# AABIP Survey on IP Practice Patterns, wRVU and Salary

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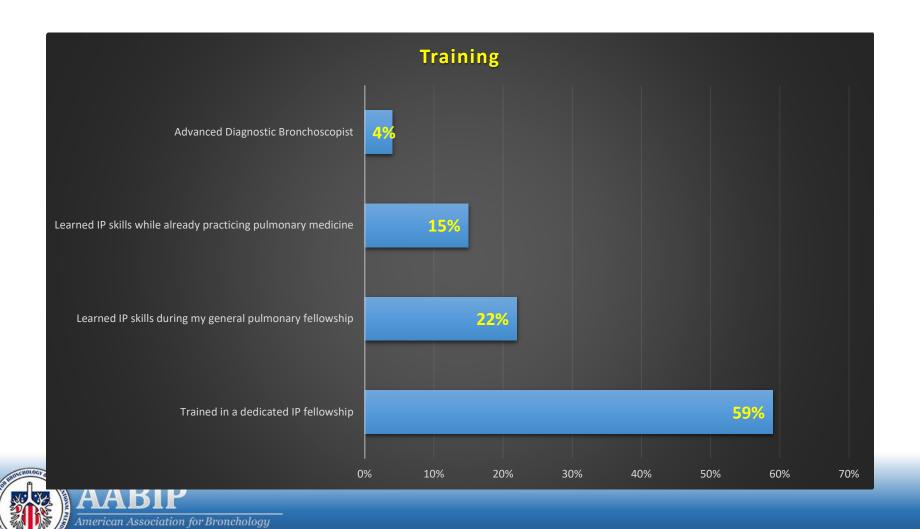
#### **Survey Details**

- Anonymous survey sent to all AABIP members between June and July of 2019
- Responses received: 132, response rate≅: 25%
- Participants:
  - Average age: 43
  - Gender:
    - Male 86%, Female 14%
  - Average years in practice: 5
  - Average hours worked per week: 50

