Woodruff Leadership Academy 2023

Navigating Murky Waters:
Achieving Compensation Transparency at WHSC

Getting from here…

To here…

Team Table Shakers

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Background

In a 2019, the Association of American Medical Colleges (AAMC) defined salary equity as "access to opportunities that allow to earn and be paid similar compensation for comparable work, given shared qualifications — regardless of differences in individual characteristics such as gender, race, age, sexual orientation, religion, and disability." **According to this report, achieving and maintaining transparency will result in salary equity, dispel misconceptions, and promote employee trust, engagement, and retention.**

Physician compensation is typically a defined structure that allows for some negotiation, but compensation models are well established for most medical groups, hospitals, and large managed care organizations. As of today, most models of compensation are based on a salary or a net- or gross-revenues basis, with a bonus or incentive component. Based salary compensation is typically supported by benchmarking data and compensation surveys plus monetary rewards for seniority, leadership, and productivity. The base salary is assumed to be fixed or standard and similar to the salaries of others with comparable qualifications and productivity. As an individual progresses in employment, their base salary may increase based on pay domains such a rank/seniority, productivity, leadership opportunities, or ability to successfully negotiate a higher salary. However, some individuals may negotiate for higher compensation or additional pay incentives at the start of employment or during promotion process. Hence, salary inequities or the perception of inequity can emerge during these negotiations or when earning potential is diminished due to unequal opportunities. Therefore, lack transparency in this regard can result in perception of unequal individual compensation plan.

Various influencing factors in the compensation structure have been previously recognized in numerous studies. Notably, women are more likely to be negatively impacted by productivity-based compensation structures. Women physicians have increased demands for service and increased time spent with patients which results in lower volumes for female physicians than for male physicians. Depending on the practice specialty, women physicians over their careers earn $0.9 million to $2.5 million less than their male counterparts in the same specialty. Indeed, for every dollar a male physician earns, women physicians can expect to make 72 to 92 cents [1]. While many women choose to go into medical specialty fields that are lesser paid (e.g. primary care, pediatrics, obstetrics/gynecology), [1] disparities persist even within these disciplines.

Another recognized contributing factor in physician compensation is race and ethnicity. According to a national-level examination of academic medicine full-time faculty earnings by gender, race, and ethnicity, white male physicians and scientists earn much more than women of all races and men of color, even after accounting for rank, specialization, and degree. Within each racial and ethnic group, "men consistently made more than women of the same race and ethnicity" [2]. Women, especially Black indigenous people of color (BIPOC) women, spend more time on uncompensated activities such as committees and workgroups. While this volunteerism is important for institutions and communities, it takes time away from clinical work, grant awards, and research publications, all of which are more heavily weighted in pay models [2].

To that end, academic healthcare institutions have already begun standardizing their approach to salary compensation. The Mayo Clinic implements its salary compensation plan organization-wide, ensuring that salaries are not solely a department chair's decision. All salary increases are approved by the Mayo Clinic Salary & Benefits Committee and endorsed by the Mayo Clinic Board of Trustees Compensation Committee. To ensure a market approach that attracts and retains physicians and scientists nationally, compensation is based on a financial analysis of the target market and national multi-specialty group practices. Compensation is salary-based, without merit or productivity pay, and is determined by the specialty, not by the individual. Any incremental pay to an individual is based on their leadership assignments and special situations, as determined by their department/division [3].

As a longstanding institutional benefit of the implementation of these strategies, faculty who perceive institution compensation policies to be fair are less likely to leave the institution. This results in a reduction of physician turnover and an increase in retention [2]. Stanford University research suggests that costs of physician recruitment at their institution ranges between $250,000 and $1 million, depending on the specialty and academic position. Models estimate that for every 58 physicians leaving Stanford over a two-year period, the University suffers an economic loss of between $15.5 million and $55.5 million over the course of two years [4].

Importance and Innovation

We believe that a transparent and standardized compensation structure will enable WHSC schools to (1) ensure a perception of fairness among faculty in how they are compensated, (2) promote equity in compensation and mitigate compensation bias in the recruitment and promotions process, and (3) retain diverse and talented faculty.

Based on the relevance of this topic, our Woodruff Leadership Academy (WLA) cohort focused on evaluating the transparency of Emory School of Medicine (SOM) and the level of understanding and perception that the faculty has towards SOM compensation structure.

