

Hello PDOCC Members,

November 1st 2019 is the start of a new era in our labor relationship with CC Health Services. The MOU that was agreed to allows for a positive step forward for all of our members. Unfortunately, application of our new contract is causing anger, confusion and anxiety for some of our members - primarily those in the ambulatory care subgroups. It doesn't have to be this way. In Peds, our docs are being told that they have to do make up clinics if one is canceled for a department meeting. Doing make up clinics was never a part of our MOU negotiation discussions. Admin time revamping was meant to narrowly identify a specific amount of admin time associated to position hours. Other hours traditionally labeled as admin time are now supposed to be named special projects time - and be part of an individual's basic work schedule. Such hours include med staff president time, dept chair time, committee chair time, Prime project time, etc. Some members are being told that the other admin hours are being taken because they can only have the number specified per the MOU. That does not have to be the case, and the new MOU does not mandate that (unless that extra time was straight admin). Those hours can simply be called special projects and included in the workweek.

There is some misinformation being told to our members. PDOCC needs to hear about your concerns and suspicions asap. We will do our best to clarify.

Here are some facts and explanations of common issues and questions:

Position Hours:

In the past, position hours could be anywhere from 20 (50% or 1/2 FTE) to 40 (or 100% or 1 FTE - Full Time Equivalent). Under the new MOU, the County insisted on tiers of positions which are 22, 26, 31, 35 and 40 hours per week. Admin felt that this would simplify schedules and clarify the number of admin time hours per the position tier. Members who are in the middle of these tiers will need to move up or down in hours to match one of these five tiers. In general, the County can't simply cut your position hours. But in this situation of the new contract, the County can take action to make docs/dentists fit into one of the tiers. Whatever position tier you take, the County has the right to assign you work duties as they deem necessary. However, that doesn't mean you can't lobby for a desired duty. Push for what makes sense for your patients and for your sanity.

Admin Time:

The main use of admin time should be for patient care - managing your panel of patients as a continuity care provider is one example.

In general, our members will get admin time based on position hours as follows:

22 hour position includes 2 hours of admin time

26 hour position includes 2 hours of admin time

31 hour position includes 3 hours of admin time

35 hour position includes 3 hours of admin time

40 hour position includes 4 hours of admin time

The ED gets 8 hours of admin time per 40 hour week per the history of that position. It was to help compensate for severely under market pay for ED docs at a time when we were part of a county wide labor coalition and received the same increases as all other county employees in that coalition. ED admin time is prorated differently than above.

Pathology and Psychiatry get no formal admin time, as that activity is usually worked into their regular schedules. Optometry also has no formal admin time.

Special Projects:

Under the new MOU, Management has the right to assign "special projects" time to individual members. The two types of special project time is regular and qualifying. Qualifying means that the activity is eligible to count towards qualifying to be in the Primary Care group, which is at the higher pay of 239K. Management has discretion in this decision. If there is some new Prime activity or issue that could mean extra millions in funding for CCHS, the CMO may decide to offer some of our members special project qualifying time to meet the parameters of this new funding source. Regular special project time also varies in composition, but often means to account for committee work, department leadership activity, referral workqueue maintenance, etc. No one has a right to special project time. So, if you historically received so many admin hours per week to be a committee chair and you are being told that you will no longer receive extra time for that activity, you can say that you will no longer be the chair of that committee.

Time Sheets:

I am still waiting to hear back from our CMO about how best to fill out time sheets. Filling out the columns for your regular work, on call hour, and call back hours has not changed. You will no longer write in hours for Panel Management Pay, as that compensation has been rolled into base pay. For the formal admin hours that you do have, write those hours as part of your regular time and then qualify them in column 15. For example, let's say that you have a 40 hour per week position and on Monday you work a morning clinic and then have 4 hours of admin time in the afternoon. On your time sheet you would write 8 hours in Column 3 and 4 hours in Column 15 to reflect that 4 hours of your 8 hour day included admin time. Special project hours, and all other time of your position, will simply be written in Column 3 as Regular Hours. As of yet, we have not been instructed by the CMO to include any other qualifying language (usually written in Column 12) regarding hours worked. That might change - still waiting to hear on this.

