

# 1997 Compensation for Emergency Medicine Physicians, Psychiatrists, and Neurologists

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In response to reader requests, this special report provides compensation information for physicians in the fields of emergency medicine, psychiatry, and neurology. This article supplements the information contained in "Physician Compensation in 1997: 'Right-sized' and Stagnant," which appeared in the January 1999 issue of *Hospital Physician*. These observations about compensation are based on the annual survey, *Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*,<sup>1</sup> which includes information from more than 1600 group practices and 35,000 physicians and midlevel practitioners. Compensation factors examined by this survey include median physician compensation according to specialty (Table 1), a comparison of physician compensation in 1993 and 1997 (Figure 1), years in practice (Figure 2), geographic area (Table 2), and single specialty versus multispecialty groups (Figure 3).

## COMPENSATION IN 1997

For the past few years, annual compensation increases have been scarce for most physicians. In 1997, annual incomes for specialists actually decreased 0.48% (\$221,544 in 1996 to \$220,476 in 1997), while annual incomes for primary care physicians increased 0.42% (\$135,217 in 1996 to \$135,791 in 1997).

Emergency medicine physicians and neurologists both experienced a loss in wages in 1997. Subsequent to a 2% increase in 1996, compensation for emergency medicine physicians dropped almost 1.5% from \$179,997 to \$177,352. Neurologists' compensation, which decreased 1.8% in 1996, continued to slip 0.8% from \$161,310 to \$160,000 in 1997. Psychiatrists, however, saw a compensation increase in 1997. Following a 3% boost in 1996, psychiatrists' compensation increased almost 2% from \$136,470 to \$138,999 in 1997.

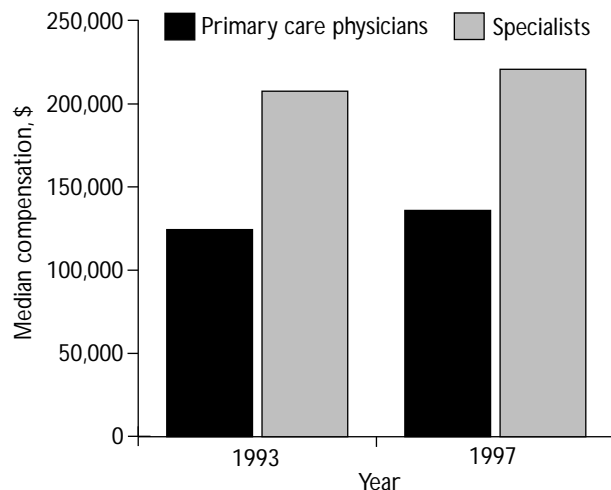
## FIVE-YEAR MARKET TRENDS

Since 1992, physician compensation has been influenced by such factors as managed care, the Medicare resource-based relative value scale, capitation, and nationwide shortages of physicians (especially primary care physicians). Throughout the past 5 years,

**Table 1.** Median Physician Compensation According to Specialty

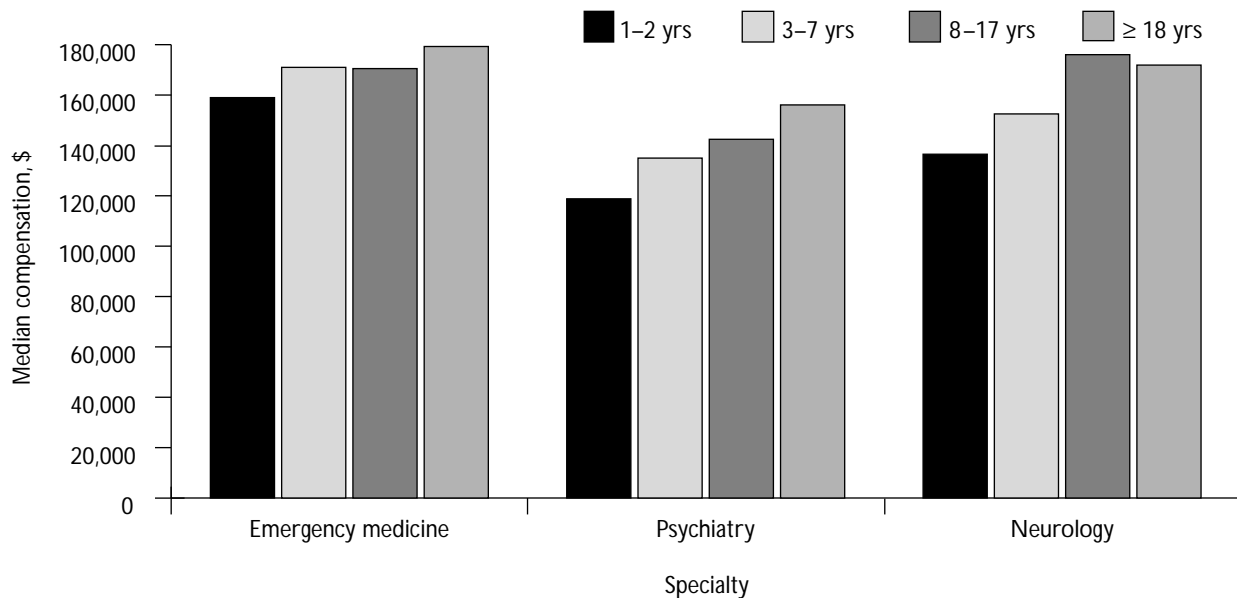
Specialty	1997 Median Compensation, \$	Change in Compensation (1993-1997), %
Emergency medicine	177,352	8.5
Psychiatry	138,999	8.5
Neurology	160,000	1.75