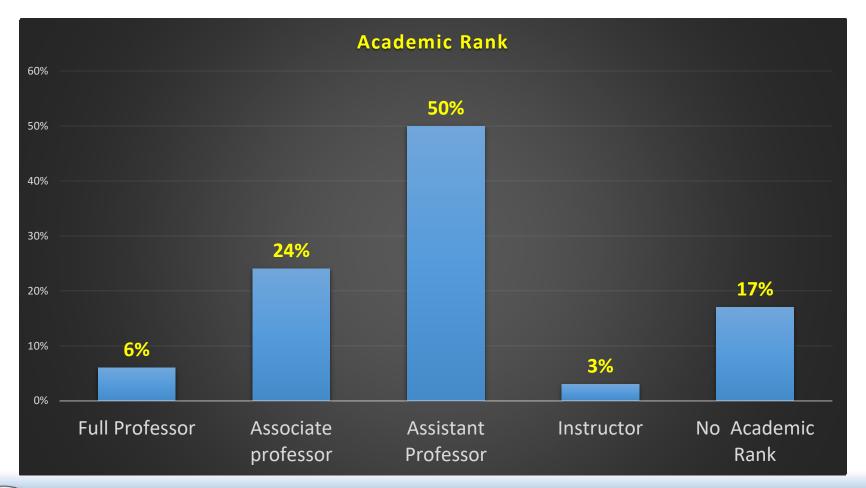


## **Training**

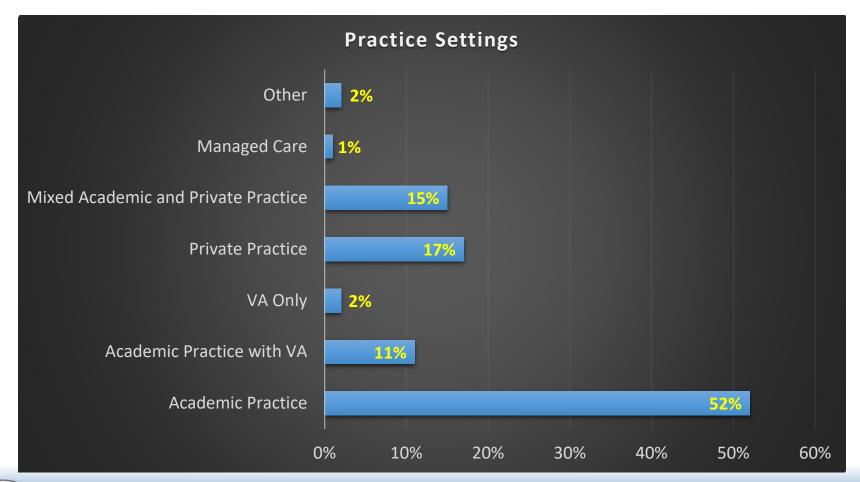
and Interventional Pulmonology



#### Academic Rank

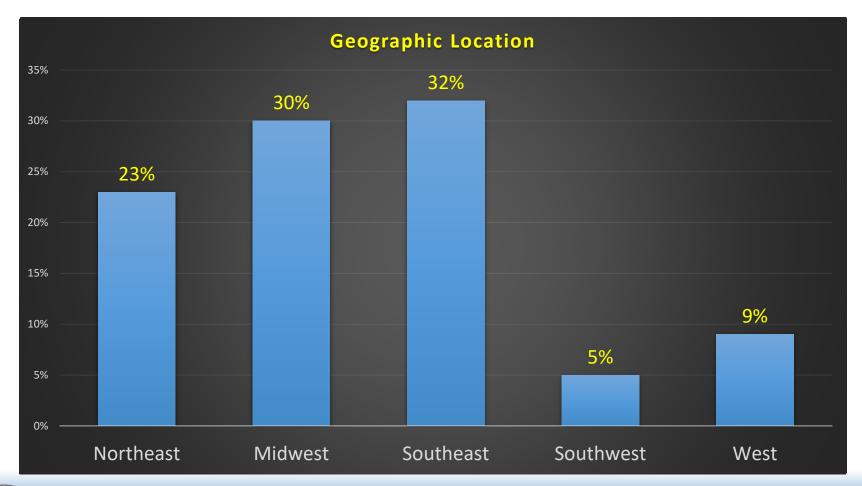


## **Practice Settings**

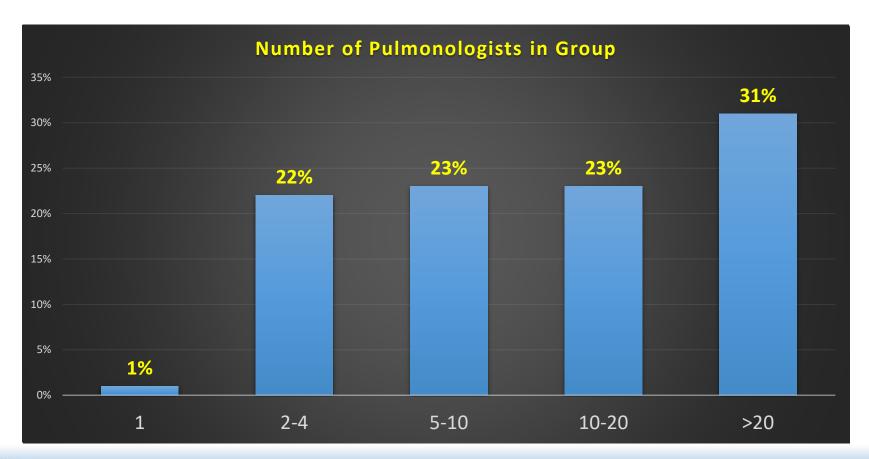




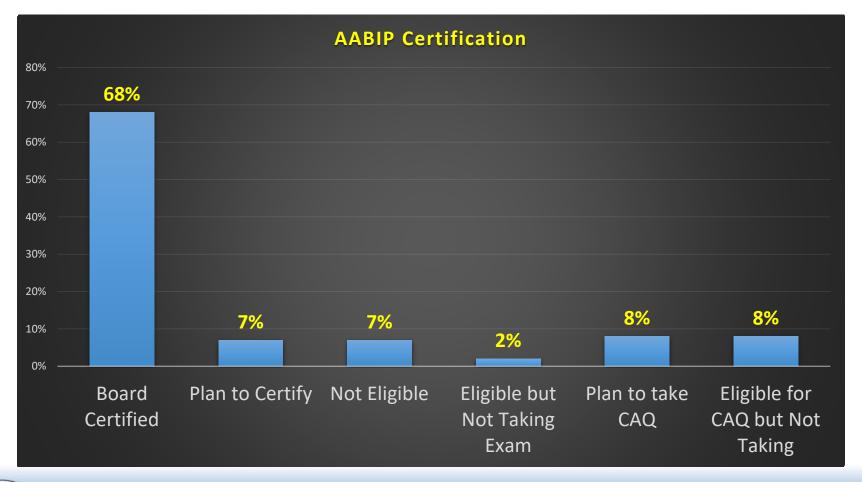
