



NRHA

WELCOME

Rural Health Executive
Educational Series

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Housekeeping

- ✓ All attendees are muted during the webinar
- ✓ We like to get through our presentations in about 45 minutes, offering time at the end for questions to the presenter
- ✓ If you have a question for the presenter, please type it into the question section of your GOTO webinar control panel. We will cover it at the end.
- ✓ This event is being recorded. You will receive an email before the end of the day with a link to the recording.



STROUDWATER

**THIRD ANNUAL
RURAL PROVIDER COMPENSATION
SURVEY**

**2025 STROUDWATER RURAL PROVIDER COMPENSATION
SURVEY BASED ON 2024 DATA**



AGENDA



Provider Compensation Survey

Types of Compensation

Review of Findings: Primary Care

Review of Findings: Specialty Care

Benefits

Q&A

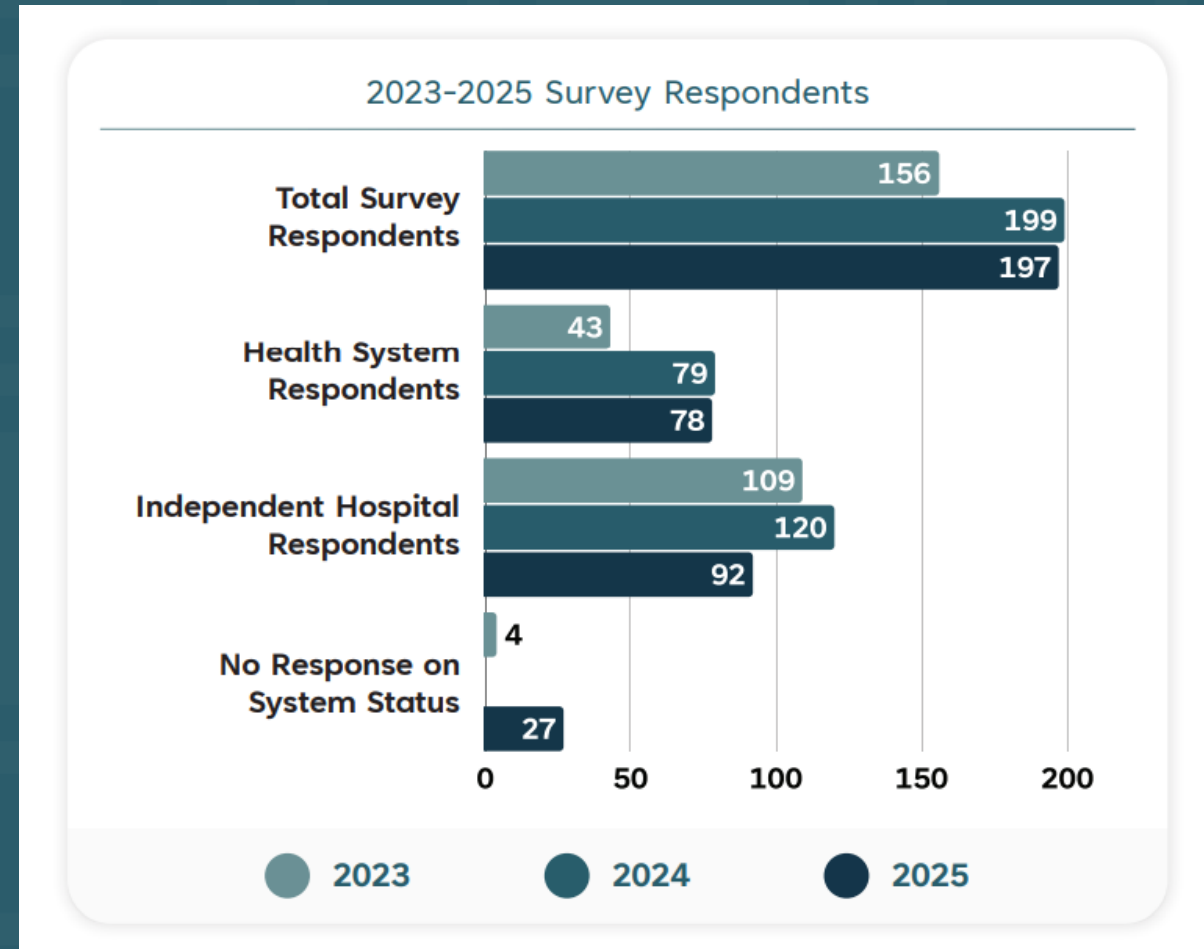




PROVIDER COMPENSATION SURVEY

SCOPE AND PURPOSE

- This presentation is based on the 2025 Provider Compensation Survey issued by Stroudwater Associates in Winter 2025
 - Data reported is based on calendar year 2024
- All compensation data reported is total cash compensation
- The Survey is sponsored by the National Rural Health Association (NRHA) and the National Organization of State Offices of Rural Health (NOSORH)
- The survey's purpose is to provide insight into rural hospitals and promote more informed decisions when considering physician and advanced practice provider (APP) compensation
- Respondents ranged from independent hospitals that reported fewer than 10 staffed beds to rural system-affiliated hospitals with more than 150 staffed beds
- 74% of respondents were a Critical Access Hospital



