## Adopted: Approved November 29, 2017

#### Revised: December 4, 2024

#### Objectives

To provide a system of compensation for clinical, administrative, research, and educational activities provided by physicians (also referred to as "providers" or "faculty") employed by Boston University Eye Associates, Inc. (the "Corporation" or the "Department") that

- 1. supports the clinical and academic missions of the Department, Boston Medical Center ("BMC"), and Boston University Chobanian & Avedisian School of Medicine
- 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 provider.

This policy does not constitute an employment contract between the provider 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, Faculty Practice Foundation, Inc., d/b/a Boston University Medical Group (the parent corporation for all faculty practice plan corporations at BMC known as "BUMG") and the Chobanian & Avedisian School of Medicine, and in accordance with the Practice Agreement signed by each provider.

Additionally, the Compensation Policy is intended to comply with all applicable laws and regulations governing provider 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 provider compensation amounts retroactively or prospectively.

## Affected Faculty

This policy applies to all faculty with clinical responsibilities for at least two years.

In the first two years of employment, compensation will be guaranteed, as set forth in a provider's Practice Agreement. After the provider's second year of employment, compensation will be based on this policy.

In the event of termination of employment, the provider shall be entitled to base compensation 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**

Compensation will be based on: (1) a base salary from clinical, administrative, research, and educational activities, (2) performance metrics, and (3) citizenship.

## Base Salary

Base salary will be calculated using the elements below and paid based on the provider's full-time equivalent (FTE).

- 1. A provider's initial base salary will be set at 95% of the average of the two most recent Association of University Professors of Ophthalmology ("AUPO") Northeast Total Cash Compensation (TCC) median benchmarks at the Assistant Professor rank and appropriate subspecialty. The President has the discretion to adjust this base salary to account for the critical needs of the Department, experience of the candidate, regional salary benchmarks, market conditions, and affordability based on the financial performance of the Department. These adjustments will be documented by the President and retained by the Department.
- 2. Promotions
  - a. Base salary for providers promoted to Associate Professor will increase by \$25,000
  - b. Base salary for providers promoted to Professor will increase by \$50,000
  - c. Providers who receive a mid-year promotion will receive the compensation increase in the following April or October, whichever is sooner

- d. The portion of base salary attributable to a promotion in academic rank will not be subject to productivity requirements
- 3. Contract and Grant Revenue. Consistent with the terms of a provider's Practice Agreement, a provider may earn additional salary for work performed on behalf of an external organization. The salary included in applications and contracts will be set by the Corporation in accordance with this compensation plan, as allowed by the contract or grant with the external organization. Externally derived salary from contracts or grants will be a "pass-through" to the provider.

## Performance Metrics

- 1. 100% of a provider's base salary not attributable to academic rank will be at risk for meeting the provider's productivity index target.
- 2. The productivity index is based on wRVUs for professional services as well as wRVU credit for increased work effort on non-wRVU generating activities divided by the average of the two most recent AUPO Northeast wRVU benchmark medians, at the Assistant Professor rank and appropriate subspecialty, adjusted to reflect the Department's standard of 8 clinical sessions per week for 1.0 clinical full-time equivalent (cFTE). See Appendix D for AUPO Northeast wRVU benchmark medians. See Appendix E for list of non-wRVU generating activities.
- 3. For the periodic adjustment of a provider's base salary not attributable to academic rank (see "Salary Reset" below), the Department calculates the provider's new base salary by multiplying the average of the two most recent AUPO Northeast Total Cash Compensation median benchmarks at the Assistant Professor rank and appropriate subspecialty by the provider's productivity index during the prior 12 months divided by the productivity index target.
- 4. If a provider's productivity index is greater than 1.5, a salary multiplier of 0.5 is applied to the portion of the index over 1.5.

## <u>Citizenship</u>

Providers will have \$10,000 of total base salary at risk for Citizenship. At a provider's annual review, the provider and Department Chair will identify activities for the provider to complete and the provider's completion of those activities will be assessed at the provider's next annual review. For each goal a provider does not meet, the provider's compensation in the following fiscal year will be reduced.