Data from *MGMA 1998 Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*. Sponsored by Cejka & Company, St. Louis, MO, 1998.



**Figure 1.** Median compensation for primary care physicians and specialists in 1993 and 1997. Data from *MGMA 1998 Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*. Sponsored by Cejka & Company, St. Louis, MO, 1998.

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**Figure 2.** 1997 Median physician compensation according to years in practice: emergency medicine, psychiatry, and neurology. Data from *MGMA 1998 Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*. Sponsored by Cejka & Company, St. Louis, MO, 1998.

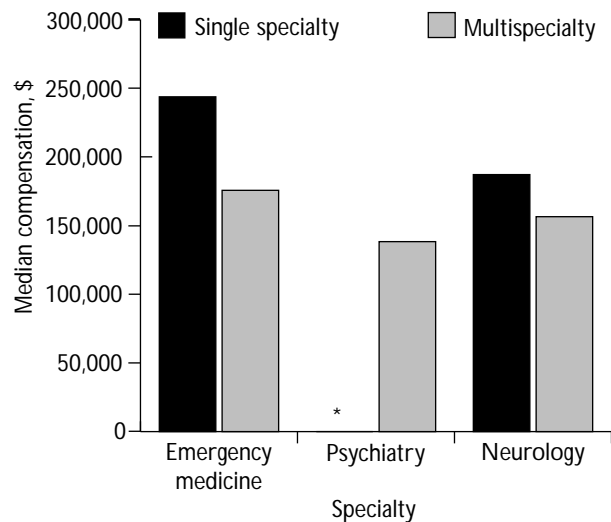
**Table 2.** 1997 Median Physician Compensation According to Geographic Region in the United States

Specialty	Median Compensation, \$			
	East	Midwest	South	West
Emergency medicine	160,390	186,425	209,080	171,741
Psychiatry	140,750	140,000	146,200	136,188
Neurology	150,000	168,908	176,020	152,142

Data from *MGMA 1998 Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*. Sponsored by Cejka & Company, St. Louis, MO, 1998.

compensation for primary care physicians increased 9.26%, jumping from \$124,282 in 1993 to \$135,791 in 1997. Specialists, however, did not fare as well. Between 1993 and 1997, specialists' compensation only increased 6.34%, climbing from \$207,331 to \$220,476.

Emergency medicine physicians and psychiatrists both benefited from the recent market trends. Compensation for emergency medicine physicians increased 8.5% between 1993 and 1997 from \$163,401 to \$177,352, while psychiatrists' compensation also climbed 8.5% from \$128,076 in 1993 to \$138,999 in 1997. Neurologists, however, have not been as fortunate. After several annual decreases in compensation within the last 5 years, neurologists' compensation increased only 1.75% between 1993 and 1997 from \$157,244 to \$160,000.



**Figure 3.** 1997 Median physician compensation according to practice and group types: emergency medicine, psychiatry, and neurology.

\* = No data available for single specialty psychiatry compensation.

Data from *MGMA 1998 Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*. Sponsored by Cejka & Company, St. Louis, MO, 1998.

**TYPES OF COMPENSATION**

Direct compensation is the most common type of compensation for emergency medicine physicians, psychiatrists, and neurologists. Direct compensation includes gross salary, bonuses, incentive payments, research stipends, and profit sharing distributions. Compensation according to group type, years in specialty, and geographic location are important considera-

tions for physicians examining their own compensation or negotiating a compensation package. **HP**

**REFERENCE**

1. *MGMA 1998 Physician Compensation and Production Survey: 1998 Report Based on 1997 Data*. Sponsored by Cejka & Company. St. Louis, MO, 1998.

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