

Adfinitas PTO Changes Friday, July 10, 2020

Purpose: At outset of Covid-19 outbreak PTO and travel were restricted by Adfinitas for its employees due to concerns regarding the ability to staff programs if there was a significant surge in patient volume and/or if a significant number of providers contracted the disease or were exposed to the disease and needed to self-quarantine. These concerns, while still present, are no longer as severe. Unfortunately, an unforeseen consequence of the pandemic is a decrease in patient encounters leading to a consequential decrease in patient revenues. This new circumstance again puts pressure on the ability of Adfinitas employees to utilize PTO.

We have also found while bidding for new contracts that most hospitalist companies do not offer PTO. The most recent Society of Hospital Medicine survey showed that less than 25% of similar companies have PTO as a benefit. This puts Adfinitas at a significant disadvantage for winning new contracts.

The following changes to the PTO policy allow for the use of PTO while recognizing both the substantial financial challenges of Covid-19 and our competitive environment for new business. Effective today:

- Utilization of PTO must be cost neutral. Coverage of open shifts resulting from the use of PTO cannot cost significantly more than the cost of covering the shift by the provider who is utilizing PTO. Examples are -
 - If an APP takes PTO, then an APP (not a physician) needs to cover the open shifts
 - Shift bonuses cannot be utilized to encourage providers to cover open shifts caused by PTO use
 - Strike Team members cannot be used to cover open shifts caused by PTO utilization
 - Coverage of open shifts cannot be provided if travel costs are involved
 - Locum tenens providers cannot be used to cover open shifts
- Coverage of open shifts due to use of PTO can be covered by full time staff and prn staff who are paid normal moonlighting rates.
- We recognize this puts a significant strain on individual sites as coverage for most PTO will require moonlighting extra shifts by existing full-time staff. This will require commitment of each site to provide the cost neutral coverage.

- Starting January 2021 providers can continue to carry-over 100 hours of unused PTO from the prior year. However, any hours over 100 hours will no longer be paid out for PTO hours accrued after January 2021 (would previously had been paid out in 2022). PTO hours accrued in the current year (2020) will still be paid out in 2021. PTO hours being paid out in 2020 (earned in 2019) will also continue to be paid out.
- Providers can choose to opt-out of PTO. Those providers who choose this option will have their base salary increased by 5.0%.
 - The period where providers can decide to opt out of PTO will last until December 31, 2020
 - Providers who opt out of PTO and have up to 100 hours of accrued PTO will keep those hours to use as future paid time off
 - Providers who opt out of PTO and have more than 100 hours of accrued PTO will have those hours in excess of 100 hours paid out over the next twenty-six payrolls (to a maximum of 80 hours paid out).
- Providers without PTO can request leave without pay if coverage for those unfilled shifts in the schedule are covered in a cost-neutral manner.
- All PTO requests that have been approved must be covered in a cost-neutral manner regardless of when the initial PTO was approved.
- Leads should work directly with their respective Directors of Operations or administrative leads to evaluate PTO requests and the associated coverage prior to approval.
- All state policies and regulations regarding mandatory sick leave will be adhered to (currently only applicable at Maryland and Massachusetts locations of service).