Evaluation of the Citizenship component is based on the following point-based system:

- 1. Appendix C lays out the metrics and their point values
- 2. A provider working 1.0 FTE must accrue 8 points during the academic year
- 3. The required points will be pro-rated (with a minimum of 4 points) to reflect the provider's FTE

## Salary Reset

1. Base Salary

- a. At the beginning of every other fiscal year, the Department will adjust a provider's compensation to reflect the average of the two most recent AUPO Northeast Total Cash Compensation median benchmarks.
- 2. Productivity
  - a. The Department will adjust each provider's compensation every six months to reflect the provider's performance metrics during the previous 12-month period.
  - b. Changes in base salary determined by productivity will be limited to a 10% annual change.
  - c. Any adjustments to a provider's base salary will be effective on either October 1 or April 1, and any compensation increase or decrease will be reflected in the November/December or May/June paychecks. See Appendix B.
  - d. The portion of a provider's base salary not attributable to academic rank must not exceed the 90th percentile of the most recent AUPO Northeast Total Cash Compensation at the same rank.
  - e. If the Department is not profitable, it will adjust the productivity index target required to achieve median TCC upwards across all providers.
- 3. Citizenship
  - a. Citizenship goals will be measured for the 12-month period of July to June
  - b. If a provider does not meet 100% of the Citizenship requirements, the corresponding reduction in salary will be withheld over the course of 12 months starting October 1. See Appendix B

## Year-End Department 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 expected profit. 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 goals set forth by the department during the annual budget process. The goals will be established and communicated to the faculty prior to the start of the fiscal year.

Year-end incentive payments will be calculated at the end of the fiscal year and distributed to the eligible faculty when the fiscal year-end financial statements are finalized. Distribution will be based on the individual's productivity, prorated for FTE.

#### Appendix A: Definition of a 1.0 cFTE

A Provider is expected to work 45 weeks per year and complete 8 ambulatory sessions per week (360 sessions per year). Each session is considered 4 hours of clinical time and 1 hour of administrative time, meant for completing encounters and addressing EPIC inbox issues, including refills and patient calls.

# Appendix B: Compensation Example

#### Example 1:

Associate Professor with General/Comprehensive subspecialty

Year 1					
AUPO average 2 most recent	\$ 293,991				
Associate Professor	 25,000				
Total Base Salary	\$ 318,991				
Salary at Risk	\$ 293,991				
		Salary @			
Risk Component	Risk %	Risk	Actual	Target	Result
Productivity (PI)	100%	\$ 293,991	0.74	1.30	56.8%
Citizenship		\$ 10,000	4	8\$	5,000

In the next reset, the 56.8% productivity result will be capped at 10% and applied to the new targeted salary to account for the performance during this measurement period. Additionally, there will be a \$5,000 withhold for the citizenship performance.

October Reset	
AUPO average 2 most recent	\$ 293,991
Associate Professor	25,000
Total Base Salary	\$ 318,991
Calculated Salary	167,097
10% Cap (+/-)	(29,399)
Adjusted calculated salary	\$ 264,592
Associate Professor	25,000
Citizenship withhold	(5,000)
Total Base Salary	\$ 284,592
Salary at Risk	\$ 264,592

# Example 2:

Associate Professor with General/Comprehensive subspecialty

Year 1					
AUPO average 2 most recent	\$ 293,991				
Associate Professor	 25,000				
Total Base Salary	\$ 318,991				
Salary at Risk	\$ 293,991				
		Salary @			
Risk Component	Risk %	Risk	Actual	Target	Result
Productivity (PI)	100%	\$ 293,991	1.33	1.30	102.3%
Citizenship		\$ 10,000	8	8\$	10,000

In the next reset, the 102.3% productivity result will applied to the new targeted salary to account for the performance during this measurement period.

October Reset		
AUPO average 2 most recent	\$	293,991
Associate Professor		25,000
Total Base Salary	\$	318,991
Calculated Salary		300,775
10% Cap (+/-)		-
Adjusted calculated salary	\$	300,775
Associate Professor	Ļ	25,000
		23,000
Citizenship withhold	<u> </u>	-
Total Base Salary	\$	325,775
Salary at Risk	\$	300,775

# Appendix C: Citizenship requirements and points

Education	<ol> <li>Participate in one BUEA educational event (for example, refraction/ gonioscopy/ retinoscopy workshops, technician training, wet lab, proctor simulator at VA, mock oral boards) – 1</li> <li>Organize/lead one BUEA educational event (for example, refraction/ gonioscopy/ retinoscopy workshops, technician training, wet lab, proctor simulator at VA, mock oral boards) – 2</li> <li>Review resident applications – 3</li> <li>Participate in resident applicant interviews – 1 per day</li> <li>Lead global health outreach trip – 3</li> <li>Participate in global health outreach trip – 1</li> <li>Surgical teaching – 1</li> <li>Organize one CME event – 4</li> <li>Serve as Field Specific Adviser (FSA) – 1</li> <li>Serve as Lead FSA – 2</li> <li>Submit packet for academic promotion – 1</li> </ol>
Quality and Safety	<ol> <li>Participate on institutional peer review committee on quality or safety - 1</li> <li>Quality or safety abstract or presentation at a BMC, regional or national meeting - 1</li> <li>Participate in root cause analysis, quality improvement or safety project - 1</li> <li>Lead root cause analysis, quality improvement or safety project - 2</li> </ol>
Research	<ol> <li>Co-investigator in a clinical trial – 1</li> <li>Principal investigator on one clinical trial (could be local for multi-center study) – 2</li> <li>Publish one peer reviewed case report/series, review article or research article – 1</li> <li>Act as primary mentor of a trainee research project – 1</li> <li>Publish peer reviewed research article as first or last author (not case report/series or review article) – 2</li> <li>Present one poster at a national meeting as first author or principal investigator – 1</li> <li>Give one platform presentation at a national/international meeting – 2</li> <li>Submit grant application to extramural funding source (for example, NEI, R21, R01) – 2</li> </ol>

