Program (QAPI)
- ☐ Medical Director of Transplant Program
- ☐ Director (Chief) of Transplant Division
- ☐ Medical Director of OPO
- ☐ CMO of hospital
- ☐ Physician leader of practice plan for all physicians in hospital
- ☐ Other leadership role (for example, Department Chair, Program director for Nephrology, etc.)
- ☐ None
- ☐ Unsure

* 33. Do you have a specified wRVU target for 1.0 CFTE?

- ☐ Yes
- ☐ No

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RVU Information, Specific Target

* 34. What is your wRVU target per year? If you have a group target, please enter your share of the group target based on your share of the clinical effort.

* 35. Is your wRVU target adjusted for, or do you receive "proxy wRVUs" (or clinical full time employee [CFTE] reduction) for non-billable activities such as transplant list management, listing conference, on call, organ offer call, education of coordinators/other staff, outreach activities, participation in quality improvement program, etc.?

(Proxy RVUs are used to compensate physicians for professional activities that are not recognized by the Medicare Physician Fee Schedule and do not have Work RVU values)

- ☐ Yes
- ☐ No
- ☐ Unsure

* 36. For the last fiscal year for which you know your data, how did you compare to your actual wRVU target?

- ☐ Under wRVU target by more than 10%
- ☐ Met wRVU target within <10%
- ☐ Surpassed wRVU Target by more than 10%
- ☐ Unsure

* 37. How could your performance relative to wRVU target affect your income?

- ☐ If I am below wRVU target, my base compensation is decreased
- ☐ If I am below wRVU target, my bonus compensation is decreased
- ☐ If I am above my wRVU target, my base compensation is increased
- ☐ If I am above my wRVU target, my bonus compensation is increased
- ☐ My earned wRVUs do not automatically affect by base or bonus compensation
- ☐ Unsure

* 38. From what source is your wRVU target based? Check all that apply.

- ☐ Association of American Medical Colleges (AAMC)/Vizient/Clinical Practice Solution Center (CPSC)
- ☐ University Health Consortium
- ☐ Medical Group Management Association (MGMA)
- ☐ Average personal baseline
- ☐ Average group baseline
- ☐ Agreement between you and the director of the Division of Nephrology
- ☐ Agreement between you and the director of the Transplant Institute
- ☐ Unsure
- ☐ Other (please specify)

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RVU Information, Target Sources

* 39. The above sources specify RVU target for general nephrology. By comparison, is your target:

- ☐ The same as general nephrology
- ☐ Higher than general nephrology
- ☐ Lower than general nephrology
- ☐ I am not sure how my RVU target compares to general nephrology

AST Transplant Nephrologist Compensation and Job Satisfaction Survey

Compensation

This section contains up to 15 questions.

* 40. How is your base compensation structured? Check all that apply .

- ☐ Salary
- ☐ wRVU-based
- ☐ Cash collections-based
- ☐ Unsure
- ☐ Other (please specify)

* 41. Who pays your salary? Check all that apply.

- ☐ University
- ☐ Division of Nephrology
- ☐ Division of Surgery/Transplant
- ☐ Group Practice
- ☐ Transplant Center
- ☐ Hospital
- ☐ Other (please specify)

* 42. How is your CLINICAL WORKLOAD incentive compensation structured? Check all that apply.

- ☐ Negotiated or Standard Incentive Compensation
- ☐ wRVU-based
- ☐ Evaluation and management (E&M) visits- based collections
- ☐ Based on Scorecard or Other Individual Metrics
- ☐ Based on Group Financial Performance
- ☐ Based on Group Metrics
- ☐ Quality/Safety Metrics
- ☐ No incentive compensation

* 43. How is your ACADEMIC PRODUCTIVITY incentive compensation structured? Check all that apply.

- ☐ Research activity
- ☐ Papers/Manuscripts
- ☐ Regional and National leadership positions
- ☐ No incentive compensation
- ☐ N/A (non-academic position)

* 44. How is your SERVICE incentive compensation structured? Check all that apply.

- ☐ Director/Administrative responsibilities towards the transplant program
- ☐ Administrative responsibilities towards division of nephrology
- ☐ Administrative responsibilities towards department
- ☐ No incentive compensation

* 45. How is your TEACHING incentive compensation structured? Check all that apply.

- ☐ Teaching general nephrology fellows
- ☐ Teaching medical students
- ☐ No incentive compensation
- ☐ N/A (no teaching responsibility)

* 46. Does your time spent in performing non-billable services like attending pre-transplant selection committee, chart reviews, post-transplant laboratory reviews, taking organ offer calls, etc., get accounted for?

- ☐ No
- ☐ Yes. Please elaborate (for example, may get rolled in base salary or paid additionally).

* 47. Last year, what was your total **base salary compensation**? Do not count bonuses, matching contributions or other one-time payments.

If you worked less than a full FTE or full year, please annualize the amount as if you had worked a full FTE for a full year.