Additional Duty Pay: (ADP)

This pay is to compensate our members for qualifying work done above and beyond benefitted time. That could mean doing an extra clinic, working an extra shift, etc. ADP is paid at base rate. So, if you are a Primary Care subgroup doc and admin asks you if you could work an extra evening Flu Clinic, your pay would be \$114.90 per hour to do that clinic (hourly base pay = annual pay divided by 2080 hours. $\$239,000/2080 = \$114.90/\text{hour}$. There are 2080 work hours in a year for a FTE). If this isn't attractive to you, don't do it. Don't feel guilty about it. There is other moonlighting work available in local systems that pays better. We repeatedly argued with

admin that ADP needed to be higher in order to incentivize our members to do the extra clinic, shift, etc. They didn't feel they needed to do that. However, if that pay sounds good to you, go for it. The ED ADP is \$190/hour flat rate - does not depend on base. This is a specific negotiated rate to help minimize the use of locums docs in the ED who cost the County at least \$265/hour. All of our members are eligible for ADP. You are under no obligation to work above and beyond your benefited position hours. However, this does not apply to administrative work. So, if you are working a shift in the hospital and you stay over an hour to catch up on notes, you cannot bill for that time. If your clinic runs over, you can't bill for that time. But, if there were several patients crashing in the ICU and you were needed and asked to stay late for a couple of hours to help handle the extra work, it is possible that you could bill for that. You need to check with management though and explain the situation before putting those hours down on the time sheet.

Call Pay:

On Call pay is now paid at a flat rate of \$28/hour, regardless of what subgroup that you are in. There has been no agreement by PDOCC to eliminate any of the current call that people do. So, if you are told that a certain type of call has been eliminated, let us know ASAP so that we can investigate the situation and file a grievance if indicated.

Call Back (aka Call Worked) Pay:

Call Back pay refers to work done in the hospital or clinic while you are on call and is paid at 1.2 x your base hourly rate. For example, if you are on OB Backup Call and you get called in to do a C-section, your pay would be \$132.69/hour ($\$230,000 \div 2080 \text{ hours} = \$110.58/\text{hour}$). Then multiply that x 1.2 to get \$132.69).

Daytime, Evening, Weekend and Holiday Differentials:

These have gone away and have all been rolled into base pay for the respective subgroups.

Panel Management Pay:

This has been rolled into base pay and no longer exists.

Nocturnist Differential:

This remains intact and is \$50/hour added to base pay during the hours 11 pm to 7 am M-Th, and 9 pm to 7 am Fri, Sat, Sun and Holidays.

Regular Vacation Time and Personal Holiday Hours:

No change in this. Gets paid as base hourly pay. These accruals stay on the books from year to year, but they have ceilings. If you hit the ceiling on the accrued time, you get no extra - you end up losing out on this time. Make sure that you are always under the ceiling for accruing these hours.

Admin Leave (Personal Leave):

Essentially no change in this. Gets paid at base rate. This time is issued January 1 of each year. It does not carry over to the next year. Use it all during the year it is issued. 3 years of service gets you 40 hours/year. 6 years of service gets you 80 hours per year. These hours are prorated to your position hours.

Educational Leave:

No change. Paid at base. You can carry over 40 hours into the next year so as to have as much as 80 hours on the books max. Prorated to position hours.

Pay Check:

As this MOU goes into effect on November 1, you will see compensation changes in your Dec 10th paycheck.

Stipends:

Stipends for administrative work, like Med Staff President, remain intact and with about a 10% bump. Other stipends, such as number of clinics worked per week, have been rolled into base pay. Residents get a special stipend of \$250/month.

Longevity:

Longevity is now paid at a flat rate - \$500/month for LOS of 120 months (10 years), \$1000/month for LOS of 180 months (15 years) and \$1500/month for LOS of 240 months (20 years). LOS = Length of Service.

If you have any questions, please ask.