	9. Act as first or second reader on a master's or doctoral thesis – 1
Leadership	<ol> <li>Serve on one Department committee – 1</li> <li>Lead one Department committee – 2</li> <li>Serve on one professional society national or regional committee – 1</li> <li>Lead one professional society national or regional committee – 2</li> <li>Serve on one BUSM, BUMG, or BMC committee – 1</li> <li>Lead one BUSM, BUMG, or BMC committee – 1</li> <li>Lead one BUSM, BUMG, or BMC committee – 2</li> <li>Participate in an institutional/national Leadership Development Course – 2</li> <li>Give one NEOS lecture – 1</li> <li>Service Chief – 1</li> <li>Fellowship Director – 2</li> <li>Participate in faculty candidate interviews – 1</li> </ol>
Citizenship	<ol> <li>Participate in one Lion's Club event – 1</li> <li>Organize one community service event – 2</li> <li>Participate in one community service event – 1</li> <li>Organize one trainee/faculty team building event – 2</li> <li>Participate in one trainee/faculty team building event – 1</li> </ol>

# Appendix D: AUPO Benchmarks

AUPO survey data is released every two years, representing data from the prior two complete academic years.

AUPO - 2	2021			]		
Specialty & Rank	50th Percentile 2021 TCC	50th % w RVUS - unadjusted	Mean sessions	Mean w RVU / session	BUEA sessions / w eek	Calculated 2021 AUPO Benchmark
Ophthalmology: General / Comprehensive	\$274,298	6,493	8.0	811.63	8	6493
Ophthalmology: Corneal / Refractive Surgery	\$293,700	5,025	7.0	717.86	8	5743
Ophthalmology: Glaucoma	\$292,209	6,208	6.0	1,034.67	8	8277
Ophthalmology: Neuro	\$241,867	5,712	8.0	714.00	8	5712
Ophthalmology: Oculoplastic / Reconstructive Surgery	\$274,730	4,740	7.0	677.14	8	5417
Ophthalmology: Optometry	\$137,938	3,368	8.0	421.00	8	3368
Ophthalmology: Pediatric	\$274,526	5,112	8.0	639.00	8	5112
Ophthalmology: Uveitis	\$235,000	6,982	7.5	930.93	8	7447
Ophthalmology: Retinal	\$326,103	6,824	8.0	853.00	8	6824

AUPO - 2023						
Specialty & Rank	50th Percentile 2023 TCC	50th % w RVUS - unadjusted	Mean sessions	Mean w RVU / session	BUEA sessions / w eek	Calculated 2023 AUPO Benchmark
Ophthalmology: General / Comprehensive	\$313,684	7,041	8.0	880.13	8	7041
Ophthalmology: Corneal / Refractive Surgery	\$347,658	7,043	8.0	880.38	8	7043
Ophthalmology: Glaucoma	\$330,758	6,942	7.0	991.71	8	7934
Ophthalmology: Neuro	\$245,000	3,844	8.0	480.50	8	3844
Ophthalmology: Oculoplastic / Reconstructive Surgery	\$289,771	7,400	8.0	925.00	8	7400
Ophthalmology: Optometry	\$172,996	4,182	8.0	522.75	9	4705
Ophthalmology: Pediatric	\$281,250	5,605	8.0	700.63	8	5605
Ophthalmology: Uveitis	\$287,698	5,676	8.0	709.50	8	5676
Ophthalmology: Retinal	\$335,905	7,911	7.0	1,130.14	8	9041

# Appendix E: Non-wRVU generating activities

Activity	wRVU value
Insertion of Premium intraocular lens	7.0 wRVUs

wRVU values are assigned by defining the amount of work effort associated with the activity, identifying an existing CPT code which requires a similar amount of effort, and applying that CPT code's associated wRVU value to the non-wRVU generating activity. Proposals to have wRVU values assigned to additional activities will be reviewed annually by the Compensation Committee.