

# Survey offers a profile of surgical practice in 2004

by

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Maintaining the health of a surgical practice in the current socioeconomic environment is increasingly challenging due, to no small extent, to actions and policies implemented by federal and state governments, as well as by private insurers. Quantifying the effects of these forces on the surgical workforce and other factors that influence patient access to care has been exceedingly difficult, however.

To provide policymakers with a better appreciation of the day-to-day obstacles that make it more difficult for surgeons to provide care for patients and, ultimately, to help persuade them of the need for regulatory relief, the College initiated a data collection effort last fall. About 3 percent of the College's active U.S. members had responded to this "convenience" survey at press time, and a preliminary profile of today's surgical practice is beginning to emerge.

## ***The "typical" surgeon***

The majority of respondents (66 percent) are in solo (28%) or small group practices of two to 15 surgeons (38%) (see Figure 1, page 20). Only 12 percent of them said they are in academic practice. About 60 percent of the respondents are between the ages of 40 and 59 (Figure 2, page 20), and 12 percent are female. At least 73 percent have been out of residency more than 11 years. Reflecting the College's membership generally, about 42 percent were general surgeons. Interestingly, about 20 percent of the respondents are in dual medical career families.

## ***The "typical" practice***

About half of the survey respondents indicated that they spend 11 to 20 hours a week performing elective procedures. The same number said they spend 11 to 20 hours per week in the office. More than one-quarter of surgeons responding said that trauma surgery accounts for more than 25 hours of their work week. The majority (51%), however, spend less than 10 percent of their time providing trauma care.

As expected, Medicare is the predominant payment source for surgeons, with 75 percent saying it accounts for more than one-fifth of their revenue. Preferred provider contracts and traditional private fee-for-service plans follow in importance. Generally speaking, surgeons care for relatively few Medicaid patients; 70 percent of respondents say Medicaid patients comprise less than 5 percent of their practice. In fact, self-pay and uncompensated patients comprise as much or more of a typical surgical practice—with more than 30 percent of

respondents saying that these patients account for 6 to 10 percent of their practice (Figure 3, this page).

### Access and supply

Patient access to care is a dynamic picture determined by the number of incoming and outgoing surgeons, surgeon productivity, and the projected demand for care.

Retirement patterns are difficult to predict, but, according to the survey, 63 percent of the respondents plan to retire before age 65. At the same time, the number of surgeons entering the profession has remained relatively stable for decades. Recruitment patterns may be more revealing. More than half of the survey respondents have tried to recruit new surgeons to their practice, and more than half of them (53%) found that it took more than a year to find replacements (Figure 4, page 21).

There are few indications that the current supply of surgeons is inadequate. In fact, more than 46 percent of the surgeons responding to the survey indicated that they have increased or intend to increase the amount of time they devote to patient care (Figure 5, page 21). This, coupled with the report that 40 percent are planning to spend less time with each patient, suggests that as the volume of patients increases, the amount of time with individual patients could decrease (Figure 6, page 21). Of course, much of this shift has been driven by a need to increase efficiency in order to stabilize practice income during a time of declining reimbursement, and there is some question about how long this trend can continue as the elderly population grows. While there are some indications that wait times for first office visits are increasing, the vast majority (76%) of new patients are able to get an appointment within two weeks or less.

More than 80 percent of surgeon respondents said they take trauma or emergency call. Yet 48 percent said that they are seriously considering limiting their on-call and trauma coverage (Figure 7, page 21). Greater than 70 percent of these surgeons say they are on call at least 40 hours a month. An apparently growing number of those who take emergency call, nearly 40 percent, say they receive a stipend to do so.