Methods

Assessing faculty perceptions survey

We developed a 22-item survey to enhance our understanding of faculty's perceptions of compensation structure transparency and pay equity within an individual's department or division at SOM. The questionnaire was sent to ~2500 faculty members in March 2023. We collected demographic information, queried their understanding of existing compensation structures within their departments, and their overall perceptions of compensation structure, transparency and pay equity at Emory **(Appendix A).** Respondents had the option to provide their email address to be entered into a raffle to win an $100 Amazon e-gift card. Participation was voluntary and anonymous.

Assessing current practices within Emory: Key Stakeholder Interviews

To better understand the historical work Emory University has performed to date, we met with key stakeholders of the Emory Compensation Committee:(1) **Ira Horowitz**, Director, The Emory Clinic, and Physician Group and President, Emory Healthcare and Executive Associate Dean of Faculty and Clinical Affairs, among other responsibilities. (2) **Heather Hamby**, Executive Associate Dean and Chief Business Officer for Emory University SOM and Associate Vice President for Health Center Integration for the Woodruff Health Sciences Center. (3) **Sarah Brewer**, Senior Administrator, Emory Faculty and Physician Compensation; Theodore Johnson II, Chair of Family and Preventive Medicine and Division of General Internal Medicine and Geriatrics. (4) **Reshma Jagsi**, Professor and Chair of the Department of Radiation Oncology. (5) **Lilicia P. Bailey**, Chief of Human Resources officer of Emory Healthcare and (6) **Margie Vaughn**, Physician Compensation Manager at Emory Healthcare (7) **Gary Teal.** Vice President, Woodruff Health Sciences Center. **Appendix B** describes the questions used when interviewing key stakeholders.

Statistical Analyses

Statistical analysis was conducted using SAS version 9.4 by biostatistics and share resource at Winship Cancer Institute of Emory University under the leadership of Jeffrey Switchenko PhD. Salary progression was calculated using the mean of each salary bracket. Descriptive statistics for each variable were reported. Association between variables of interest and the study cohort were examined using Chi-square for categorical variables and Pearson correlation coefficient for continuous variables. A logistic regression model was used to evaluate the impact of factors influencing the perception of salary progression.

Strategic Development and Process Automation

A cause-and-effect analysis was performed to identify potential barriers for compensation transparency. This cause-and-effect analysis with the recommendations obtained after querying all faculty participants in the 2023

WLA and Key Stakeholders. A pareto chart was used to prioritize the potential barriers to compensation transparency.

Results

A. Survey Data

A.1a Descriptive statistics: 540 responses were recorded from the survey-- a 21% response rate from the WHSC SOM listserv. **Appendix C** describes the characteristics of the respondents.

With regards to salary compensation, the starting salary of the faculty was skewed towards salaries below 200,000 us dollars (60%) followed by a 25% of the faculty earning between $201,000-300,000 and the remaining beyond $301,000. Half of the faculty (50.1%) migrated their current salary status towards $201,000 to $350,000, having now 24.8% earning less than $200,000 and 20.7% earning above $251,000.

A.1b Understanding of the compensation structure: Fifty one percent did not think or was unsure if their department has a define structure of compensation while 48.2% was aware of their department structure of compensation. Fifty four percent felt that the information provided about compensation was not made available or no time was given to understand it. Seventy two percent did not know or was unsure if their department has completed a pay equity or market pay analysis and 27% was aware that the department have done this type of analysis. Interestingly, 60.4% felt confident where to find the information about compensation.

A.1c Perceptions of compensation structure: Forty seven percent perceived compensation inequality with regards to gender/race/ sexual orientation and/or place of employment. 67.2% felt that their level of compensation was not reflective of their level of education and experience to the extent of the job-related necessity and 74.4% felt that their salary was not reflective of their productivity and contribution to their department. Interestingly, 70.2% of the faculty was either dissatisfied or neither satisfied nor dissatisfied with the transparency of compensation made by their departments. However, 81.4% felt that information and understanding the compensation structure was valuable for them.

B. Univariate Associations

B.1a. Associations among covariates, salary, and perceptions: Analysis of the salary brackets and covariates demonstrated age, more advanced academic rank, and holding a position of leadership were associated with higher salary brackets. Importantly, knowing the compensation structure, if the department had done a market pay analysis, and where to find this information were also associated with higher reported salary brackets.