#### **Practice Location**



#### **Practice Size**



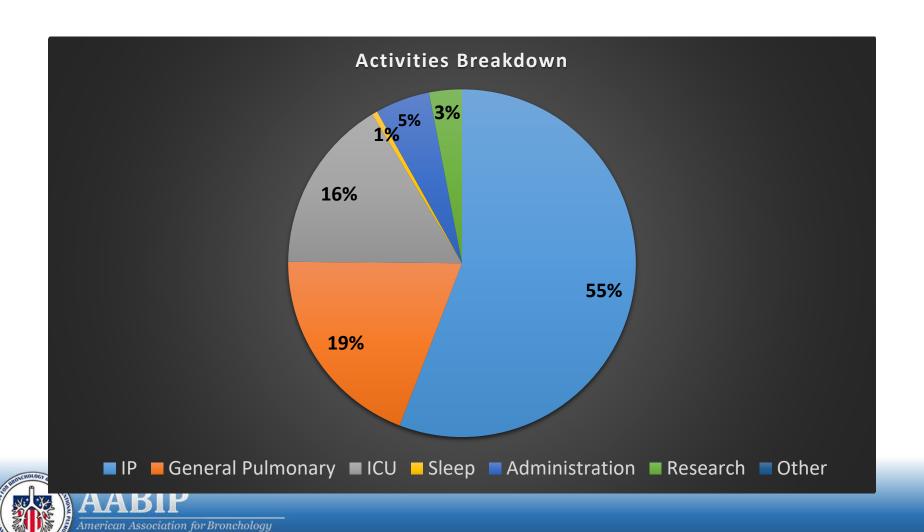
#### **AABIP Certification**





#### **Effort Distribution**

and Interventional Pulmonology



## **Endoscopy/OR Availability**

Reserved time in endoscopy suite:

• Yes:78%

• No: 22%

Share endoscopy suite with GI:

• Yes: 44%

• No: 56%

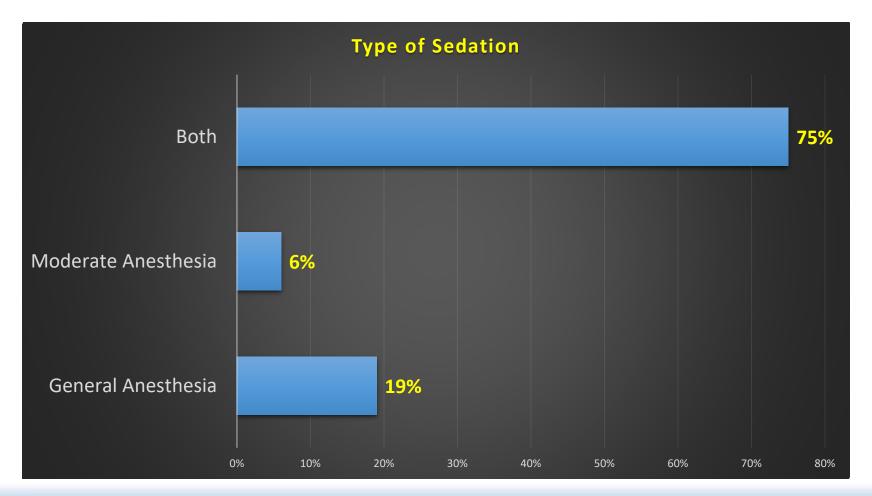
Reserved time in OR:

• Yes: 46%

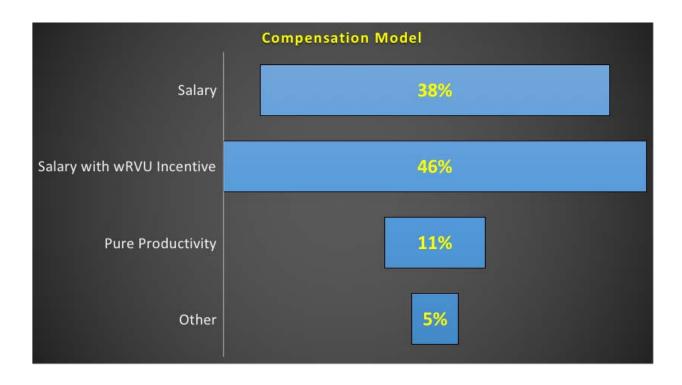
• No: 54%



## **Bronchoscopy Sedation**



## **Compensation Model**



## Productivity-wRVU

#### Do you have an wRVU Target?

• Yes: 48%

#### Average wRVU Target

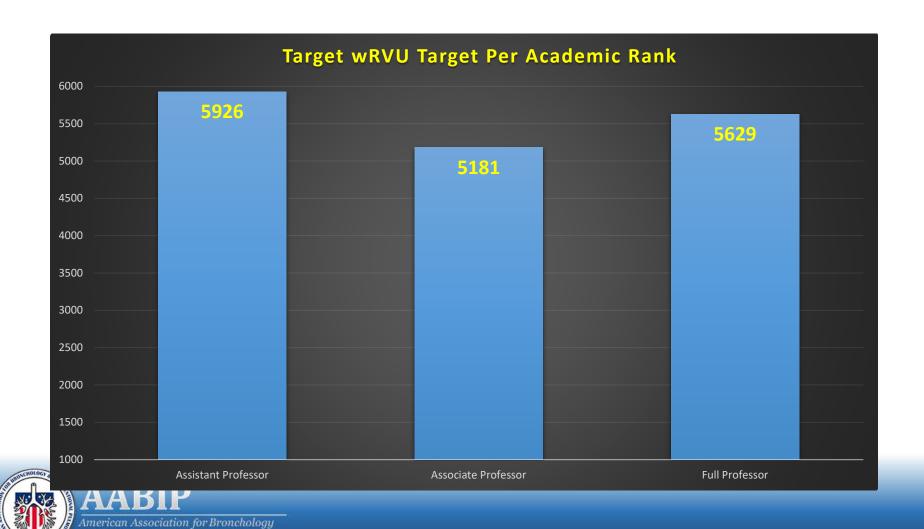
6854

#### Actual wRVU Produced

6632

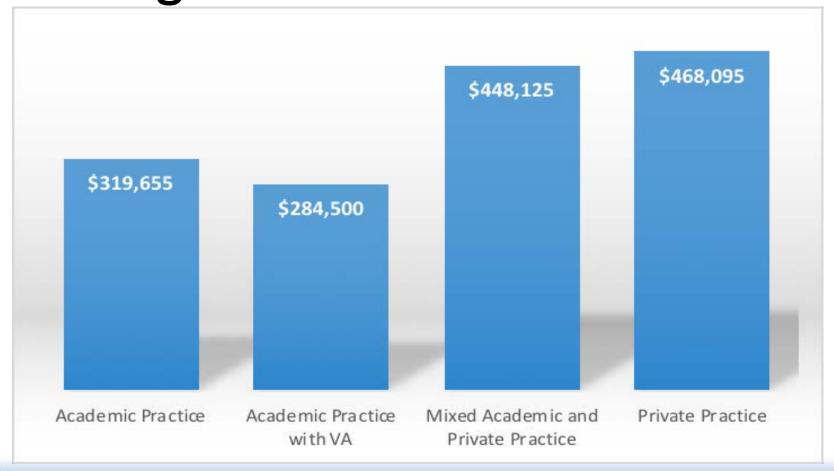


## Target wRVU Per Academic Rank



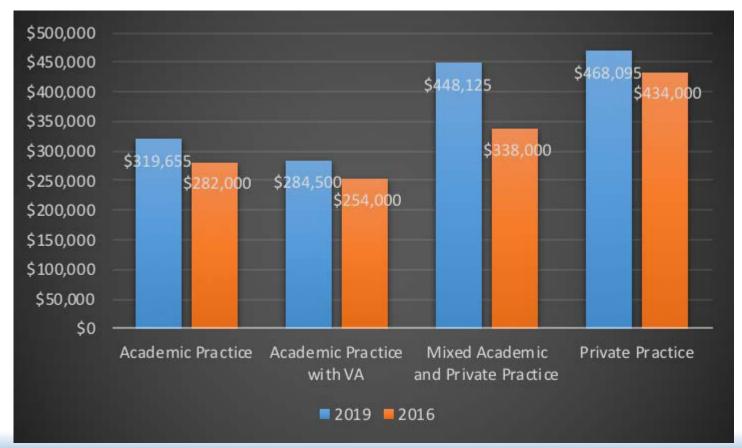
and Interventional Pulmonology

## Compensation Per Practice Settings





## Compensation-2019 vs. 2016

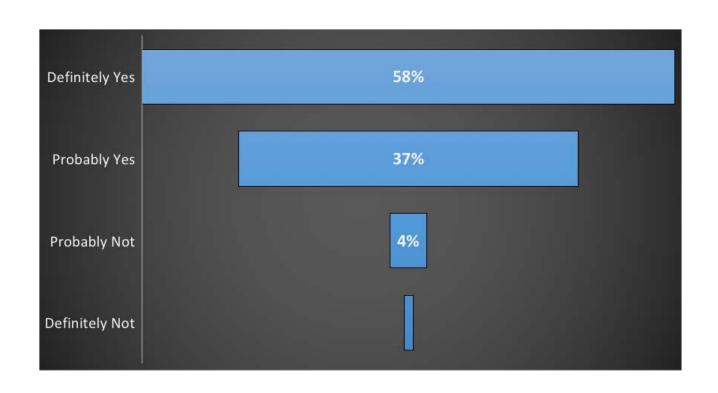


#### Compensation Per Region





#### Are You Satisfied with a Career in IP?



## Biggest Reward in Practicing IP

- Patient satisfaction/helping patients/making a difference
- Performing cutting-edge procedures
- Innovation
- Variety of practice
- Contribution to lung cancer care
- Being a part of a multidisciplinary team
- Immediate results
- Being the "go-to-person" for tough cases
- Doing something few people can do



## Biggest Dissatisfactions in IP

- Low compensation
- Life-work balance
- High risk procedures/time consuming
- Dealing with insurance companies
- Lack of recognition/understanding of what we do
- Lack of referrals from colleagues
- Not enough IP volume/need to do ICU and general pulmonary
- Rarity of cure/too much palliation
- Lack of support/equipment/resources

