



## Welcome to the first issue of Surgery PA Market Watch!

We created this publication as a career-information resource and, potentially, we hope, a forum for the growing number of advance practice clinicians (APCs) who work in the surgical environment.

Modeled on our seven-year-old flagship publication Neurosurgery Market Watch, which has been well received in the neurosurgeon community, Surgical PA Market Watch will cover practice-environment, job-market and career-planning issues of interest to APCs. We'll focus initially on neurosurgery and orthopedic surgery APC practice, but we're open to reporting on issues of interest to PAs and NPs practicing in other surgical specialties.

We hope that you will help us shape the publication going forward by suggesting article topics that would interest you or, better yet, by contributing. We welcome thoughtful opinion articles on issues affecting APC practice nationally. We also hope to hear from PAs and NPs who, individually or through their employer organizations, are doing something interesting or innovative that we can report to readers in our Profile series.

Thanks for reading.

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## Compensation Update: Surgical PAs and NPs

### Advanced Practice Providers Are Increasingly Integrated into Surgical Practices, and Incomes Are Rising in Tandem

By Bonnie Darves

**S**urgery practices in all settings, from academic medical centers to single- and multi-specialty groups, continue to evolve their care models in terms of the how physician assistants (PAs) work with and support surgeons, particularly in neurosurgery and orthopedics—to boost both the quality and continuity of care. Recent compensation surveys' findings suggest that evolving roles for PAs—and nurse practitioners—are likely contributing to gains that they're seeing in earnings. This article looks at a sampling of data points from three national surveys.

The American Medical Group Association (AMGA) 2017 Medical Group Compensation

Among the surgical specialties, the survey found the highest median NP comp in trauma surgery, at \$123,236. The survey included 1,995 surgical PAs and 1,623 surgical NPs.

The increased integration of PAs and NPs in all areas of surgical practice mirrors what's going on nationally across the advanced practice provider (APP) spectrum, according to Fred Horton, MHA, CPME, chief operating officer of AMGA Consulting. "In the surgical specialty arena, as with the full landscape of APPs, there is increased reliance on both physician assistants and nurse practitioners in providing services that lead to physicians' increased efficiency and surgical focus," said

### AMGA: Surgical PA and NP Compensation Across the Percentiles

	20th percentile	90th percentile
Neurosurgery PA	\$105,852	\$181,383
Orthopedic surgery PA	\$109,189	\$158,358
Neurosurgery NP	\$94,019	\$153,645
Orthopedic surgery NP	\$101,004	\$137,161

and Productivity Survey, based on 2016 data, reported a median income of \$121,782 for all surgical PAs, and roughly \$124,000 for PAs in both neurosurgery and orthopedic surgery. The highest median compensation in the surgical specialties was in trauma surgery, at \$139,573. Last year, the AMGA survey reported median compensation of \$116,089 for all surgical PAs.

For all surgical NPs, the median compensation in the AMGA 2017 report was \$116,650. In neurosurgery, the median was \$108,569, and in orthopedics, \$115,864.

Mr. Horton. "PAs and NPs are being utilized at increasing rates in pre- and post-surgery care as well as surgical assistants. Their services enable physicians to more efficiently focus on surgical care. In such settings, a 'working at top of license' philosophy leads to efficiency."

### Neurosurgery-specific survey finds minimal increase

In neurosurgery, the most detailed of the annual compensation surveys that

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## Compensation Update: Surgical PAs and NPs

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track neurosurgery is produced by NERVES (Neurosurgery Executives' Resource Value and Education Society). That survey found a miniscule increase in surgical PA compensation from 2015 to 2016 (the two most recent survey years for which data is available). The NERVES Socioeconomic Survey, which also includes numerous operational metrics for the specialty, reported median PA compensation of \$109,021 in 2016, up from \$108,053 the prior year.

The gain for neurosurgery NPs followed the same pattern: Median compensation in 2016

Brain & Spine Clinic in Cincinnati, Ohio. For PAs, median RVUs dropped to 1,460 in 2016 from 1,541 in 2015; NPs' median RVUs increased to 540 from 512 in 2015.

