Adopted: May 30, 2017 Revised: September 8, 2021

Objectives

To provide a system of compensation for clinical, administrative, research, and educational activities provided by the physicians ("Providers" or "faculty") employed by Boston University Medical Center Urologists, Inc. (the "Department" or the "Corporation") that

- 1. supports the clinical and academic missions of the Department, Boston Medical Center ("BMC"), and Boston University School of Medicine ("BUSM")
- 2. provides equity among faculty by matching compensation to effort
- 3. establishes a link between provider clinical productivity and compensation
- 4. recognizes academic productivity and mission-critical activities, including departmental citizenship
- 5. enables financial sustainability

Limitations

This Policy is intended to have general applicability. It is, however, within the discretion of the President of the Corporation (the "Chair") to depart from this policy as he or she deems appropriate; provided, however, that any deviation from this policy will be set forth in the salary letter provided to each physician.

This policy does not constitute an employment contract between the physician and the Department. The Department reserves the right to amend this policy at any time, on a prospective basis, as it deems necessary.

All compensation paid directly or indirectly to Providers will be in compliance with the policies and procedures of the Department, the Faculty Practice Foundation, Inc., d/b/a Boston University Medical Group (the parent corporation for all faculty practice plans at BMC known as "BUMG") and BUSM, and in accordance with the Physician Practice Agreement signed by each Provider.

Additionally, the Compensation Policy is intended to comply with all applicable laws and regulations governing physician compensation arrangements. In no instance shall a Provider's compensation vary with or take into account the value or volume of referrals for designated health services made by, or other business generated by, a Provider or otherwise be inconsistent with applicable law.

In the event of a change in law or regulation, or any change in interpretation of a law or regulation, that might raise questions regarding whether the policy complies with applicable law, the President will take appropriate action to remedy the situation immediately. This action may include modifying individual physician compensation amounts retroactively or prospectively.

Affected Faculty

This policy applies to all Providers employed by the Department who have had clinical responsibilities for at least two years.

In the first two years of employment compensation will be guaranteed. A Provider's initial base salary will be set at 95% of the most recent three-year rolling average median of the Association of American Medical Colleges ("AAMC") Northeast Region Urology specialty for Assistant Professor, adjusted, as applicable, for faculty rank (as described below). The President has the discretion to adjust the base salary to account for experience of the candidate, subspecialty, or other market conditions. (Measurement periods and dates the policy applies to the newly employed physicians ae set forth in the Compensation Reset section.) A Provider may, prior to the third year of employment, elect to change the basis of his or her compensation from a guarantee to this compensation policy.

In the event of termination of employment, the Provider shall be entitled to compensation only with respect to services rendered through the effective date of termination. The provider shall not have any claim whatsoever to: (a) any receivables, including, but not limited to, any receivables that are outstanding or collected on or after the date of termination; or (b) any shared savings, bonuses, or other incentive payments paid or received after the date of termination, regardless of the performance period to which they are attributed.

Compensation Program

A Provider's compensation shall be based on: (1) total base salary from clinical activities, tenure with the Department, performance metrics, and citizenship, (2) additional compensation based on faculty rank, and (3) non-clinical compensation.

Total Base Salary

- (1) Clinical Base Salary
 - a. Providers will receive 70% of the most recent three-year rolling average median of the AAMC Northeast Region Urology specialty for Assistant Professor.
 - b. Providers are expected to complete 180 clinical sessions per academic year for a full-time clinical provider (1.00 cFTE).
 - c. The Department will work with each Provider each year to establish an annual clinical effort commitment prior to the start of the academic year. The clinical session requirement will be prorated if a Provider's cFTE is less than 1.00.

- d. The clinical base salary compensation will be proportionally reduced if a Provider fails to meet the clinical session expectation.
- (2) Tenure / Experience

Beginning in a Provider's second year, the Provider will earn an additional amount of compensation equal to 1% of the most recent three-year rolling average median. The Provider will earn an additional 1% each year up to a maximum of 5%. For Providers receiving a guaranteed salary, the additional earnings will not be reflected in their compensation until the Provider is subject to this policy.

(3) wRVUs / Productivity

Providers will receive 10% of the three-year rolling average median of the AAMC Northeast Region Urology specialty for Assistant Professor if they achieve the most recent 3 year rolling average Vizient Urology wRVU benchmark, adjusted for a provider's cFTE. Partial completion toward the wRVU target will earn a proportionate amount of the productivity measurement. Providers can exceed their wRVU target and receive additional compensation, proportionate to the wRVU benchmark.