Location of practice and gender impacted salary distribution, whereas working at Grady and being female tended to have reported lower salary brackets. Those who perceived there is inequality based on gender/race/sexuality also were more likely to report salaries below $300,000. Alternatively, those that disagree to the presence of inequality were more likely to report higher salary brackets. Interestingly, the negative perceptions of compensation equity did not differ by level of education or productivity; additionally, the compensation dissatisfaction were reported in both low and high salary brackets. Finally, across all brackets, the majority of the faculty felt that their compensation was not competitive to the same position at other peer organizations.

B1b. Associations among covariates and awareness of salary compensation structures: We found that most were not aware of their department's compensation structure and thought this information was unavailable. Those who reported to be aware of their department's compensation structure were more satisfied about their department transparency than those that did not know about their departmental compensation structure.

We also found a lack of awareness is associated with a higher perception of salary inequality. In contrast, the majority (66.15%) of those who were aware of their department's compensation structure disagreed that salary inequity exists in their department, suggesting that information and communication is vital to reduce this perception. Similar results were observed regarding market analysis and perception about compensation structure. Awareness of their department's market analysis had a positive impact on perceptions of a lack of

salary inequalities by race/gender/sexual orientation. Additionally, awareness of their department market analysis decreased salary dissatisfaction by 20%.

B1c. Associations among salary progression and covariates: Our analysis found that practice location was a driver for higher salary progression per year, especially for faculty who reported their practice location at St. Joseph's, followed by Emory Clifton Road, CHOA and lastly Grady Memorial Hospital. As expected, age, academic rank, and holding a position of leadership were positive factors influencing salary progression. Importantly, gender, sexual orientation and race did not influence yearly salary progression.

Awareness of compensation structure, location of information, and awareness of a market pay analysis was positively associated with salary progression. In addition, those who strongly agreed that their level of education and productivity were represented by their salary had higher salary compensation yearly progression than those who did not. The perception of inequality and that their salary was not competitive to other organizations were not factors associated with yearly salary progression.

Multivariate analysis of salary progression: Multivariate linear regression identified that location of practice, age and having a position of leadership were the main factors influencing salary progression among the responders of the survey.

C. Key Stakeholder Interview Results

Our research into this topic led us to understand that Emory School of Medicine has been on a journey to reduce salary opacity and inequity since 2016. The SOM assembled a Compensation Committee to address compensation inequities. The committee reviews departmental compensation plans, reduces the number and variability of compensation plans, maintains set boundaries, allows the divisions/departments to develop the plan, and/or reviews plan to ensure it maintains the core principles. To date, the Compensation Committee reduced >140 individual compensation plans within the SOM to 30-40 individual plans. In addition, the committee regularly performs deep analysis utilizing complex scatter plots to evaluate and identify potential inequalities with regards to gender, race, academic rank, etc. (**Appendix D**). The committee delegates the responsibility of transmitting the compensation structure information to the faculty, to the department/division.

C1a. Analysis of Stakeholders interviews: A cause and effect analysis identified 6 potential barriers for salary transparency: presence of disparities, concerns of the University about transparency and its consequences, lack or limited communication, the structure of compensation, concerns of the faculty about transparency and its consequences, and lack of feedback. Pareto chart analysis showed that inequality by location, gender, race or sexual orientation, limited or infective methods of communication of the compensation structure, concerns of the university that transparency will increase university costs, disclosing inequality, or that it will create chaos, presence of a complex and difficult to understand compensation structure, lack of trust of the faculty about compensation structure, culture of silence, no 360 evaluation about faculty satisfaction about compensation communication, and their compensation and inadequate/outdated benchmark analysis as the main barriers affecting compensation transparency.