The latest AMGA survey, which also collected wRVU data for PAs and NPs, reported a median of 1,636 RVUs for neurosurgery PAs and 1,855 for orthopedic PAs. For NPs, those medians were 1,713 and 1,394, respectively. Of the 154 medical groups that provided details on how base NP and PA salaries are determined, only 25 reported using productivity-based compensation in their salary plans.

Survey, is often used to benchmark physician compensation but is also stepping up its tracking of compensation for PAs and NPs in recent years as its member groups hire more APCs.

The 2017 MGMA survey is the only large one that reported the regional compensation variations for surgical PAs. Interestingly, the geographical compensation variations for both neurosurgery PAs and orthopedic surgery PAs are similar to those seen in the physician sector for those specialties. The breakdown is shown in the chart on this page.

### MGMA Regional Median Compensation—Neurosurgery PAs and Orthopedic PAs

	Eastern	Midwest	Southern	Western
Neurosurgery PA	\$97,598	\$120,866	\$133,017	\$124,789
Orthopedic surgery PA	\$114,713	\$109,148	\$125,007	\$119,655

was \$104,390, up from \$103,464 in 2015. The 2016 survey included 318 neurosurgery PAs and 277 NPs working in 94 groups.

The modest change in compensation from 2015 to 2016 essentially follows the NERVES survey's findings on APC productivity—PA work Relative Value Units (wRVUs) were down 5% from the year before but up 5% for NPs, according to NERVES president Michael J. Radomski, CPA, who is vice president of finance and chief financial officer for Mayfield

Overall, the AMGA survey found that 76% of PAs and NPs work between 36 and 40 hours a week, and 21% worked 31 to 35 hours weekly. Only 2% of PAs and NPs in the 162 responding practices worked 45 to 50 hours a week.

#### Regional earnings differences can be pronounced

A third national survey produced by the Medical Group Management Association, the MGMA Compensation and Production

The NERVES survey doesn't currently collect regional data for any NPs and PAs, Mr. Radomski said, but it's an area under consideration as NERVES continues to expand its data collection.

*Ms. Darves, an independent writer based in the Seattle area, is editor of Surgery PA Market Watch and its parent publication Neurosurgery Market Watch.*

## SURGICAL PA/NP POSITIONS

Macon, Georgia: *Private Practice, Neurosurgery PA*  
 Reno, Nevada: *Private Practice, Neurosurgery PA*  
 Fresno, California: *Private/Hospital Employed, Neurosurgery PA/ NP*  
 Stuart, Florida: *Hospital Employed, Neurosurgery PA*  
 Trenton, New Jersey: *Hospital Employed, Neuro-ICU PA*  
 San Antonio, Texas: *Academic, Neuro-ICU PA*

Glenwood Springs, Colorado: *Hospital Employed, Neurosurgery or Orthopedic Surgery PA (Spine)*  
 Salisbury, Maryland: *Hospital Employed, Neurosurgery NP/ PA*  
 Elmira, New York: *Academic, Neurosurgery PA*  
 San Antonio, Texas: *Academic, Neurosurgery PA*  
 El Paso, TX: *Academic, Acute Care NP Neurosurgery*

► For more information on these positions, or if you are interested in hiring a PA or NP for a permanent position, please contact [submitCV@harlequinna.com](mailto:submitCV@harlequinna.com).

## PROFILE



### Who:

Erin Chojnacki, MPAS, PA-C, CHA (Child Health Associate)

### What's up next?

Starting her first physician assistant position at Doctors Medical Center in Modesto, Calif., as a neurosurgery PA.

### What appealed to you about the position?

The broad scope of the job. I'll be working as first assistant in the OR, but also seeing patients in the ER, doing inpatient consults and floor and ICU rounds, and treating both acute and chronic conditions. And because Doctors Medical Center is a Level II trauma center and the region's only designated stroke center, I will spend a lot of time in acute care. I look forward to that.

### Why did you choose the PA profession, and neurosurgery in particular?

I actually made a career switch when I became a PA. I had a degree in international business and finance, and I was an IT consultant based in Chicago and traveled for work. Then a family member became sick and I took time off to become the caregiver. And at the end of that I found myself questioning what I wanted to do with my life, and I decided to go into the premed program at Northwestern University.

