

# BEST PRACTICES FOR USING DATADIVE DATA

## 1) DECIDE ON A STANDARD BENCHMARK

Don't shop around for the best-fit data. Having a standard benchmark that is agreed upon and known by everyone in the practice helps establish trust. Agree internally on which tables your group will use before looking at the data.

## 2) TAKE ADVANTAGE OF ADVANCED CUSTOMIZATION OPTIONS

Filter options within each of the MGMA DataDive products allows you to customize the data to best represent your practice. Utilize filter options to benchmark your practice against other organizations that are similar to yours including specialty, organization ownership and geographic region.

## 3) USE THE MEDIAN

We recommend benchmarking against the median over the mean since the median is not influenced by extreme values. NOTE: There is an exception to this rule. We suggest using the mean when looking at accounts receivable and payer mix data.

## 4) BE AWARE OF THE POPULATION

The larger the count (sample size or "N" of the data), the more reliable the benchmark.

## 5) PROVIDER HOURLY SALARY RATES SHOULDN'T BE EXTRAPOLATED FROM ANNUAL FIGURES

Data collected for the MGMA DataDive Provider Compensation is an annual total and will not give an accurate compensation when divided by an estimated number of hours worked per year.

## 6) DIVIDING ACROSS TABLES WON'T YIELD ACCURATE RESULTS

Take a look at the counts in each table – the populations are different! As such, percentiles across tables don't correlate (e.g., 75th percentile compensation vs. 75th percentile work RVUs have different respondents).

## 7) SUB CATEGORIES IN TABLES WON'T ADD UP

For the same reason you shouldn't divide across tables – the populations for each line of data are different. As such means and medians won't always necessarily add up.

## 8) USE RATIO TABLES

The compensation-to-productivity ratio tables only include participants who reported both aspects of the ratio; we do the math for you so you don't have to divide across tables!

## 9) BENCHMARK AGAINST MORE THAN NET INCOME

Due to the trickledown effect in the Cost and Revenue Survey, where net income is affected by all previous metric calculations, we do not recommend net income as a standard benchmark. If a similar metric is needed, we recommend starting with total medical revenue after operating cost. Although it doesn't include the provider costs, it can help provide a better understanding and tends to be much less volatile.

**10) REMEMBER THAT WITH CUSTOMIZED DATA COMES SMALLER SAMPLE SIZES**

The more customization options you select, the fewer participants meet those qualifications. Due to MGMA's confidentiality agreement with survey participants, data will not populate when the sample size is too low, which is indicated by an asterisk in the table.

**11) LOOK AT SURVEY RESPONDENT DEMOGRAPHICS**

Reviewing demographics information can provide context around the data. Demographics information can provide insight into what overall participation looks like to help you understand why some metrics and customizations may not populate.

**12) CREATE INTERNAL BENCHMARKS**

If you don't understand your own practice's day-to-day performance, you can't effectively benchmark against MGMA data.

**13) CONDUCT IN-DEPTH ANALYSES WITH THE QUARTILE REPORT**

Explore the effect of productivity on compensation and discover that as compensation and production increase, compensation per unit of production decreases.

**14) CONSIDER MGMA CUSTOM ANALYSIS REPORTS**

Whether you're looking for unpublished data, specific data tables for a presentation or negotiation, or data to support your practice valuation report, MGMA expert analysts can help you.

**15) FILTER BY OWNERSHIP WHEN BENCHMARKING COST AND REVENUE DATA**

Due to the operational differences between hospital owned and physician owned practices, do apply the organizational ownership filter when possible.

**16) USE PERCENTILES THAT ARE REALISTIC FOR YOUR PRACTICE**

Don't default to using the highest benchmark. If your practice performs at the 48th percentile, it may not be realistic to benchmark at the 90th.

**17) MGMA ALWAYS REPORTS THE DATA FROM LOWEST TO HIGHEST**

When benchmarking in the Cost and Revenue Report, the 90th percentile reports data from practices who generate the most revenue as well as data from practices who report the highest expenses.

A good rule of thumb would be to benchmark revenue (money coming into the practice) above the median and expenses (money going out of the practice) below the median.

**18) DATA ACROSS PRODUCTS SHOULD BE REVIEWED INDEPENDENTLY**

Some of our report data represents the practice as a whole, while other data represents the individual provider, manager or staff. Plus, the participants in each of the surveys are different.

**19) USE THE PROVIDED DEFINITIONS**

Utilize these resources to understand the data you're looking at: [mgma.com/datadiveresources](https://mgma.com/datadiveresources) Step 5

**20) CONTACT MGMA IF YOU HAVE QUESTIONS**

Many of our staff have years of experience working with the surveys and are eager to help with any questions you may have. [survey@mgma.org](mailto:survey@mgma.org) | 877.275.6462, ext. 1895 | [mgma.com/datadiveresources](https://mgma.com/datadiveresources)