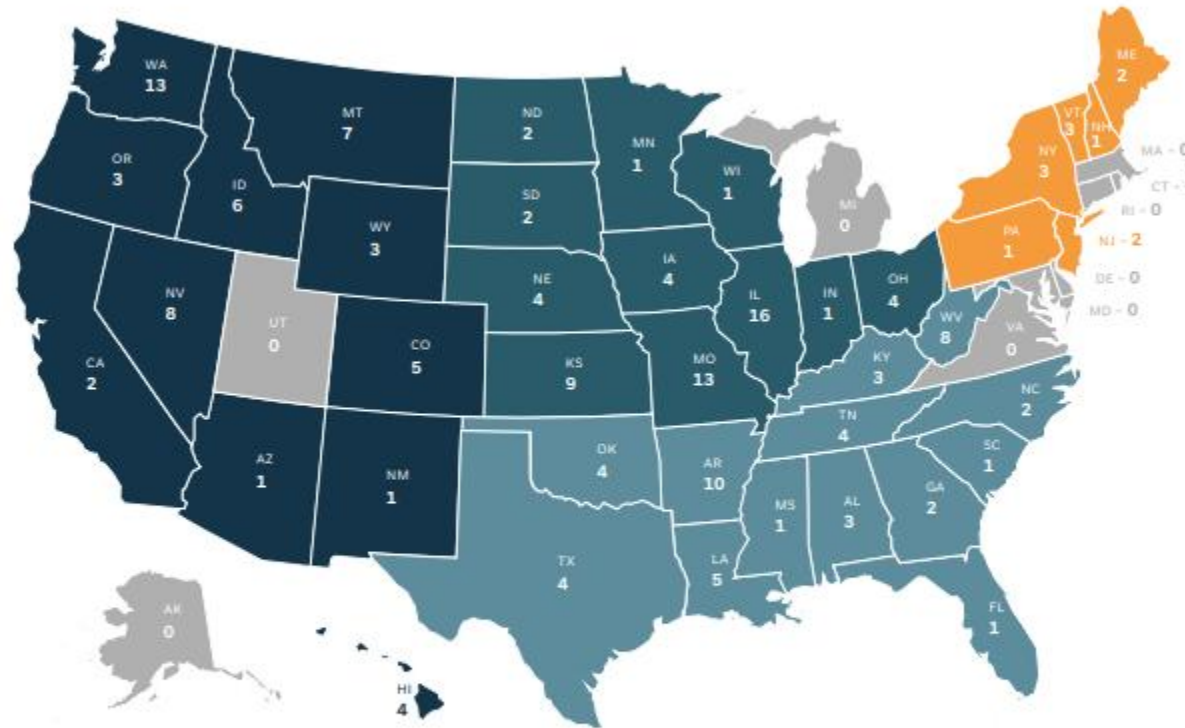
STUDY PROCESS

Measures	Sources	Limitations
<ul style="list-style-type: none">• Average Compensation: The average compensation paid within a calendar year to a specific specialty and provider type• Number of providers by specialty• Provider Employment Status: Providers were identified as W-2, contracted (1099), or locums	<ul style="list-style-type: none">• Stroudwater Associates 2025 Provider Compensation survey, 197 responses reflective of 41 of 50 states• AANP State Practice Environmental Map• Rural Organizations were contacted through NRHA, NOSORH, and individual State Offices of Rural Health	<ul style="list-style-type: none">• Data is self-reported by organizations without validation and is based on total compensation• For results indicated “*”, the value needs further validation, but additional data is available; N/A indicates insufficient responses for the category



REGIONAL RESPONDENTS

2025 Regional Respondents

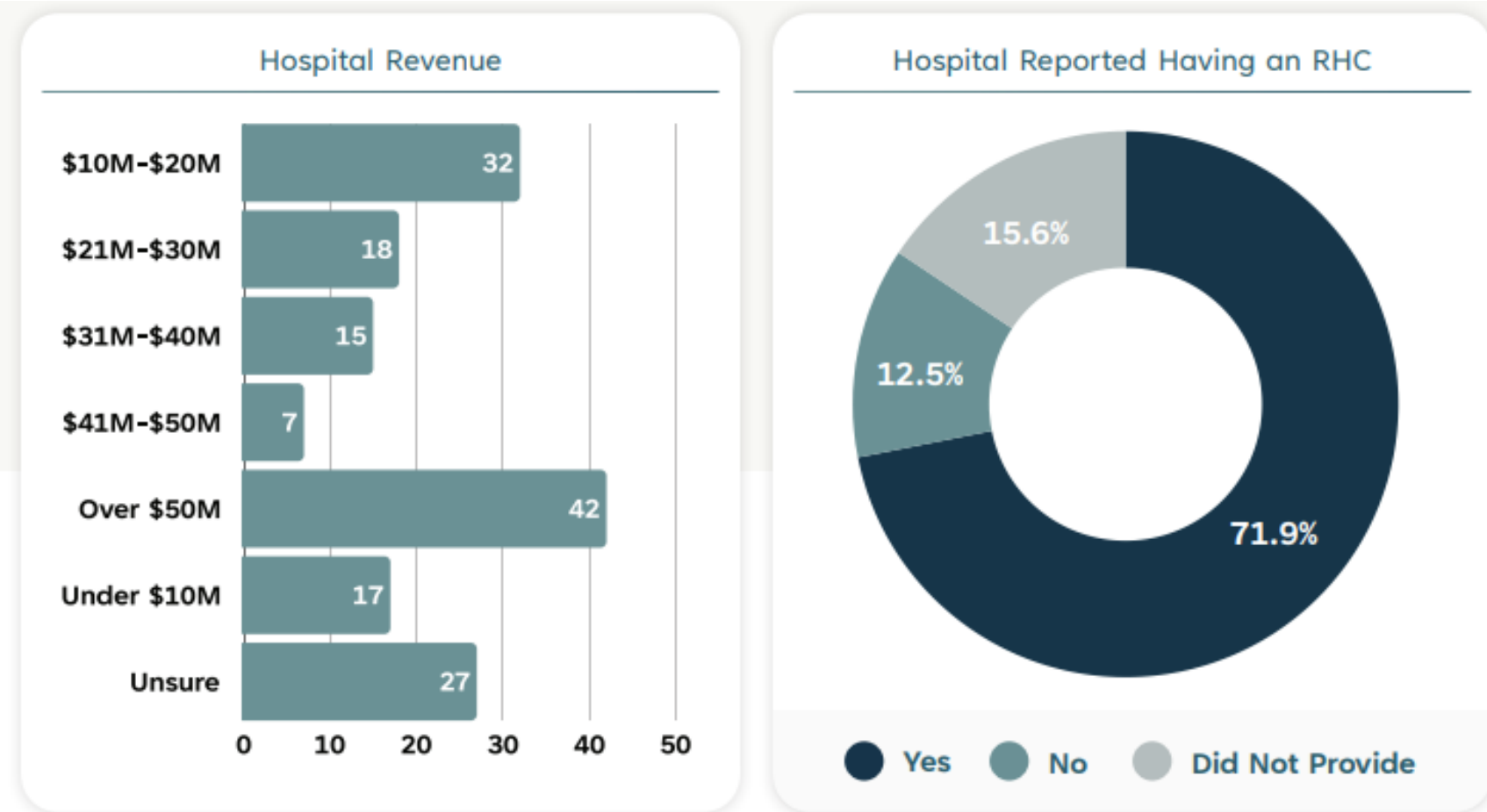


● Northeast ● Midwest ● South ● West ● Did Not Provide

- Respondents represent 41 out of 50 states
- The Midwest accounted for 28.9% of surveys returned
- The South was the only region with a higher percentage of independent respondents
- The Northeast has the highest percentage of health system respondents



