On-Call Duties Usually Mean Additional Pay

BY MARY ELLEN SCHNEIDER

Near two-thirds of physicians receive additional pay for providing emergency department on-call services in the hospital, according to a survey from the Medical Group Management Association.

Neurological surgeons had the highest median daily rate for providing on-call coverage, about $2,000 a day. The top two-thirds of physicians received added pay from their medical group for on-call coverage, but 16% received added pay from their hospital. About one-third of respondents said that physicians’ working hours increased as a result of on-call responsibilities.

Neurologists had one of the highest median daily rates for on-call coverage—about $1,500. Neurosurgeons earned the most at about $2,000, while internists made about $1,050.

For example, orthopedic specialists received higher compensation in the East, while general surgeons were paid at a higher rate in the Midwest than in other areas of the country.

Some of the regional variation is likely related to the medical malpractice climate in the state, said Crystal Taylor, MGMA assistant director of survey operations, adding that physicians also were likely to be paid more if they provided on-call duties in a trauma center.

Dr. Michael Carius, a past president of the American College of Emergency Physicians, questioned the MGMA survey findings. While ACEP has not commissioned a survey of its own on the on-call payment issue, anecdotal evidence indicates that the number of physicians receiving compensation to provide on-call coverage is much lower than is indicated by the survey, he said in an interview.

Hospitals increasingly are willing to consider creative arrangements, such as sharing on-call physician panels between hospitals. However, in this tough economic environment, most hospitals are likely to be reluctant to pay for on-call coverage, he said.

“One way to start is to create an electronic database that includes the contact information for referring physicians and tracks how many referrals they make on a monthly or quarterly basis,” Eliscu said.

She recommended contacting the referring physicians to introduce yourself and ask if you’re meeting their needs. “Find out what they want, not necessarily what you want to give them, because those aren’t necessarily the same things,” she advised.

“Devising a way to ‘thank’ you for the referrals. Maybe it’s hosting an occasional lunch for the referring practice’s office staff, or something as simple as a personal, handwritten thank-you note to the physician.”

“Second, rather than just炮ing out brochures, your advertising should be about what’s convenient for the prosumer.”

“Third, you should start by creating an on-call specialist rather than ‘simple on-call’ coverage, which can be made more complicated by adding compensation incentives.”

“The goal is for patients to ‘see themselves reflected in anything that you put out,’” she added. “The loyalty that you develop with your patients and their families is going to be the future of your prosperity.”

Her “4Ps for effective marketing include the following:

1. **Access.** If prosumers are repeatedly placed on hold for 10 minutes when they phone your office, they may write you off and seek a provider who’s more responsive. Being prompt with office appointment times is also key.

2. **Availability.** Prosumers want to not only return a phone call or answer an e-mail, but they need you to be available on their terms, Ms. Eliscu said. “Part of the success of the retail clinics in places like Walmart is that timely delivery of service. You’re in and out in an hour.”

3. **Accountability.** Prosumers want to know whom they’re dealing with and what their name is,” she said. “Every member of your staff should have a name badge that says where they’re from. That way, if I think you’ve done something great in terms of service, I can call your practice and say, ‘The service from Cleveland did a great job. She was so sensitive when I was feeling so distraught.’”

4. **Accommodation.** Prosumers want your help to “work through the things they have to do, the appointments that they have to make,” she said. “It’s not about what’s convenient for the practice; it’s about what’s convenient for the prosumer.”