It appears that surgeons are taking a number of

Figure 1

### Practice size or setting

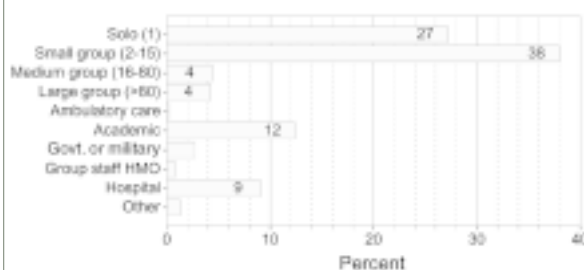


Figure 2

### Age—breakdown

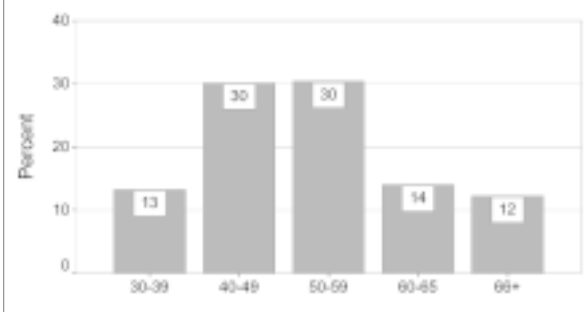
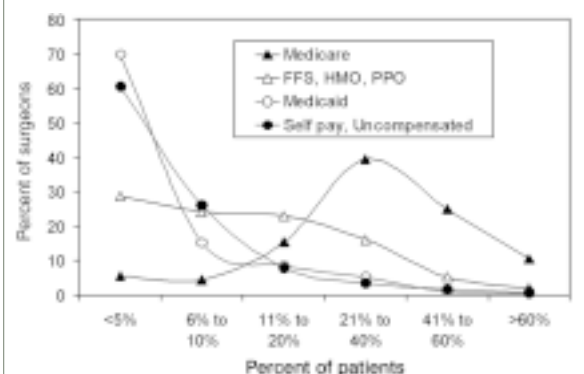
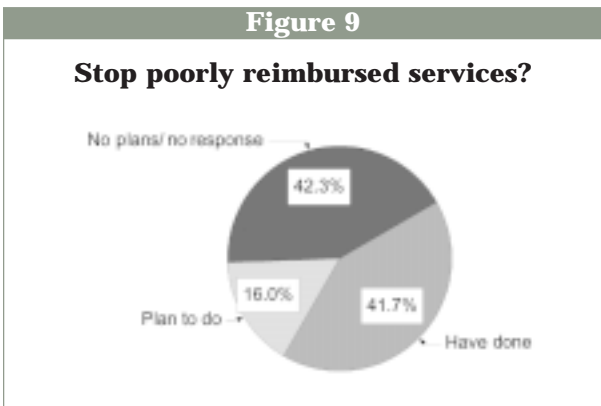
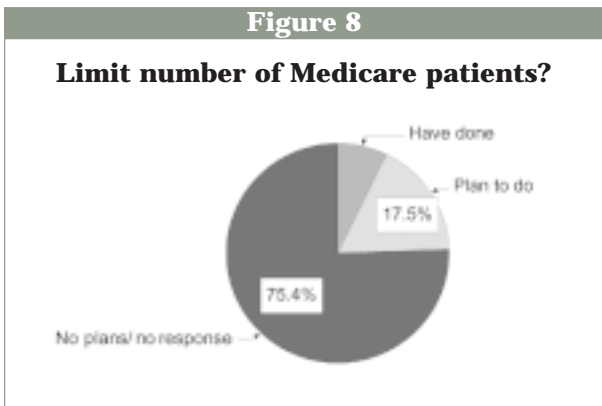
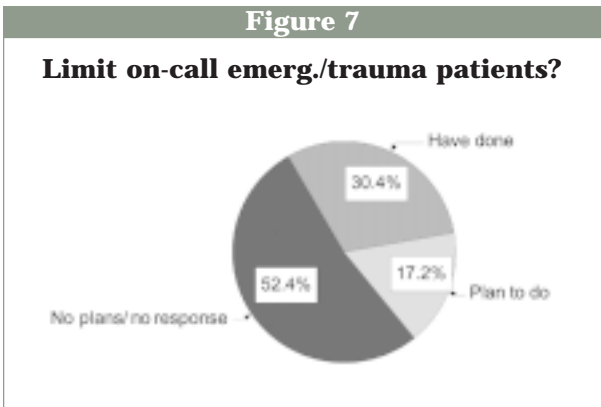
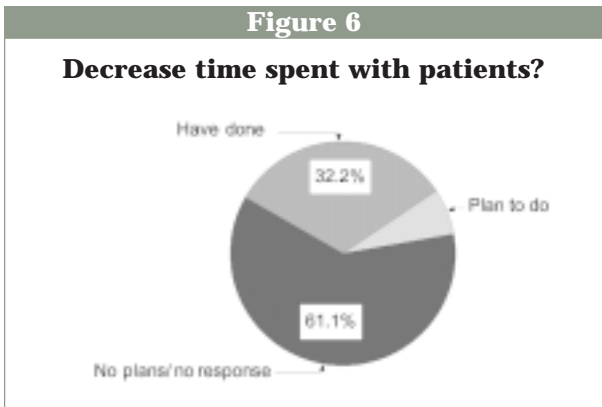
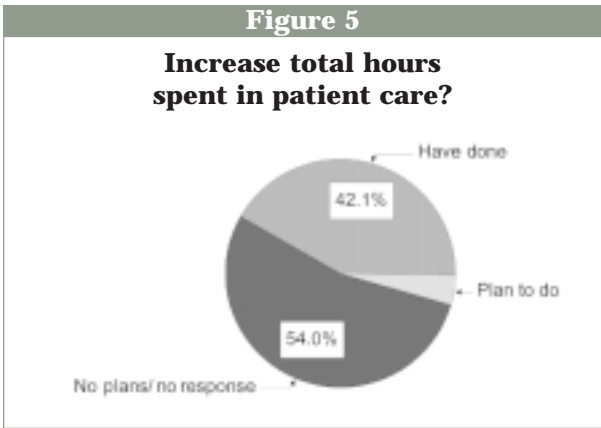
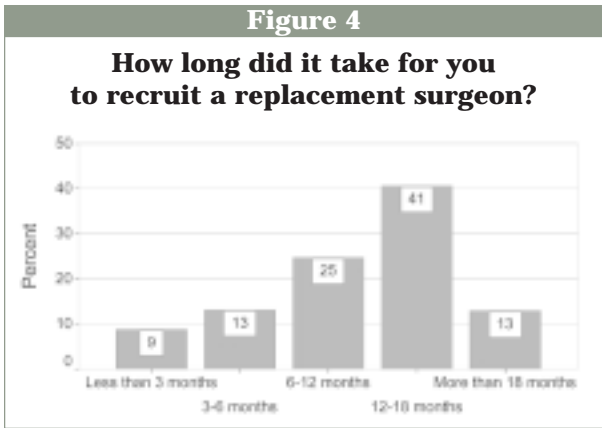