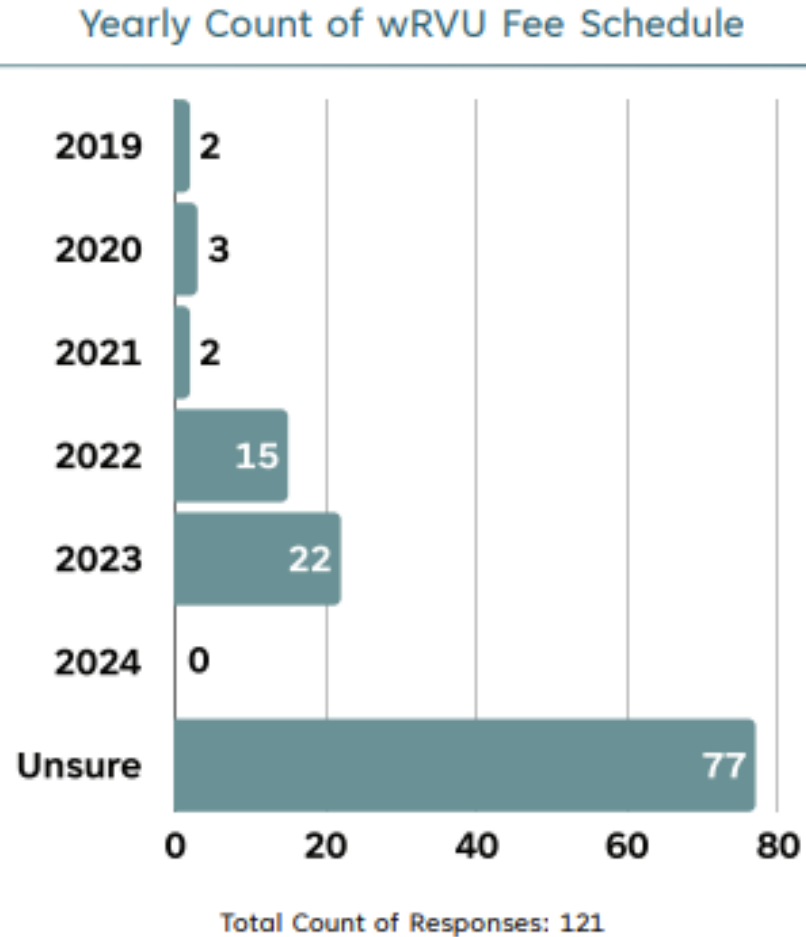
RESPONDENT DETAILS



- 42 hospital respondents indicated having over \$50 million in hospital revenue
- 71.9% of respondents reported having a Rural Health Clinic (RHC)



RESPONDENT DETAILS (CONT.)

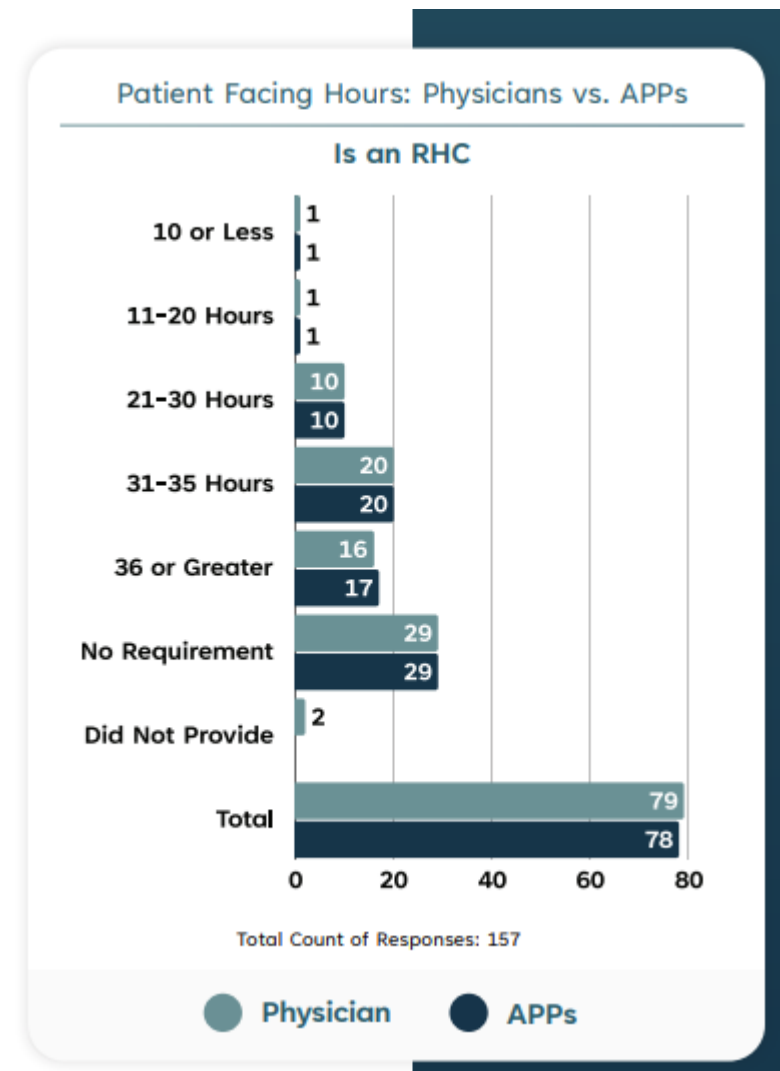
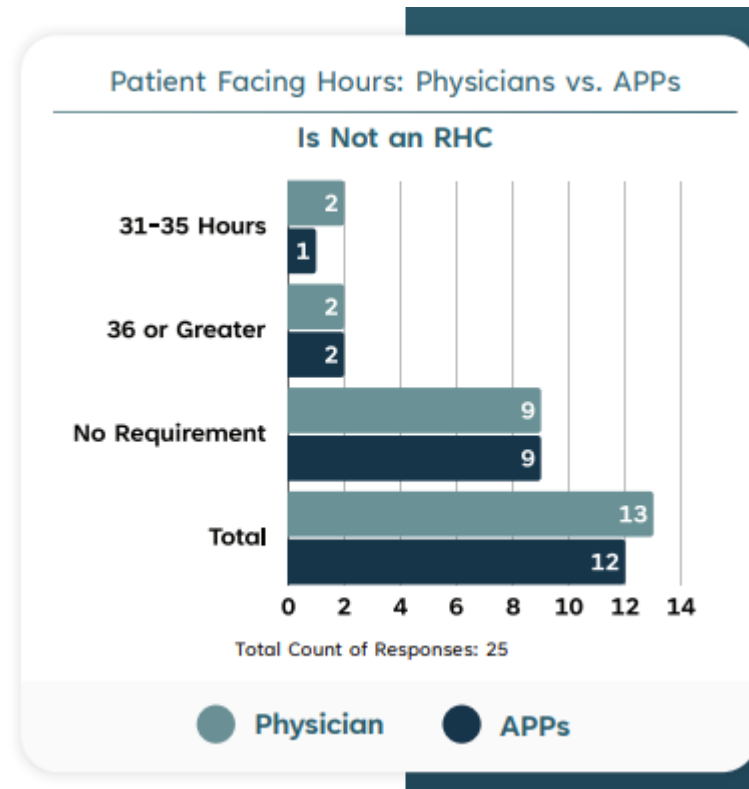


- 64% of organizations reported they were unsure of which Medicare Physician Fee Schedule they use, an increase from 53% in 2024
- No respondents reported using the most recent fee schedule at the time of the survey



RESPONDENT DETAILS (CONT.)

