

Morsani College of Medicine  
**Faculty Council Meeting**  
Tuesday, December 6, 2016  
**Meeting Minutes**

**I. Approval of meeting minutes**

Faculty Council President Dr. Michael Schoenberg presented the October 25 minutes for approval. They were unanimously approved.

**II. Bonuses and P4P**

Richard Sobieray discussed compensation plan for clinical faculty. There has been inequities in the past and faculty have not been paid fairly. Productive faculty have not been paid fairly. Less interested in faculty who were paid more than productivity. The compensation plan is comprehensive. Bonuses cannot be paid if the Practice Plan is losing money as a whole. In 2016 bonuses were paid from reserves. Bonuses were paid to those who have exceeded clinical expectations. In 2017 bonuses will not be paid out of reserves. Faculty will be rewarded according to Productivity, and salaries may be reduced because of lack of productivity. Hopeful that faculty behavior will change to make the necessary adjustments to improve productivity. Expectations will be transparent; faculty will know what is expected. There will be credit for Call pay. Access. Faculty will be evaluated on their availability, how quickly patients are seen, what % of patients are new, and faculty commitment rate to hours worked. Faculty are expected to close encounters within five business days to ensure billing. Quality Composite Score. Patient Satisfaction is critical in faculty evaluation. Faculty will receive a monthly statement with base compensation and to show comparisons increases/decreases on budget.

**III. Quality Plan – Quality and Patient Safety Update**

Terry Ashmeade discussed how quality is measured, how performance and assessments are going to change, and Practice Plan reimbursements and bonuses. CMS's Physician Quality Reporting System provides feedback report on performance/quality of patient care which affects reimbursements. In 2014 USF PG average cost and average quality; in 2015 lower quality based on comparisons from other institutions nationwide. In terms of costs quality measures are reported from Allscripts and Epic data. Patient experience data from CAHPS and PQRS survey; and data from Medicare fee-for-service claims. In the process of choosing quality measures to submit for this year. The reporting system changing January 1, 2017 due to MACRA legislature – to ensure that Medicaid payments will not be cut. Government will continue to assess performance and quality, like PQRS, new system will give credit for improvements for proven activities. Submission of data over the next few years yields the opportunity to receive increase in payment adjustments from 4% to 9% starting 2019 through 2022. Ultimate goal is to get into program called Alternative Payment Methods, capitation-based care. Accept base payment for medical procedures, can earn 5% incentive payment for 2019. Quality Improvement and Patient Safety Plan is 18 months – created Clinical Quality Committee – first year determined Quality metrics. Safety stand point adverse effect reporting system getting timely information and acting to improve safe patient culture. Quality council Retreat to be held February. Departmental Leadership Triad Clinical Department, Nurse Manager, Department Administrators – responsible for departmental quality/safety dashboard, implements Organizational quality patient safety plan.

**IV. The meeting adjourned at 6:33 p.m.**

The meeting can be listened to in its entirety via the following link:

<https://hscapture1.health.usf.edu/Panopto/Pages/Viewer.aspx?id=d8f36279-a260-4619-8e9a-37aa2d182c5e>