Figure 3

### Sources of practice revenue (by percent)



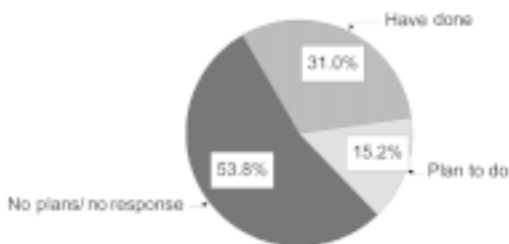


steps to increase their practice's productivity. Given the importance of Medicare to their practices, very few surgeons (less than 1%) have stopped seeing elderly patients altogether, despite the continued decline in reimbursement. A slightly

larger percentage—7 percent—of respondents said they limit the number of Medicare patients they see (Figure 8, this page). However, a significant number of respondents indicated that they have stopped performing poorly

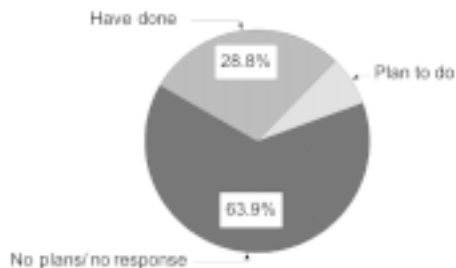
**Figure 10**

**Limit number of Medicaid patients?**



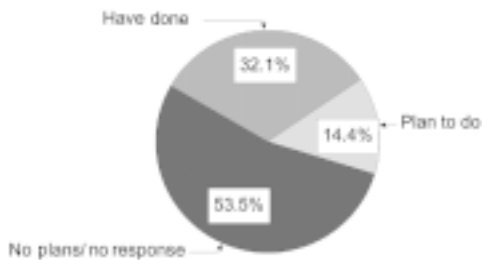
**Figure 11**

**Reduce office staff?**



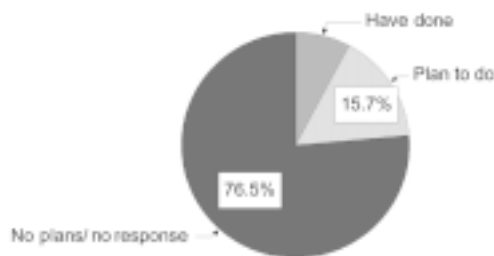
**Figure 12**

**Greater use of “physician extenders?”**



**Figure 13**

**Relocate to more favorable environment?**



reimbursed or high-risk services (48% and 38%, respectively) (Figure 9, page 21). About one in two has or will limit the number of Medicaid patients they will see (Figure 10, this page). Nearly one-third said they have reduced the size of their office staff (Figure 11, this page), and about 46 percent say they are making greater use of physician-extender staff (Figure 12, this page). Few say they have relocated, but 16 percent indicate that they are seriously considering relocating to a more favorable climate (Figure 13, this page). For a complete overview of surgeons' activities, see Figure 14, page 23.