Recommendations

The 2023 Woodruff Leadership Academy (WLA) members and key stakeholder focus group recommendations were used to develop a priority/pay off matrix. The recommendations identified the following initiatives with high impact and low difficulty for implementation that include:

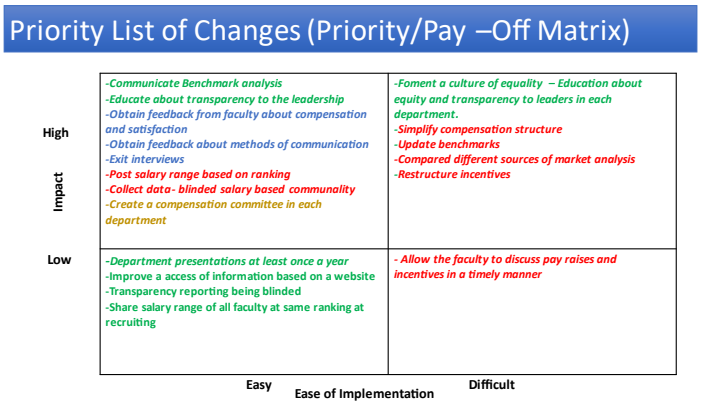
- **Education**: Educate leaders within each department about the impact transparency has on reducing perceptions of inequality; create venues (e.g., faculty meetings, websites, town halls) to communicate structures of the various compensation plans, benchmarks, and salary analysis.
- **Feedback:** Ensure 360-degree communication and opportunities to ask questions regarding compensation prior to attesting that faculty have read and understood the annual compensation plan.

Create mechanisms to allow feedback from faculty regarding satisfaction and current methods of communication. Exit interviews to determine the influence of transparency related to compensation with regards to faculty departure.

- **Benchmark analysis and availability of data:** Regularly perform benchmark salary analysis and make it known. Post blinded salary ranges based on rank compared to benchmarks. When small departments are being represented, aggregate the data to maintain confidentiality.
- **Committees:** Create individual departmental compensation committees which would be represented at the larger SOM compensation committee. B, responsible for disseminating information annually and ensuring faculty comprehension.

The faculty identified 3 recommendations with high impact and high difficulty for implementation:

- Create a culture of equality by educating leaders about equity, inclusion, and transparency.
- Update benchmarks and compare benchmarks from different sources.
- Continue to restructure and simplify compensation structures.



Actions with low impact and low difficulty for implementation:

- Improving access to information through a website,
- Providing transparent reporting of compensation on an annual basis to all faculty. Publishing salary ranges for all faculty at the same rank at the time of recruiting.
- Individual discussion about salary raises and incentives

Conclusions and Future Directions

Our recommendation is to expand the work of the Emory SOM Compensation Committee by forming similar committees at the SON and RSPH. These committees should report to a **centralized Office for Compensation review within WHSC,** which assess faculty compensation within Emory Healthcare and across academic departments. This centralized office for compensation review should be responsible for implementing the below recommendations, as put forth by our WLA team:

1. **Ensure standardization and equitable compensation across all healthcare facilities**. For example, faculty within the same department at Grady, EUH, Johns Creek, etc. should have comparable salaries. This ensures equitable, high-quality care is delivered at ALL Emory-related healthcare facilities, especially as we continue to expand the reach of Emory Healthcare throughout Georgia and the southern region.
2. **Regularly communicate the work of the Compensation Committee to department chairs,** including a review of specific scatter plots (examples in **Appendix D**) and a review of the formulas used to determine base salary. Distinctions between male/female, race/ethnicity and rank can be blinded. Aggregation of scatter plots may be helpful for maintaining anonymity in smaller departments.
3. **Create expectations that chairs communicate their departmental analyses to faculty with regularity (e.g., during annual reviews, faculty meetings, town halls).** Communication should include a review of the compensation committee's mission, goals, and work for the year. A detailed plan of the individual's compensation and incentive plan should be communicated annually (example in **Appendix E**).

4. **Continue to explore, assess, and address faculty perceptions of compensation equitability, through surveys, key informant interviews, and focus groups.** Perceptions of work productivity and compensation by individual faculty often extend beyond RVUs and/or funded grants; these perceptions may involve efforts and time spent doing volunteer work on committees, mentorship and teaching provided to learners/colleagues, and service-related work conducted within the community.[1]
5. **Train and educate department chairs about national** data from the AAMC Annual Faculty Salary Survey, which can help academic medicine leaders begin to think about and evaluate their compensation models and outcomes; we recommend the 2021 book entitled *Closing the Gender Pay Gap in Medicine: A Roadmap for Healthcare Organizations and the Women Physicians Who Work for Them*, which further explores compensation inequality, as a reference.
6. **Standardize a departmental compensation committee** responsible for the distribution of data and compensation information to its faculty members.