In shadowing both the PAs and the physicians, I found that I really enjoyed being with the PAs. The role of the PA as a liaison between the medicine and the patient, and being able to spend more time with patients listening to their stories and working with them throughout their journey, appealed to me.

I also appreciate the flexibility of the PA role—the fact that we train in many areas but can choose to hone in on a specialty.

The appeal of neurosurgery is its complexity. I knew I wanted to practice in the surgical realm, but after doing several rotations I remained fascinated by neurosurgery—by how much is unknown but at the same time by how many new treatments are emerging. It's a very exciting field.

### What advice would you give to your PA colleagues about starting or managing their job search?

Utilize your network! When you rotate in a field that interests you, let them know that. And if you are rotating in a field that doesn't particularly spark your interest, learn what you can and let them know your interests—they know others! If you work hard and use every opportunity as a learning experience, people see this and want to help you find a job.

## Tips for Maximizing the First Interview

By Katie Cole



In working with surgical PA candidates, I'm often asked for tips on how to make the most of an interview opportunity when it's for a highly desirable position. I've provided a few below that are based on what I've seen successful candidates do well:

**Be as flexible—and available—as possible.** In most cases, the first conversation is a phone interview with the practice, or with an internal recruiter for the hospital. This can be hard to schedule if you already have a demanding schedule in your current position, but if there is any way to be flexible and

make yourself available during office hours, this will go over very well with prospective employers. If possible, provide multiple dates and times you would be available for the upcoming week or two, and try to make yourself available at least one of those times during regular office hours.

**Be well prepared for the interview.** In most cases, an interview will involve traveling to the employer, unless you are local. Ideally, the facility will have provided an itinerary or set some expectations for your interview, but try to obtain as much information as possible so that you can adequately prepare for the interview. If you will be shadowing, ask if you should wear or bring scrubs. If a formal interview and/

or dinner is scheduled, ensure that you have professional attire in addition to scrubs.

**Have letters of reference or reference contact details available before your interview.** This information will almost always be requested eventually during credentialing or before an offer is made, and having it ready before you're asked for it shows professionalism—and indicates your interest in the position. Being ready to hand over your professionally prepared reference "packet" onsite, or quickly via email, definitely impresses a prospective employer.

*Ms. Cole, a Denver resident, is publisher of Surgery PA Market Watch.*

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## FEATURED OPPORTUNITY

### Maryland Neurosurgery Practice PA/NP Opportunity

A hospital on the eastern shore of Maryland, one of the largest referral hospitals in the region, is seeking a physician assistant or nurse practitioner to join its hospital-employed neurosurgical practice. The practice prefers a candidate with experience in neurosurgery, spine, or orthopedic surgery, but it will also consider a new graduate who has done surgery rotations and has an interest in surgical practice.

The facility is an affiliate of the Johns Hopkins Clinical Research Network (JHCRN), a group of academic and community-based clinical researchers designed to provide new opportunities for research collaboration.

The incoming PA/NP will mostly see neurosurgery patients. However, the PA or

NP's clinical responsibilities will also include five days of call per month, which includes one weekend per month. There is a differential paid when on call. There are currently three neurosurgeons and two neurosurgery PAs associated with the facility.

This practice position will allow a qualified candidate an opportunity to pursue a wide range of clinical experience and to deliver exceptional healthcare to patients in the region. The incoming PA/NP will work primarily in an outpatient setting. The candidate also will share call and will have an alternating rotation for hospital rounding and daytime consults; the office hours are Monday to Friday from 8 a.m. to 5 p.m.

The facility offers a full range of services in addition to neurosurgery, including cardiothoracic surgery, joint replacement, emergency/trauma care, wound care and comprehensive cancer care, and provides community health services through a network of family medicine and specialty care offices.

The facility will offer a competitive compensation plan including salary, relocation, CME, and a full benefits package. This attractive and highly desirable coastal community, with close proximity to Baltimore and Washington, D.C., offers sandy beaches, offshore fishing, lush golf courses, sailing, boating and much more.