**Conclusions**

Although the data collected in the survey do not reflect any widespread patient access issues, narrative responses given to the open-ended questions do give cause for concern. These comments echo a

common theme of frustration with the current state of practice and how hassle factors with payors and regulators are perceived as standing squarely between surgeons and their patients.

Other observations and conclusions include:

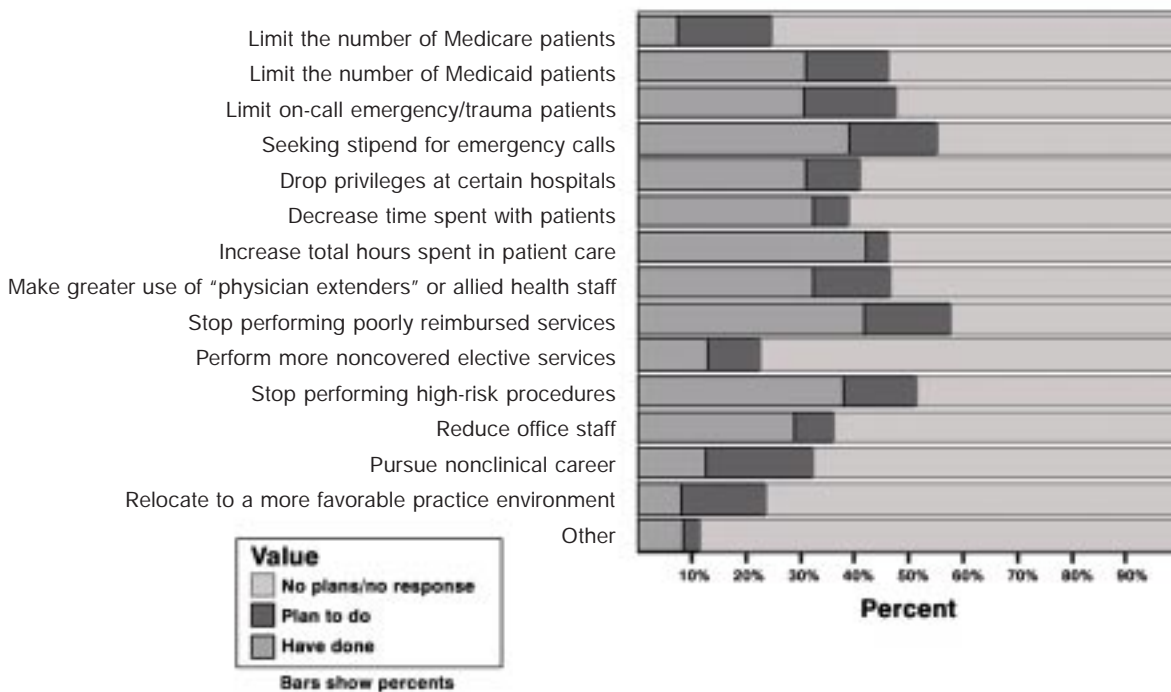
1. Medicare is the primary payor for surgical care. This finding confirms long-held suspicions that past studies of payment adequacy focusing on surgeon participation in the program are misleading; most surgeons are unable to stop caring for the elderly population.

2. Poor reimbursement rates are more likely to affect access to care for Medicaid patients, people requiring services that are inadequately reimbursed, and individuals who need high-risk operations.

3. Trauma and emergency care remain an important component of surgical practice, although there are indications that more surgeons may re-

**Figure 14**

**Plan to take any of the following steps in next two years**




strict the number of hospitals where they practice and their call schedules as the volume of patients increases.

4. The College's concern is that more restricted practices may mean fewer surgical educators, less time with individual patients, a narrower menu of services, more hours spent on paperwork, and fewer mentors for young surgeons.

5. Future capacity is difficult to project. So far, patients have largely been insulated from practice patterns that are shifting in response to current socioeconomic trends. It is unclear how much farther surgeons can trim their overhead and increase their own productivity.

**We still need your help**

The College will continue to monitor these trends and advocate for policy changes that will bring more balance to the system and ensure con-

tinued patient access to high-quality care. Those Fellows who have not yet participated in the survey are encouraged to visit the College's Web site to complete the online workforce access survey at <http://www.facs.org/ahp/workforcesurvey/index.html>. 

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