References

[1] M. Valerie M. Dandar, M. Diana M. Lautenberger and P. Gwen E. Garrison, "Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools," 2019. [Online]. Available: https://www.aamc.org/data-reports/faculty-institutions/report/promising-practices-understanding-and-addressing-salary-equity-us-medical-schools.

[2] G. Redford, "New report finds wide pay disparities for physicians by gender, race, and ethnicity," October 2021. [Online].

[3] M. Randall K. Roenigk, "Faculty Compensation: The Mayo Clinic Model," 13 September 2014. [Online]. Available: https://www.dermatologyprofessors.org/files/2014%20Annual%20Meeting/Presentations/The%20Mayo%20Clinic%20Model%20RRoegnik.pdf.

[4] M. Sara Berg, "At Stanford, physician burnout costs at least $7.75 million a year," 17 November 2017. [Online]. Available: https://www.ama-assn.org/practice-management/physician-health/stanford-physician-burnout-costs-least-775-million-year.

[5] C. Horstman, "Male Physicians Earn More Than Women in Primary and Specialty Care," 27 July 2022. [Online]. Available: https://www.commonwealthfund.org/blog/2022/male-physicians-earn-more-women-primary-and-specialty-care#:~:text=Male%20physicians%20consistently%20earn%20more,the%20type%20of%20medicine%20practiced.

[6] M. Valerie Dandar and M. Diana M. Lautenberger, "Exploring Faculty Salary Equity at U.S. Medical Schools by Gender and Race/Ethnicity," October 2021. [Online].

[7] J. Liu, "Here are all the new salary transparency laws going into effect in 2023," 29 December 2022. [Online]. Available: https://www.cnbc.com/2022/12/29/new-salary-transparency-laws-going-into-effect-in-2023.html .

[8] C. Clark, "Salary Transparencies Spur Universities to Pay Females More Equitably," 17 January 2023. [Online]. Available: https://gpsnews.ucsd.edu/salary-transparencies-spur-universities-to-pay-females-more-equitably/.

[9] L. Z. Elizabeth Lyons, "Salary transparency and gender pay inequality: Evidence from Canadian universities," *Strategic Management Journal,* 2022.

[1] This structured approach can be achieved through the aforementioned recommendation for centralized office that oversees compensation equity.

Appendix A
Assessing faculty perceptions survey

Hello, the Woodruff Leadership Academy is evaluating SOM faculty knowledge about salary practices.

Start of Block: Default Question Block

Q1 Where is your primary work location?

- ○ Emory Clifton Rd (1)
- ○ Emory Midtown (2)
- ○ Emory Saint Joseph's (3)
- ○ Emory Johns Creek (4)
- ○ Emory DeKalb (5)
- ○ Grady Memorial Hospital (6)
- ○ Other (7) _____

Q2 What is your age bracket?

- ○ 20 - 30 (1)
- ○ 31 - 40 (2)
- ○ 41 - 50 (3)
- ○ 51 - 64 (4)
- ○ 65 or older (5)

Q3 Do you recognize yourself as…

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary/ third gender (3)
- ○ Prefer not to say (4)

Q4 What is your sexual orientation?

- ○ Heterosexual (1)
- ○ Same-gender loving (Lesbian, gay, bisexual) (2)
- ○ Prefer not to say (3)

Q5 What race or ethnicity do you consider yourself?

- ○ African American or Black (1)
- ○ Caucasian or White (2)
- ○ Hispanic or Latino (3)
- ○ Asian or Pacific Islander (4)
- ○ Other (5) _____
- ○ Prefer not to say (6)

Q6 List all graduate-level degrees you have obtained (check all that apply):

- [ ] MD (1)
- [ ] PhD (2)
- [ ] Master's (MPH, MS) (3)
- [ ] Other (4) _____

Q7 What is your academic rank?

- ○ Instructor (1)
- ○ Assistant professor (2)
- ○ Associate professor (3)
- ○ Professor (4)
- ○ No academic rank (5)

Q8 How many years removed are you from your post-graduate training?

- ○ 1 - 5 years (1)
- ○ 6 - 10 years (2)
- ○ 11 - 15 years (3)
- ○ 16 - 20 years (4)
- ○ More than 20 years (5)

Q9 Do you hold a position of leadership (e.g. department/division chair, vice chair, chief of service, etc.)?

- ○ Yes (1)
- ○ No (2)

Q10 What was your starting salary when you first came to Emory at your entry position/role?