- The majority of respondents without an RHC do not have a patient-facing hour requirement for APPs or physicians
- In RHCs, 37% do not require patient-facing hours, and 21% require greater than 36 hours





TYPES OF COMPENSATION

TYPES OF COMPENSATION

- 43.7% of respondents reported paying providers entirely on a straight salary, not tied to performance or quality
 - This is a lower percentage than the 2024 data, which reported 54.7%, indicating that alternative-based-plus-incentive models are being implemented
- 34% (up from 32.1%) of respondents provide some form of incentive compensation
 - 32.5% of respondents provide productivity incentives
 - 22.8% of independent hospitals provide quality incentives; this is an improvement from 16.7% in the 2024 report
 - 12.8% of health systems provide quality incentives; this is an improvement from 7.6% in the 2024 report

Types of Productivity Compensation

wRVU/RVU Based

Patients per Hour

Charts Closed per Hour

RHC Visits

Patient Panel Size/Growth

% of Collections



TYPES OF COMPENSATION (CONT.)

- **For Physicians:**

- 38 respondents reported they currently provide student loan repayments, with respondents averaging \$54,708 in loan repayments
- 63 respondents provide sign-on bonuses, with respondents averaging \$35,000 in bonuses
- 58 respondents provide medical directorship, with respondents averaging \$28,846 in stipends

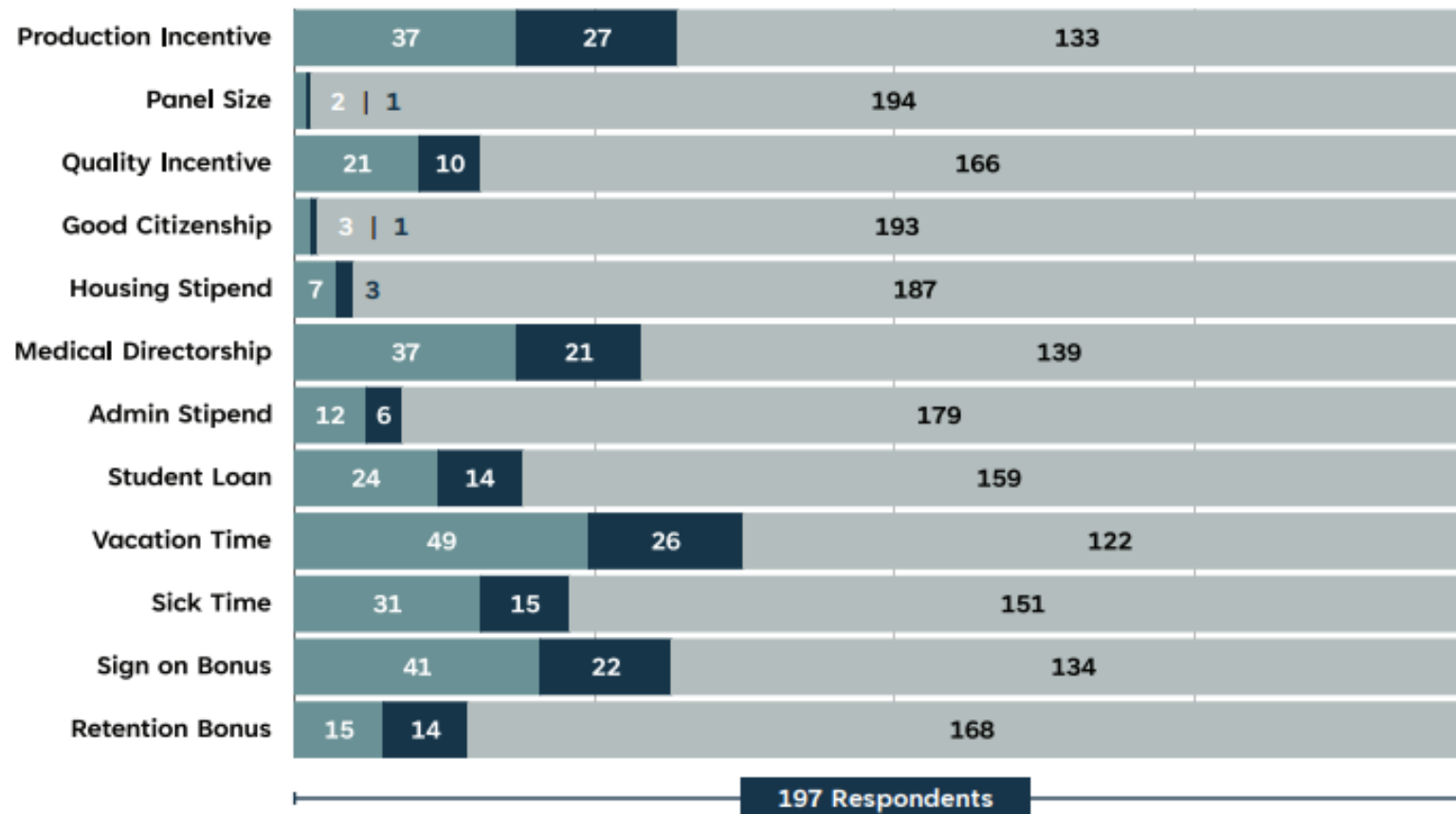
- **For Advanced Practice Providers (APPs):**

- 36 respondents reported they currently provide student loan repayments, with respondents averaging \$39,875 in loan repayments
- 41 respondents reported sign-on bonuses, with respondents averaging \$18,785 in bonuses
- 7 respondents provide medical directorships, with respondents averaging \$24,500 in stipends



