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"Happy Trials to You"

Why Fair Market Value Is Not One Number By Norman M. Goldfarb

Most principal investigators are physicians. Given the financial pressures on healthcare providers in the United States, few physicians can afford to devote time to clinical research unless the monetary compensation is comparable to what they can earn in their medical practice. Variations in those rates of compensation, as well other costs and prices for a clinical research site, help determine the fair market value (FMV) for a clinical research site's services.

Study sponsors typically use the FMV concept to stay clear of anti-kickback and other laws that prohibit overpaying physicians and research sites. Sponsors often determine an FMV for the entire U.S. and then work to minimize variations from that. This strategy ignores the obvious fact that clinical research costs vary regionally and across medical specialties, and that some sites are better than others at clinical research. In other words, the "national average" FMV strategy causes study sponsors to pay most sites either more or less than their actual FMV.

Variation by Medical Specialty

Table 1 lists U.S. physician annual compensation by medical specialty.¹ Compensation ranges from a low of \$185,280 for pediatric rheumatologists to a high of \$916,284 for pediatric cardiac/thoracic surgeons, a factor of five difference. These rates help explain why the cost of conducting clinical research can even vary by department in a hospital, much less nationally.

Table 1. Physician Compensation by Specialty

(Annual Median Compensation, 2016 Data, \$US)1

Specialty	Comp
Allergy & Immunology	311,750
Anesthesiology	415,685
Bariatric Surgery	502,051
Breast Surgery	363,519
Cardiac & Thoracic Surgery	690,000
Cardiology	485,945
Cardiovascular Surgery	718,433
Colon & Rectal Surgery	437,000
Critical Care / Intensivist	400,000
Dentistry	236,151
Dermatology	457,118
Emergency Medicine	348,178
Endocrinology	248,931
Family Medicine	242,210
Family Medicine - with Obstetrics	262,266
Gastroenterology	519,124
General Surgery	413,047
Geriatrics	229,505
Gynecological Oncology	466,615
Gynecology	260,427
Gynecology & Obstetrics	342,700

Specialty	Comp
Orthopedic Surgery - Spine	795,086
Orthopedic-Medical	507,191
Otolaryngology	440,092
Pain Management (Non-Anesthesiology)	420,000
Palliative Care	232,133
Pathology	373,794
Pediatric Allergy	238,784
Pediatric Anesthesiology	471,500
Pediatric Cardiac / Thoracic Surgery	916,284
Pediatric Cardiology	305,693
Pediatric Emergency Medicine	250,754
Pediatric Endocrinology	208,278
Pediatric Gastroenterology	272,500
Pediatric Genetics	204,011
Pediatric Hematology / Oncology	229,531
Pediatric Hospitalist	201,250
Pediatric Infectious Disease	196,624
Pediatric Intensive Care	322,757
Pediatric Nephrology	221,933
Pediatric Neurology	264,400
Pediatric Orthopedic Surgery	563,058

Hematology & Medical Oncology	444,766
Hospitalist - Family Medicine	273,593
Hospitalist - Internal Medicine	281,500
Hospitalist - Nocturnist	293,435
Hypertension & Nephrology	339,750
Infectious Disease	263,651
Internal Medicine	259,765
Internal Medicine - Pediatrics	249,510
Maternal Fetal Medicine / Perinatology	468,157
Medical Oncology	361,536
Neonatology	337,388
Nephrology	327,718
Neurological Surgery	779,266
Neurology	295,211
Nuclear Medicine	384,120
Obstetrics	312,382
Obstetrics & Gynecology	342,700
Occupational / Environmental Medicine	244,064
Oncology - Surgical	434,709
Ophthalmology - Medical	304,616
Ophthalmology - Retinal Surgical	549,965
Ophthalmology - Surgical	414,996
Oral - Maxillofacial Surgery	503,633
Orthopedic Surgery	581,092
Orthopedic Surgery - Foot & Ankle	494,700
Orthopedic Surgery - Hand	604,869
Orthopedic Surgery - Joint Replacement	718,618
Orthopedic Surgery - Pediatrics	563,058

Pediatric Otolaryngology	422,112
Pediatric Pulmonary Disease	251,743
Pediatric Radiology	472,682
Pediatric Rheumatology	185,280
Pediatric Surgery	577,972
Pediatric Urology	528,161
Pediatrics & Adolescent	241,116
Physical Medicine & Rehabilitation	280,750
Plastic & Reconstructive Surgery	528,283
Podiatry - Medical	240,705
Psychiatry	266,540
Psychiatry - Child	265,227
Pulmonary / Critical Care	397,547
Pulmonary Disease	372,250
Radiation Therapy (M.D. only)	525,000
Radiology-Interventional	610,500
Radiology-Non-Interventional	503,225
Reproductive Endocrinology	412,458
Rheumatologic Disease	254,604
Sports Medicine	275,513
Thoracic Surgery	523,755
Transplant Surgery - Kidney	437,404
Transplant Surgery - Liver	552,603
Trauma Surgery	471,967
Urgent Care	266,591
Urology	453,680
Vascular Surgery	489,240

Variation by Geography

While a study participant in one locale delivers about the same value to a study sponsor as one from another locale, there are statistical and other reasons why a study sponsor would want a study's sample population to be geographically dispersed. Just as the price of healthcare varies regionally, so does the price for clinical study conduct. These variations are correlated, but not identical, based on local competition and other factors. Nevertheless, heathcare pricing can be used as a rough proxy for clinical research pricing, and certainly indicates the degree of variation across regions.

The U.S. Centers for Medicare & Medicaid Services (CMS) publishes national and regional Medicare physician reimbursement rates. For example, the average national fee for a CPT 93452 procedure (left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed) is currently \$847. However, the fee in San Francisco, California is \$1,054 (24% higher), while the fee in Arkansas is only \$750 (11% lower). The San Francisco fee is thus 40% higher than the Arkansas fee.³

Variation by Physician Experience and Reputation

Physicians can provide expert witness and other consulting services. Their fees typically vary by experience and reputation. VMG Health, a prominent firm that specializes in determining the fair market value in the healthcare industry, including physician consultants, categorizes them in three tiers:

Tier 1 physicians typically have extensive experience, have a significant national or even international presence, and have a multitude of presentations and publications.

Tier 2 physicians typically have a moderate level of experience, have some national and maybe international presence, and have a moderate number of presentations and publications.

Tier 3 physicians are typically inexperienced, do not have a national or international presence, and have only a handful of presentations and publications.

For the purposes of this article, VMG Health has provided rough estimates, intended only to indicate typical rates and the relation of rates between tiers. These rates should not be used in actual practice. In the medical specialty of general surgery, a Tier 3 consultant might earn up to \$300/hour, a Tier 2 consultant might earn up to \$400/hour, and a Tier 1 consultant might earn up to \$500/hour.

VMG's determinations are for physician consultants, not principal investigators. Based on this example, their findings do, however, suggest that if a Tier 1 physician is required for a study, he or she might warrant an hourly rate that is 60% more than one with minimal experience. The same rationale can be applied to other site personnel conducting a clinical study, along with sites in their entirety.

Conclusion

Sponsors that want to get the best results in their clinical studies should spend their study budgets on the best sites they can afford, without any false notions that FMV requires them to pay all sites about the same. In fact, the correct application of FMV requires sponsors to pay each site for the value it provides to the study, which can vary substantially by medical specialty, geography and site capabilities.

References

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