- ☐ < \$100,000
- ☐ \$100,000-150,000
- ☐ \$151,000-200,000
- ☐ \$201,000-250,000
- ☐ \$251,000-300,000
- ☐ \$301,000-350,000
- ☐ \$351,000-400,000
- ☐ \$401,000-450,000
- ☐ \$451,000-500,000
- ☐ > \$500,000

* 48. Last year, what was your **incentive/bonus** (one-time payments which are NOT guaranteed annually, commonly based on clinical or academic productivity or financial profit of your group/hospital)?

If you worked less than a full FTE or full year, please annualize the amount as if you had worked a full FTE for a full year.

- ☐ \$0-10,000
- ☐ \$11,000-20,000
- ☐ \$21,000-30,000
- ☐ \$31,000-40,000
- ☐ >\$40,000
- ☐ I did not receive an incentive/bonus last year

* 49. Did you receive other cash compensation last year? Include non-retirement one-time payments for things such as payment for call time, medical directorship or program director, OPO medical director. Do not include base or incentive salary.

- ☐ Yes
- ☐ No

* 50. What was your other cash compensation amount last year (rounded to the nearest \$1,000)? Do not include base or incentive salary.

Round to nearest \$1,000.

* 51. What was your other cash compensation for?

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Compensation, Continued

* 52. What is your impression about your compensation compared to general nephrology?

- ☐ More
- ☐ Less
- ☐ Same
- ☐ Unsure

* 53. Do you submit time sheets to CMS for pre-transplant work?

- ☐ Yes
- ☐ No
- ☐ Unsure

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Compensation, CMS billing

* 54. Do you get feedback on you pre-transplant CMS billing?

- ☐ Yes
- ☐ No
- ☐ Unsure

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Benefits

This section contains up to 3 questions.

- * 55. What is the dollar amount (rounded to the nearest \$100) you receive per year from your institution for attending conferences and other CME/educational activities?

Round to the nearest \$100.

- * 56. Does your center offer a defined pension plan benefit? For example, pension which guarantees a monthly retirement income for life based on a plan formula.

- ☐ Yes
☐ No
☐ Unsure

- * 57. Does your center offer a defined contribution plan? Examples include 401(k), 403(b), 457(b), and individual retirement accounts (IRAs).

- ☐ Yes
☐ No
☐ Unsure

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Research

This section contains up to 8 questions.

- * 58. Do you conduct clinical, translational, or basic science research?

- ☐ Yes
☐ No

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Research, Conducting

* 59. How many hours per week of protected research time do you have per week?

- ☐ I don't have protected time
- ☐ < 10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40

* 60. Do you need to have grant funding to have protected time for research?

- ☐ Yes
- ☐ No

* 61. Is there an RVU attached to this activity?

- ☐ Yes
- ☐ No

* 62. Did you receive start-up funds when you joined your practice?

- ☐ Yes
- ☐ No

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Research, Start-Up Funds

* 63. What was the **total** amount of your start-up funds?

* 64. Do you have any additional research funding?

- ☐ Yes
- ☐ No

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Research, Additional Funds

* 65. From what sources have you received additional funding? Check all that apply.

- ☐ Institutional/Internal grant
- ☐ Foundation grant
- ☐ NIH grant
- ☐ VA grant
- ☐ Investigator initiated trial
- ☐ Other (please specify)

AST Transplant Nephrologist Compensation and Job Satisfaction Survey

Job Satisfaction

This section contains up to 6 questions.

* 66. Overall, how satisfied are you with your current position?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied



* 67. Since finishing fellowship, how has your job satisfaction changed?

- ☐ Significantly lower
- ☐ Lower
- ☐ Same
- ☐ Higher
- ☐ Significantly higher

* 68. Please indicate your agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
The clinical outcomes of my patients have an impact on my overall job satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent AT HOME performing NON-CLINICAL work has an impact on my overall job satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of student loan debt I have has an impact on my overall job satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 69. Overall, based on your definition of burnout, how would you rate your level of burnout?

- ☐ I enjoy my work. I have no symptoms of burnout.
- ☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- ☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- ☐ The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- ☐ I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

* 70. Please indicate your agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
It is possible to provide high quality care to all my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am overwhelmed by the needs of my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our EHR improves my job satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive an overwhelming number of electronic messages in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am an equal partner to my physician colleagues within our transplant program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients respect me as a professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers in my practice respect me as a professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work rarely encroaches on my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adequate time to spend with my patients during their office visits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of call I take is not excessive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 71. Please indicate your agreement with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I have enough support staff for my CLINICAL work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough support staff for my NON-CLINICAL work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My total compensation package (including benefits) is fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am well compensated given my training and experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am well compensated compared to other physicians in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a clear understanding of the methods used to determine my compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The methods used to calculate my financial impact on the practice are fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perceive that my clinical activities have a positive impact on practice finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>