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**Note:** Appendices C and D are available in the electronic version only. To reference either instrument, please go to [hospitalmedicine.org/sohm](http://hospitalmedicine.org/sohm).

## Tables in each subsection

<sup>i</sup>Scope of Clinical Services includes: Co-Management Roles, Novel Scopes of Practice, Uses of Telehealth

<sup>ii</sup>Staffing Includes: FTE Staff per Group, Ratio of Support Staff per FTE Physician, Source of New Physicians, Percent of Physicians Joining from Residency, Percent of Physicians that were Part-Time Status, Percent of Physicians in the Group Who are Board Certified in PHM (Section 4 only), Turnover by Type of Clinician, Average Physician Turnover Rate, Anticipated Change of Budgeted FTE, Presence and Billing for NPs/PAs, NP/PA Non-Billable Services, Percent of Time on Non-Billable Services

<sup>iii</sup>Leadership includes: Total Number of Physician Leaders, Total Dedicated FTE Allocation for All Physician Leaders, Ratio of Leadership FTE to Physician Hospitalists FTE, Highest-Ranking Physician Leader—Percentage of FTE Dedicated to Leadership, Highest-Ranking Physician Leader Percent Compensation Premium, Demographic Information about Highest-Ranking Physician Leader, Burnout and Well-being

<sup>iv</sup>Scheduling includes: Staffing Backup Systems, Staffing Backup System Incentives, Duration of Shifts in Hours, Duration of Shifts in Hours by Employment Model (Section 3 only), Duration of Day Shifts by Group Size (Section 4 only), Annual Number of Shifts or Work Periods for a Full-Time Hospitalist, Number of Clinical Hours Required for a 1.0 FTE Physician (Section 4 only), Offering Paid Time off (PTO), Scheduling Changes Made in Last Year, Flexibility for Work to be Completed Off-Site, Unfilled Physician Hospitalist Positions in Groups, Contributing Factors for Unfilled Positions, Coverage for Unfilled Positions, Predominant Scheduling Patterns, Predominant Scheduling Patterns by Year, Predominant Night Coverage Model, Presence of On-Site Night Coverage Models Using On-Call Hospitalists, Nocturnist Presence and Differentials, Percent Fewer Shifts in Nocturnist Schedule with a Differential, Percent Higher Compensation in Nocturnist with a Pay Differential, Presence of a Daytime Admitter Model, Utilization of Unit-Based Assignments

<sup>v</sup>Group-Level Compensation and Benefits includes: Components of Hospitalist Compensation, Use of Differentials for Years of Service, Use of Performance Incentive Measures in Compensation Plan, Value of Annual Employee Benefits, Employee Benefits Offered, Annual CME Allotment per FTE Hospitalist

<sup>vi</sup>Billing includes: Reporting of Measures in Medicare Merit-based Incentive Payment System (MIPS), Participation in Medicare Advanced Alternative Payment Models, Receipt of Incentive Payments on Medicare Part B Payments for Participation

<sup>vii</sup>Academic HMGs includes: Amount of Financial Support per FTE for Non-Clinical Work in Academic HMGs, Distribution of Work in Academic HMGs, Requirements for Academic Appointments at Affiliated Institution (Section 4 only), Salary Increase Associated with Academic Promotion

<sup>viii</sup>Practice Finances includes: Amount of Financial Support per FTE Employed Physician, Amount of Financial Support per FTE Provider (All Provider Types), Amount of Financial Support per wRVU

<sup>ix</sup>Section 5 contains provider-level productivity and compensation data. Each subsection is arranged identically. Tables in each subsection of Section 5 include:

**Non-Academic:** Compensation (Table a), Retirement Benefits (Table b), Collections for Professional Charges (Table c), Gross Charges (Table d), Total Encounters (Table e), Work RVUs (Table f), Compensation to wRVUs Ratio (Table g), Collections to wRVUs (Table h), wRVUs to Total Encounters (Table i), Collections to Total Encounters (Table j), Compensation to Total Encounters (Table k)

**Academic (Adult IM and Pediatric):** Compensation (Table a), Collections for Professional Charges (Table b), Gross Charges (Table c), Total Encounters (Table d), Work RVUs (Table e), Compensation to Total Encounters Ratio (Table f), Compensation to wRVUs Ratio (Table g), Collection to Total Encounters Ratio (Table h), Collection to wRVUs Ratio (Table i), wRVUs to Total Encounters Ratio (Table j)

<sup>x</sup>Participants of the Hospital Medicine Workforce Experience Survey includes: Employment Mode, Role, Predominant Schedule, Shifts Per Year, Typical Shift, Typical Shift Duration, Years Practicing as a Hospitalist, Age, Gender, Race, Region

<sup>xi</sup>Patient Census includes: Average Patient Census and “My Patient Census is Safe”

<sup>xii</sup>Paid Time Off and Benefits includes: Access to PTO, Ability to Use PTO without Negatively Affecting Colleagues and/or Patients, Employee Benefits

<sup>xiii</sup>Backup Systems includes: Have Voluntary Backup System, If Participants in Voluntary Backup Regularly Volunteer, Reasons They Don't Volunteer

<sup>xiv</sup>Well-being, Burnout and Engagement includes: Well-being, Burnout, and Engagement, Well-being by Participant Demographics, Well-being by Participant Workplace Structure