TYPES OF COMPENSATION: PHYSICIANS

Additional Incentives for MDs: Independent vs. Health System



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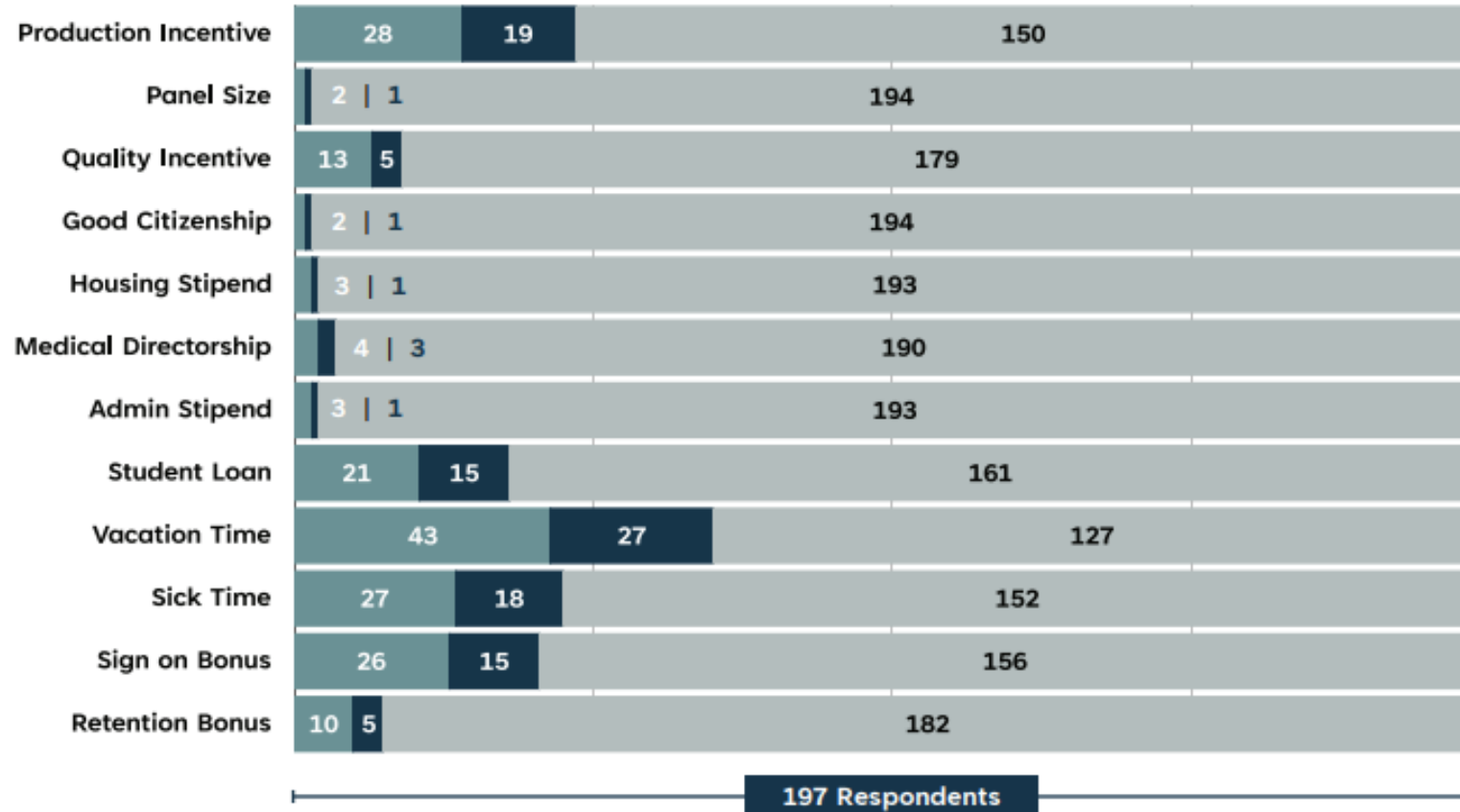
● Independent Respondents ● Health System Respondents ● Did Not Provide

- Vacation time pay-out, production incentive, sign-on bonus, and medical directorships are the most prevalent types of additional incentives/compensation for physicians



TYPES OF COMPENSATION: APPS

Additional Incentives for APPs: Independent vs. Health System



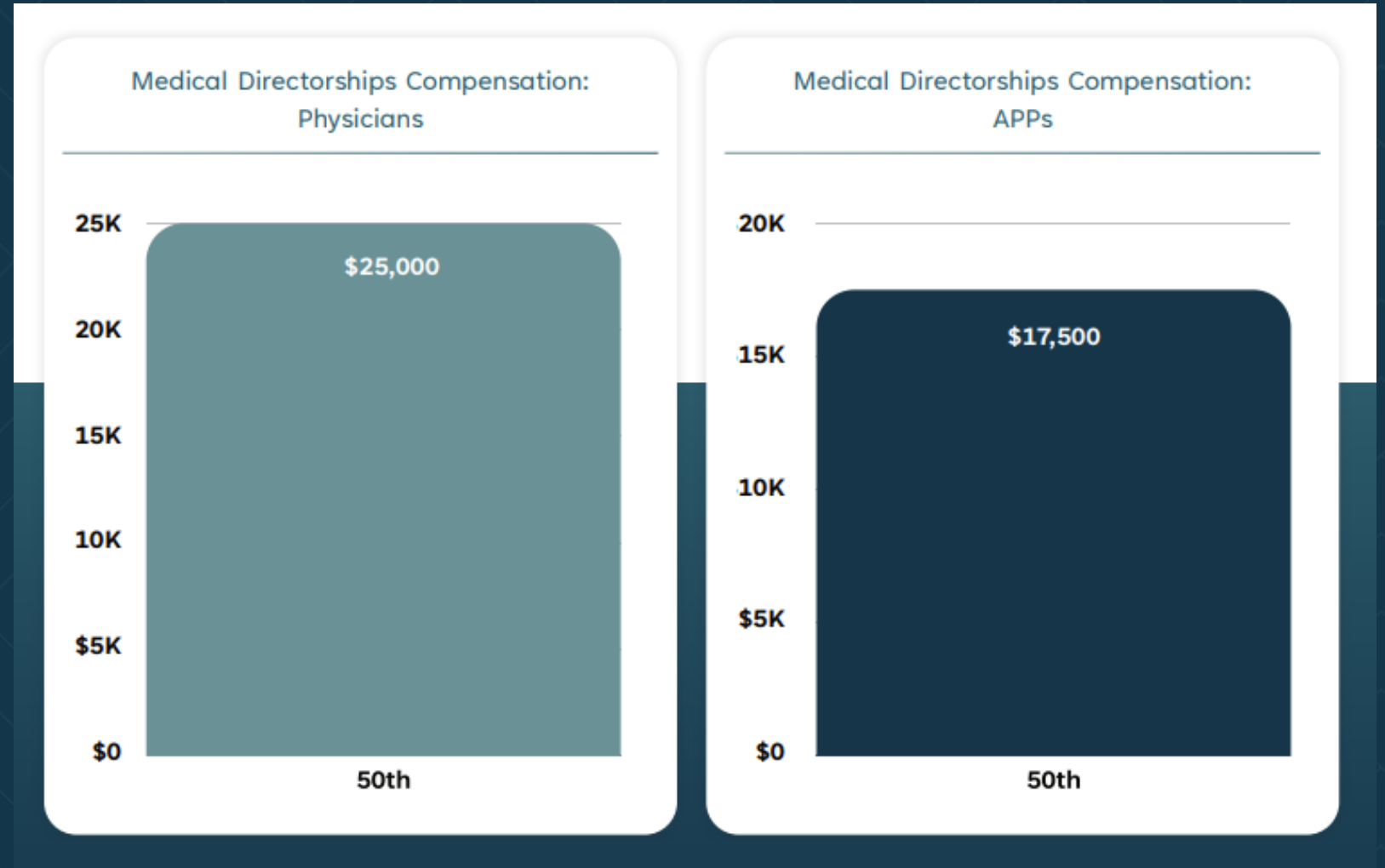
- Vacation time pay-out, Production Incentive, sick time pay-out, and sign-on bonuses are the most prevalent types of additional incentives/compensation for APPs