- ○ Less than 100,000 (1)
- ○ 101,000 – 150,000 (2)
- ○ 151,000 – 200,000 (3)
- ○ 201,000 – 250,000 (4)
- ○ 251,000 – 300,000 (5)
- ○ 301,000 – 350,000 (6)
- ○ 351,000- 400,000 (10)
- ○ 401,000 – 450,000 (7)
- ○ 450,00 or greater (8)
- ○ Unsure of my starting salary (9)

Q11 What is your current salary?

- ○ Less than 100,000 (1)
- ○ 101,000 – 150,000 (2)
- ○ 151,000 – 200,000 (3)
- ○ 201,000 – 250,000 (4)
- ○ 251,000 – 300,000 (5)
- ○ 301,000 – 350,000 (6)
- ○ 351,000- 400,000 (9)
- ○ 401,000 – 450,000 (7)
- ○ 450,000 or greater (8)

Q12 Do you know whether your department has a defined structure that determines salary compensation and when it will be disbursed (baseline and incentives)?

- ○ Yes, there is a defined structure to determine salary compensation. (1)
- ○ No, there is not a defined structure to determine salary compensation. (2)
- ○ Unsure, I do not know if there is or is not a defined structure to determine salary compensation. (3)

Q13 Do you feel confident you know whom to ask or where to find the information regarding your salary compensation and when will it be disbursed?

- ○ Yes, I am confident whom to ask for this information. (1)
- ○ No, I am not confident whom to ask for this information. (2)

Q14 Do you know if your department has done a pay equity or market pay analysis?

- ○ Yes, my department has performed a pay equity or market pay analysis during my employment. (1)
- ○ No, my department has not performed a pay equity or market pay analysis during my employment. (2)
- ○ Not aware, I do not know if my department has or has not performed pay equity or market pay analysis during my employment. (3)

Q15 How much do you agree or disagree with this statement:
There is inequality with regards to gender/race/sexual orientation within salary/incentive determination.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Q16 How much do you agree or disagree with this statement:
Information regarding how you are compensated (e.g. RVU based versus straight salary) has been made available and you were given time to understand it.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Q17 How much do you agree or disagree with this statement:
My salary represents my level of education and experience to the extent of the job-related necessity.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Q18 How much do you agree or disagree with this statement:
My salary reflects my work ethic, productivity, and/or contributions.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Q19 How much do you agree or disagree with this statement:
My salary is competitive to the same position in other peer organizations.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Neither agree nor disagree (3)
- ○ Disagree (4)
- ○ Strongly disagree (5)

Q20 How valuable do you believe it is to know and understand your department's compensation structure?

- ○ Very valuable (1)
- ○ Somewhat valuable (2)
- ○ Neutral (3)
- ○ Somewhat not valuable (4)
- ○ Not very valuable (5)

Q21 How satisfied are you with your department's transparency on compensation/ salary determination?

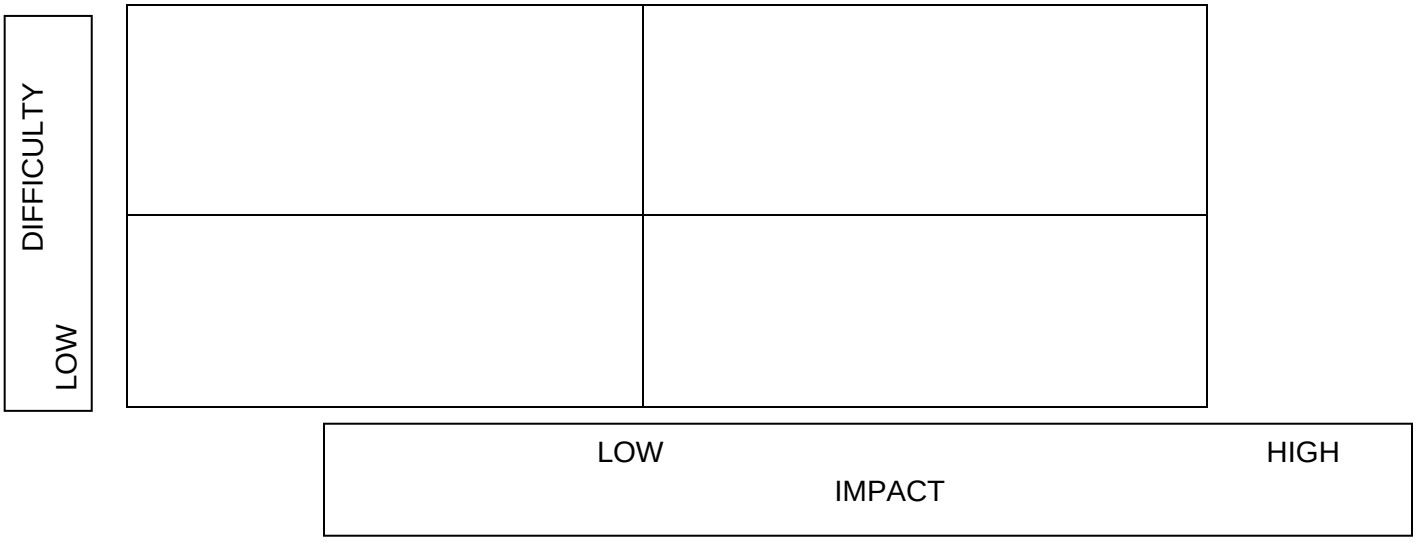
- ○ Extremely satisfied (1)
- ○ Somewhat satisfied (2)
- ○ Neither satisfied nor dissatisfied (3)
- ○ Somewhat dissatisfied (4)
- ○ Extremely dissatisfied (5)