(4) Citizenship

Providers will receive 5% of the three-year rolling average median of the AAMC Northeast Region Urology specialty for the Assistant Professor if they meet all of the citizenship goals. Citizenship goals will be measured for the 12 month academic year and, for each goal a Provider does not meet, will serve to reduce the Provider's compensation in the following academic year. In order to receive the citizenship compensation, a Provider must choose, prior to the beginning of the academic year, 3 out of the possible 5 domains and complete the minimum required number of metrics in each of the chosen domains. During the year, a Provider may choose to switch the domains or metrics, but must notify the Chair prior to the end of the academic year. Providers will earn a proportionate amount of compensation if they do not complete the citizenship metrics in each of the 3 domains or fail to reach the minimum number of metrics within a domain. The initial domains and metrics are set out in Appendix 2. Domains and metrics may by revised annually by the department and will be communicated to Providers prior to the beginning of the academic year.

(5) Cash Collection Pool

The Department will set aside a pool of funds equal to the number of faculty in the department multiplied by 10% of the most recent 3 year rolling average AAMC Northeast Region Urology Assistant Professor median. Providers will receive their proportionate share of this pool of funds based on their proportionate share of the Department's total cash collections.

Additional Compensation Based on Faculty Rank

- (1) Associate Professors will receive an additional \$25,000 each year
- (2) Professors will receive an additional \$50,000 each year
- (3) Providers who receive a mid-year promotion will receive a compensation increase in the following January or July, whichever is sooner.

Non-Clinical Compensation

Providers may earn compensation for research, teaching, clinical, or administrative work performed on behalf of an external organization. This non-clinical generated compensation will be a "pass-through" to the Provider.

Year End Incentive

The year-end incentive will be equal to the expected profit, if any, of the overall Corporation after accounting for all expenses and an amount of retained earnings for the Corporation. The retained earnings shall be determined by the President and BUMG Senior Leadership, prior to the fiscal year in which it will be applied, based on the needs of the Corporation to fund its charitable purposes, ability to meet BUMG's reserve policy of 30 days cash on hand and the maintenance of reasonable reserves in relation to strategic objectives and general market conditions.

At the end of a fiscal year, the President and BUMG Senior Leadership may determine, based on those same considerations and the Department's actual financial performance, that it is not prudent to use the reserved bonus pool. The President and BUMG Senior Leadership may also determine, at the end of a fiscal year, that the Department has additional profit available for the Department's use. The President, based on the needs of the Corporation to fund its charitable purposes and outstanding obligations, the overall level of Provider salaries compared to median benchmarks, and the need for additional reserves, may decide to use the additional profit to supplement the Department's total bonus pool.

In order to receive a year-end incentive payment, a provider must reach the most recent 3 year rolling average Vizient Northeast region Urology median benchmark. The year-end incentive will be distributed only to providers who are at or above this median productivity and will be distributed proportionately based upon the number of wRVUs that each provider generated over the median in relation to all wRVUs generated over the median.

Year-end incentive payments will be calculated at the end of the fiscal year and distributed to the participating physician when the fiscal year-end financial statements are finalized.

Compensation Reset

Provider compensation will be adjusted every six months to reflect the base salary, academic rank, wRVU performance and cash collections. Tenure and citizenship performance will be adjusted on an annual basis.

Measurements in each 6 month "activity period" will form the basis for compensation paid in the next 6 month "salary period." For example, productivity for the activity period July to December will determine the base salary paid in the period January to June. Productivity in the activity period January to June will be used to calculate the base salary paid in the following 6 month period July to December.

The actual salary adjustments will typically be implemented each September and March.

If the reset is higher than current base salary, the physician will receive a lump sum payment in September (or March) to reflect the underpayment in July and August (or January and February). The new base salary will then be paid for the following 4 months of September to December (or March to June). This new base salary will also be paid in the first two months of the next period (January and February or July and August), until the next reset is implemented.

If the reset is lower than the current base salary, the base salary reduction will be adjusted and spread over the remaining 4 months of September to December (or March to June). This new base salary will also be paid in the first two months of the next period (January to February or July to August), until the next reset is implemented.

Compensation resets happen semiannually, so for Providers hired between January and June, the first productivity measurement period will begin on the first day of the Provider's second July. For Providers hired between July and December, the first productivity measurement period will begin on the first day of the Provider's second January. For example, for a Provider hired August 1, 2021, the first productivity measurement period would begin January 1, 2024, with compensation changed effective July 1, 2024. For a Provider hired February 1, 2022, the first productivity measurement period would begin July 1, 2024 with compensation changed effective July 1, 2024 with compensation changed effective January 1, 2025.

Citizenship goals are measured annually, so the measurement period will begin six months prior to the productivity measurement period.