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MEDICAL DIRECTORSHIP

- Far more medical directorships are provided to physicians, consistent with overall industry observations
- Median medical directorship compensation was \$25,000 for physicians, with the maximum medical directorship stipend reported being \$100,800
- Median medical directorship compensation was \$17,500 for APPs, with the maximum medical directorship stipend reported being \$60,000

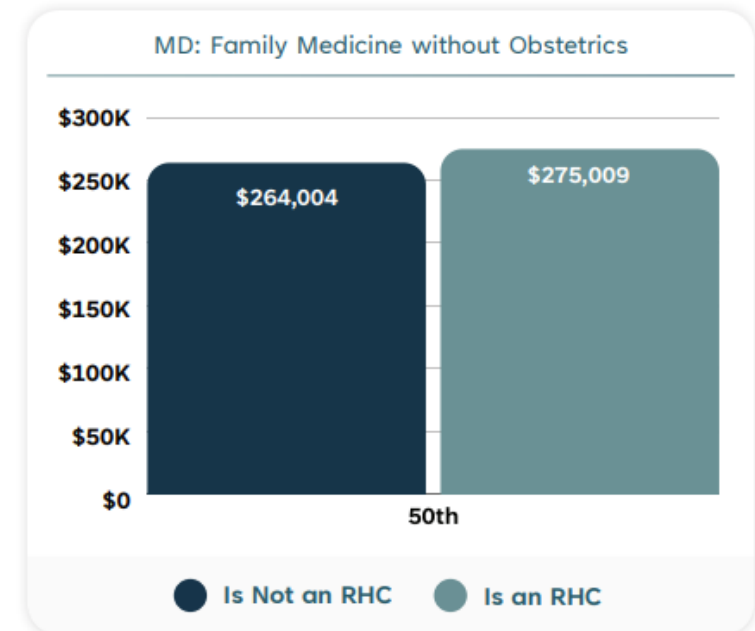
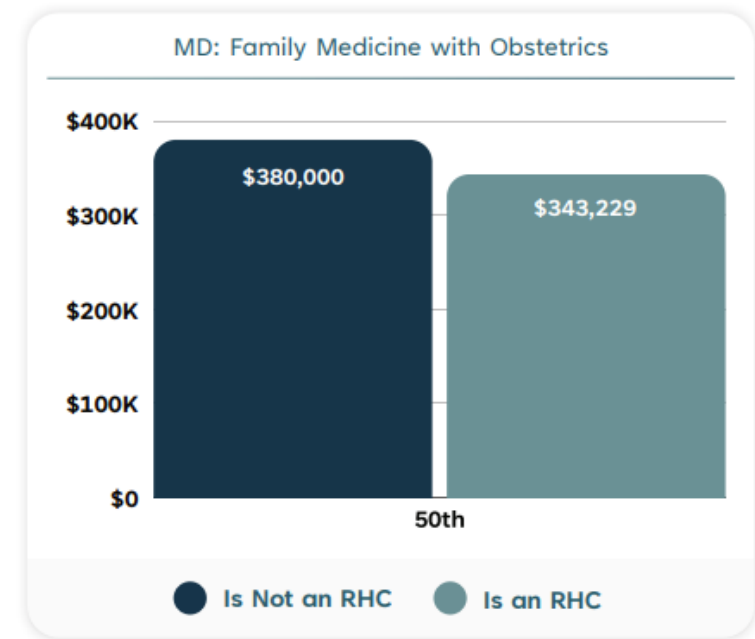




REVIEW OF FINDINGS: PRIMARY CARE

PRIMARY CARE PHYSICIANS

- Family Medicine w/OB median compensation increased slightly, rising to \$343,229 in the 2025 report from \$322,341 in the 2024 report
- For Family Medicine w/OB, the gap between organizations with RHCs and those without has also narrowed
 - In the 2024 report, the difference in median compensation was nearly \$100,000; in the 2025 report, it is now under \$40,000
- Family Medicine w/o OB median compensation is \$275,000
- When comparing organizations without RHCs to one another, providers with OB have a median compensation of approximately \$380,000, while those without OB have a median compensation of about \$264,000



PRIMARY CARE PHYSICIANS (CONT.)

- Compensation for both Family Medicine Physicians with and without OB increased by 6% and 4%, respectively, between the 2024 and 2025 reports

MDs: Family Medicine with & without
Obstetrics Compensation Difference between
the 2024 & 2025 Reports