Q22 What other information would you like to provide concerning salary practices?

_____

Appendix B
Key Stakeholder Interview Questions

1. What is your role at Emory?
2. What is your role in compensation as it relates to Emory? *Is there a compensation committee? Does each school have one? To what degree do you believe the key players know this information? Who encompasses the compensation committee? Why was this committee formed?*
3. What are the different compensation models across emory healthcare?
4. What parameters are used to determine an offering salary compensation during hiring?
5. What parameters are used to determine compensation at annual review and what weight do they carry in the equation of compensation?
6. How transparent do you believe parameters and practices related to salary determination are communicated to leadership and to faculty?
7. What is the hierarchy of key players in knowing this information?
8. How transparent do you believe parameters and practices related to salary determination are communicated to physicians?
9. How fair do you think are the structures for faculty compensation at the school of medicine?
10. What suggestions do you think should be taken in place to improve transparency in faculty compensation at School of Medicine
11. What recommendations do you have to improve equity on compensation for faculty? Please placed them according to their level of difficulty and impact.



Appendix C

Table 1. Demographic characteristics of survey respondents

Characteristic	**N (%)**
Primary practice location	
Emory Clinic	220 (41)
Grady Hospital	89 (16.7)
Emory Midtown	59 (11.1)
Children's Hospital of Atlanta (CHOA)	45 (8.3)
St. Joseph's	17 (3.2)
Johns Creek	10 (1.9)
Emory Decatur	10 (1.9)
Other Emory Affiliate	82 (15)
Age	
20 - 30	4 (.75)
31 - 40	174 (32.7)
41 - 50	219 (41.1)
51 - 64	102 (19.1)
65 or older	34 (6.4)
Gender	
Male	235 (44.1)
Female	284 (53.3)
Non-binary	1 (.19)
Prefer not to say	13 (2.4)
Sexual Orientation	
Heterosexual	474 (89.1)
Same-gender loving (lesbian, gay, bisexual)	22 (4.1)
Prefer not to say	36 (6.8)
Race	
African American/ Black	41 (7.7)
Caucasian/ White	333 (62.5)
Hispanic/ Latino	24 (4.5)
Asian/ Pacific Islander	98 (18.4)
Other	12 (2.3)
Prefer not to say	35 (4.7)

Appendix D

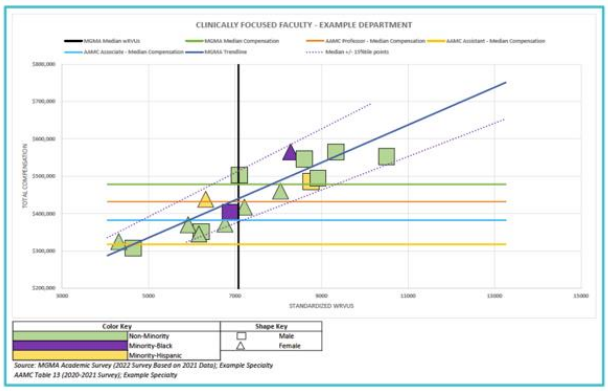


Figure 1: Sample Clinical Pay to Production Scatterplot (Ethnicity) by Department