Implementation Schedule

wRVUs

The measurement of wRVUs will start on January 1, 2022 (AY22) and will be applied to the salaries paid in July –December 2022.

Citizenship

The measurement of the citizenship factors will begin on July 1, 2021 (AY22) and will be applied to the salaries paid in July 2022 – June 2023 (AY23).

Appendix 1: Salary Calculation Example

Rolling 3 Year Assistant Professor Median wRVU Target Department Total Cash Collections Deparment Total Cash Collections P	-	369,667 8,677 1,200,000 221,800	
	Provider A		
Academic Rank	Assistant Professor		
Tenure	10		
FTE		1.00	
wRVUs Produced		8 <i>,</i> 500	
Sessions Completed		180	
Sessions Required		180	
Productivity Index		0.98	
Provider Cash Collections	\$	200,000	
Citizenship		5%	
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Base	\$	258,767	70% x \$369,667 x (Session Comp / Sessions Required)
Tenure		18,483	5% x \$369,667
Rank		-	
wRVUs		36,213	Productivity Index x 10% x \$369,667
Citizenship		18 <i>,</i> 483	Citizenship % x \$369,667
Cash Collection		36,967	(Individual Cash / Departent Cash) * Dept Cash Collections Pool
Total Base Comp:	\$	368,913	

Appendix 2: Citizenship Domains and Metrics

Domain: Education

Required Number of Metrics: 6

- 1. Attend at least 85% of Grand Rounds
- 2. Program Chair for National or Regional Educational (CME) Program
- 3. Review resident applications
- 4. Participate in resident applicant interviews
- 5. Timely submission of teaching evaluations
- 6. Give resident educational talk
- 7. Medical student teaching needs to be documented and metrics
- 8. PA student teaching needs to be documented and metrics
- 9. Curriculum development for medical school, PA school, nursing school
- 10. Give educational talk to medical students, PA students, nursing students
- 11. Participate in Urology Staff educational activities to facilitate clinic operations
- 12. Train post-residency fellow need to have education metrics developed
- 13. Receive teaching award (from medical school, from residency program)

Domain: Quality and Safety

Required Number of Metrics: 1

- 1. One quality or safety abstract or presentation at a BMC, regional or national meeting
- 2. Participate in one root cause analysis
- 3. Faculty lead on one quality improvement or safety project
- 4. Completion of one quality and safety activity annually
- 5. Perform peer review activities for quality/safety events
- 6. Presentation at BMC quality / safety committee meeting
- 7. Member of a BMC quality/safety committee

Domain: Research

Required Number of Metrics: 2

- 1. Participate as co-investigator in a funded clinical trial
- 2. Principal PI on clinical trial (could be local for multi-center study)
- 3. Publish a peer reviewed case report/series, review article or research article
- 4. Primary mentor of a resident or student research project
- 5. Publish peer reviewed research article as first or last author (not case report/series or review article)
- 6. Present a poster at a national meeting as first author or PI
- 7. Submit grant application to research funding agency
- 8. Obtain extramural grant funding (Federal Sponsor, Pharma, Foundation)
- 9. Review meeting abstracts for a regional or national meeting (e.g. NE-AUA or AUA)
- 10. Review minimum 6 manuscripts for peer reviewed journals

11. Participate in one or more national grant study section (review panel for NIH, CDC, DoD, FDA, PCORI)

Domain: Leadership

Required Number of Metrics: 1

- 1. Serve on board of directors of a professional society
- 2. Serve on professional society national committee
- 3. Be an officer (President, Vice President, Secretary) of a professional society
- 4. Serve as moderator of session at regional or national meeting
- 5. Serve on one BUSM, BUMG, or BMC committee (e.g. faculty affairs, diversity/inclusion, vitality/burnout)
- 6. Give lecture at a regional or national professional society meeting
- 7. National award from professional society
- 8. Regional award from professional society, Hospital, Medical School

Domain: Operations

Required Number of Metrics: 4

- 1. Timely closure of open ambulatory encounters in Epic (95% closed within 7 days) <u>AND</u> Timely closure of Op Notes in Epic (80% closed within 3 days)
 - a. Adjusted annually based on changes to BUMG targets
- 2. Clinic cancellation requests submitted in a timely manner based on BUMG or Department standards (e.g., less than 2% bumped patients annually)
 - a. Bumped patients are patients canceled by a physician <30 days from scheduled appointment
- 3. Faculty member meets annual compliance requirements on time for flu shot, fit test
- 4. Faculty member meets annual compliance requirements for mandatory BMC trainings and forms
- 5. Development of SOP for specific clinic activities Ops Manager to lead
- 6. Participation in OR HPT (High Performance Team)