With OB



50th percentile

Without OB

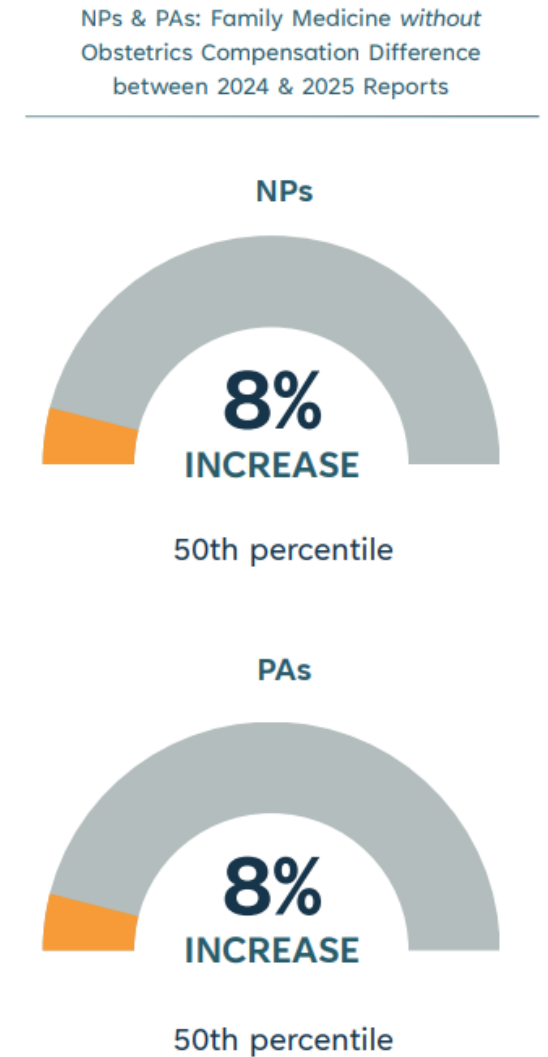
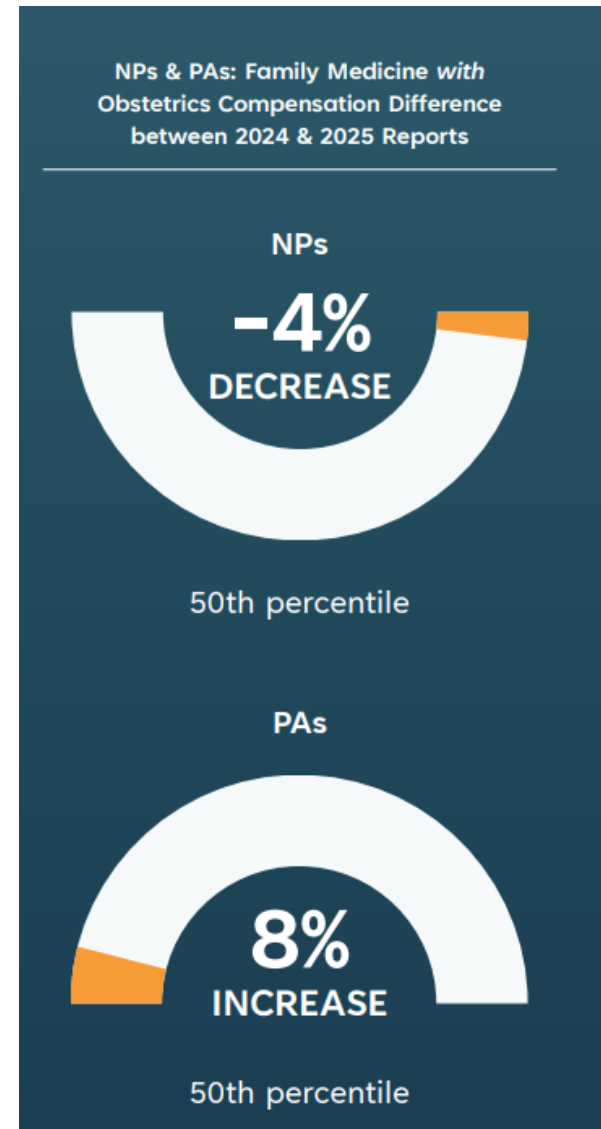


50th percentile



FAMILY MEDICINE: APPS

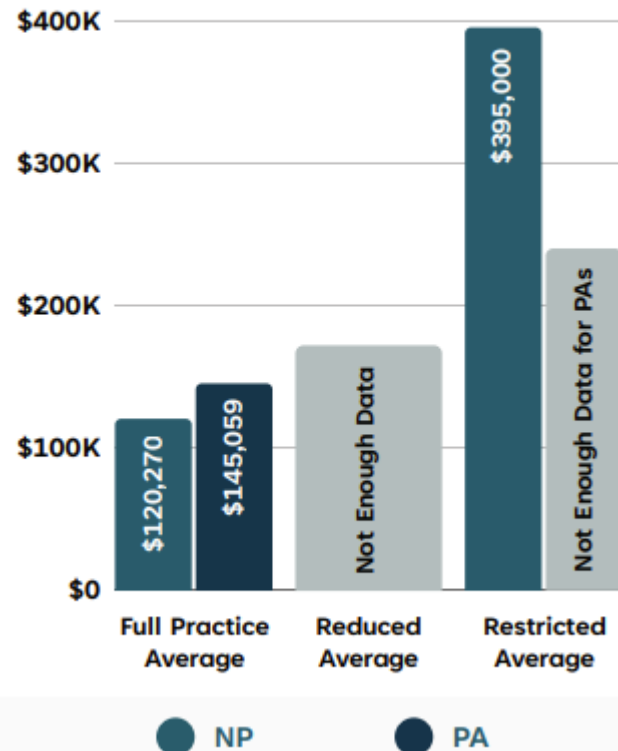
- Most family medicine nurse practitioners (NPs) continue to earn less than \$135,000 per year, regardless of OB responsibilities; however, this year's data highlights several notable shifts:
 - NPs w/o OB responsibilities reported higher median compensation than those with OB
 - Among NPs with OB, compensation at the lower end declined sharply – down 20% at the 10th percentile – while the 90th percentile rose 59%
 - In RHC settings specifically, reported compensation for NPs with OB ranged from \$80,000 to \$309,000, underscoring the significant pay gap that can exist within a single role
 - Physician Assistants (PAs) continued to outpace NPs in both OB and non-OB roles, reinforcing the persistent pay differential across APPs



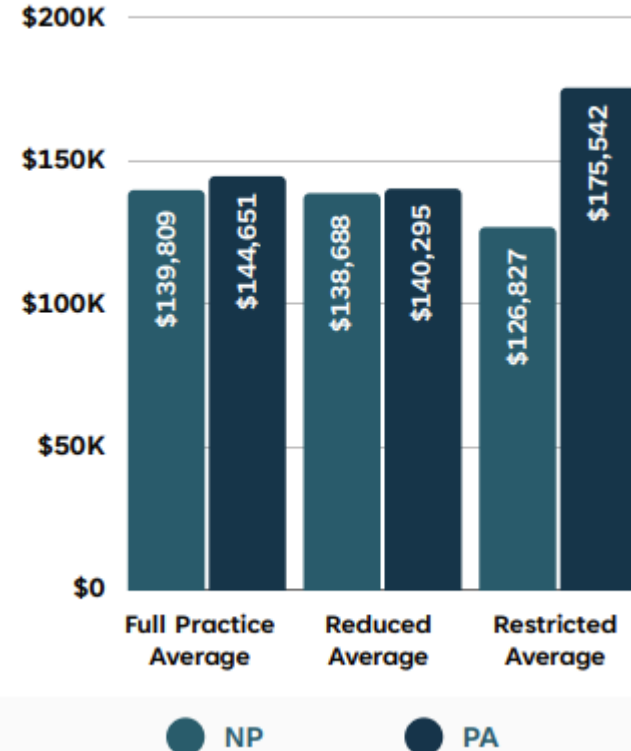
RESTRICTED PRACTICE STATES

This year's data suggest that full-practice states are paying less than restricted- or reduced-practice states, except for NPs w/o OB. NPs with OB are making more than triple the amount in restricted practice states than in full practice states.