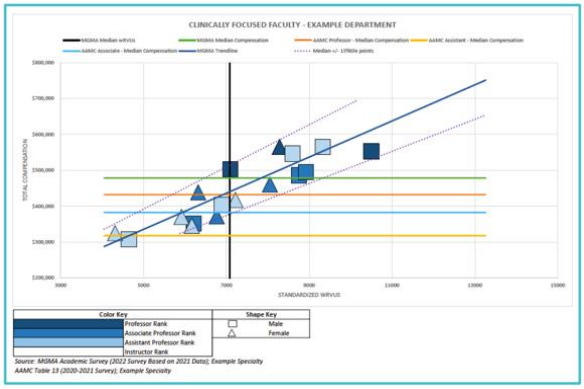


Figure 2: Clinical Pay to Production Scatterplot (Rank) by Department

The compensation committee reviews annual salaries by department on an annual basis, presented in a format represented by the scatter plots in **Figures 1 and 2**. In Figure 1, female faculty are represented by triangles, and male faculty are represented as squares. The vertical axis shows the level of compensation, and the horizontal axis shows work productivity by standardized wRVUs. The diagonal purple dotted lines represent the 15th percentile of productivity; ideally all salaries should fall within the 15th percentile range of their productivity. The colorful horizontal lines represent various benchmarks; the green line is the MGMA Median for this particular group; the orange horizontal line represents the AAMC Professor median; the blue is the AAMC Associate Professor median, and the yellow is the Associate Professor median. In Figure 2, the assistant professors (which are in the light blue) are all at the median. Any outliers relative to gender, race, rank, or compensation relative to productivity are identified, with outreach to the department chair for a deeper analysis and assessment of such identified individuals.

The committee does not review individual dollar amounts for physicians and non-physicians. A blinded in-depth department analysis is conducted based on gender, rank, ethnicity; outliers are reviewed with department leadership, to determine any barriers that may exist to equitable compensation.

Appendix E
Compensation and Incentive Plan Details for the Emory SOM Department of Emergency Medicine

Key components of the Emergency Medicine compensation plan for FY2023.

1. Base Compensation: Your Base Compensation is determined using our compensation ladder which takes into account your academic rank and years of experience post-residency. The ladder is reviewed annually to account for clinical and academic productivity and national benchmarks, all in the context of the current University, Emory Healthcare and School of Medicine financial environment.
2. Variable Compensation: Your compensation includes a variable compensation component. This Variable Compensation is specific to clinical activity provided through The Emory Clinic/Emory Specialty Associates.
3. EHC Incentive Compensation: You will be eligible for EHC's Physician/Provider Incentive Compensation up to 10% following incentive plan principles and guidelines as approved by EHC leadership. Incentive Compensation is paid in addition to Base Compensation and Variable Compensation. Payment of Incentive Compensation is subject to achievement of approved metrics and targets. EHC Incentive Compensation is paid on an annual basis based on EHC achievement of financial triggers. Plan guidelines are subject to change.
4. Grady Incentive Compensation: You will not be eligible for Grady Incentive Compensation up to 5% of Grady base salary compensation following incentive plan principles/guidelines as approved by Grady leadership. Incentive Compensation is paid in addition to Base Compensation and Variable Compensation. Payment of Grady Incentive Compensation is subject to achievement of applicable metrics and targets. Grady's organizational financial performance is a trigger for paying out the incentives. Plan guidelines are subject to change.
5. Research Incentive Compensation: You may be eligible for SOM's Research Faculty Incentive Compensation equal to 50% of individual SaLaD distribution, following incentive plan principles and guidelines as approved by SOM leadership. Payment of Research Incentive Compensation is subject to achievement of applicable metrics and targets set by SOM. Plan guidelines are subject to change.
6. Department/Division National Benchmark Data (AAMC based on most recently available FY2021 data) The benchmarks below are used for evaluation of your total compensation, inclusive of base, variable and incentive. In order to assess your percentile, please utilize the total compensation information from the attached compensation template:
    a. 25th Percentile $296,339
    b. 50th Percentile $328,061
    c. 75th Percentile $328,062
    d. 90th Percentile $365,289