Employed Compensation: Family Medicine w/ OB



Employed Compensation: Family Medicine w/o OB





REVIEW OF FINDINGS: SPECIALTY CARE

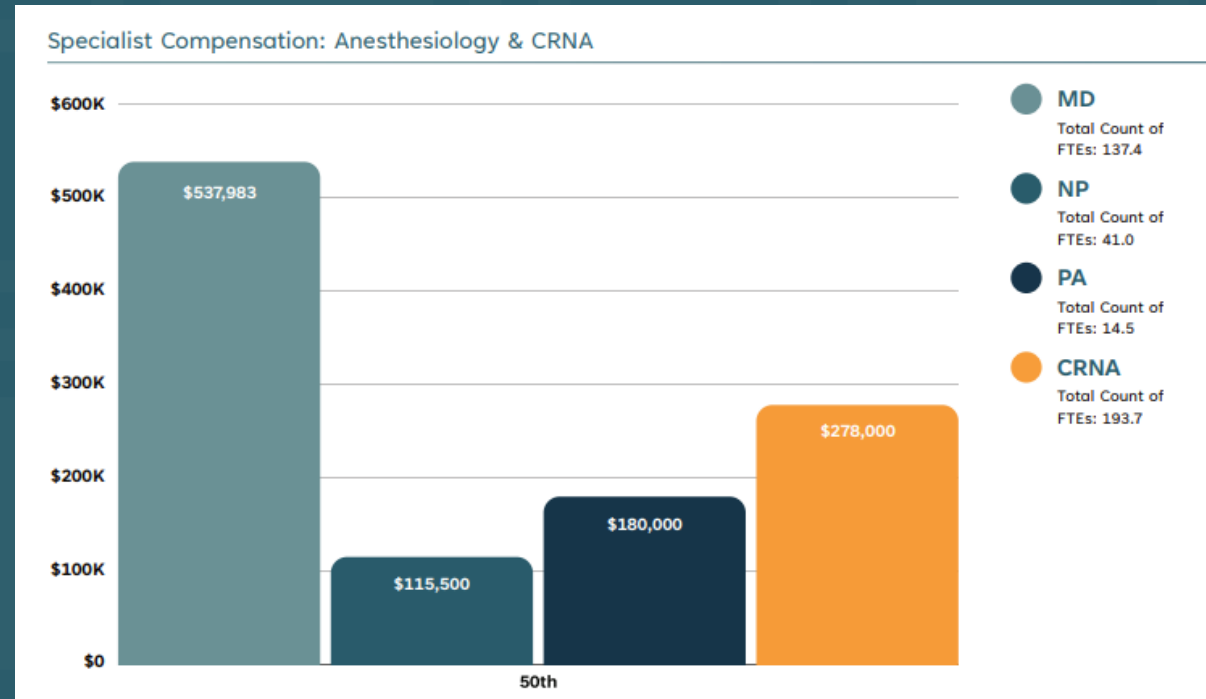
ANESTHESIOLOGY

Rural areas tend to rely heavily on CRNAs for providing anesthesiology services

CRNA compensation ranged from \$200K to nearly \$400K

Physician anesthesiology compensation ranged from approximately \$390K to just over \$700,000

Anesthesiology and CRNA median compensation increased 14% and 11%, respectively, between the 2024 and 2025 reports



OTHER SPECIALTIES: MEDIAN COMP

	2024 Report	2025 Report	2024 Report	2025 Report	2024 Report	2025 Report
Specialty	MD	MD	PA	PA	NP	NP
Cardiology	\$ 684,750	\$ 581,908	\$ 112,280	\$ 152,500	\$ 122,500	\$ 130,000
Emergency Medicine	\$ 360,192	\$ 380,000	\$ 156,000	\$ 174,606	\$ 152,880	\$ 151,782
Gastroenterology	\$ 600,000	\$ 631,087	N/A	\$ 137,063	N/A	\$ 151,110
General Survey	\$ 432,213	\$ 450,000	\$ 127,296	\$ 130,099	\$ 147,000	\$ 133,114
Hospitalist	\$ 297,537	\$ 359,177	\$ 137,488	\$ 123,000	\$ 145,392	\$ 143,733
Neurology	\$ 476,400	\$ 342,500	N/A	\$ 110,000	\$ 122,500	\$ 127,500
Orthopedics	\$ 600,000	\$ 725,411	\$ 129,500	\$ 140,300	\$ 154,600	\$ 135,000
OB/GYN	\$ 422,880	\$ 365,990	N/A	\$ 112,642	\$ 121,200	\$ 138,000
Psych*	\$ 300,000	\$ 329,718	\$ 81,500	\$ 82,652	\$ 81,500	\$ 82,652
Radiology	\$ 750,000	\$ 550,000	\$ 105,210	\$ 134,992	N/A	N/A
Urology	\$ 460,000	\$ 605,860	N/A	\$ 120,000	\$ 143,304	\$ 147,440

*Psych APP data is based on LCSWs





BENEFITS

BENEFITS

Benefits	Count of Responses	
	APPs	Physicians
Childcare	3	3
CME	79	85
Disability Insurance	57	61
Financial Advisory Assistance	13	13
Free Meals	24	41
Sabbaticals	2	3
Health Insurance	88	86
Malpractice Insurance	75	81
Parental Leave	19	21
Pet Insurance	9	8
Retirement Plan	76	86
Sick Time	50	50
Student Loan Reimbursement	38	47
Vacation Time	76	82
Other	5	5

- The most common benefits offered to physicians were retirement plan, health insurance, continued medical education, and vacation time
- The most common benefits offered to APPs were health insurance, continued medical education, retirement plan, and vacation time
- Physicians are more likely to be offered CME, disability insurance, free meals, sabbaticals, malpractice insurance, parental leave, retirement plan, student loan reimbursement, and vacation time



WHAT'S NEXT?

- The 2025 Rural Provider Compensation Survey Report can be downloaded here: <https://hubs.ly/Q03RCRXv0>
- The 2026 Survey will go live in mid-January 2026. Be on the lookout!
- The 2026 survey will include productivity information, and the 2026 survey report will include trended compensation data
- Those who participate in the survey will receive full results not received by others, including 10th, 25th, 75th, and 90th percentile data
- Stroudwater plans to update and distribute this survey annually
- **Action requested!**
 - **If you receive this survey, please respond and complete all questions to help us continually improve and provide value to rural healthcare providers**
 - **If you have feedback on ways to improve the survey or items you would like to see included in future presentations, please contact Shad Ritchie (sritchie@stroudwater.com) or Megan Hazelton (mhazelton@stroudwater.com)**



Q&A



STROUDWATER

THANK YOU

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