

Where (and When) Should I Consider Being Employed?

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Disclosures

- I am currently employed for Mid-Atlantic Permanente Medical Group with Kaiser Permanente
- I was previously in private practice in Sun City Arizona in a high volume total joint replacement practice
- Prior to my entry into private practice I was previously employed as a professor in Orthopedic surgery at the University of Mississippi Medical Center



Who is an employed orthopedic physician?

- Residents & Fellows in active training
- Majority of Orthopedic Surgeons coming out of training are employed by a physician group, hospital or academic institution for at least 1-2 years
- Full time academic orthopedic surgeons
- Military orthopedic surgeons
- Hospital based employed physicians
- Large group employed physicians
- HMO based physicians

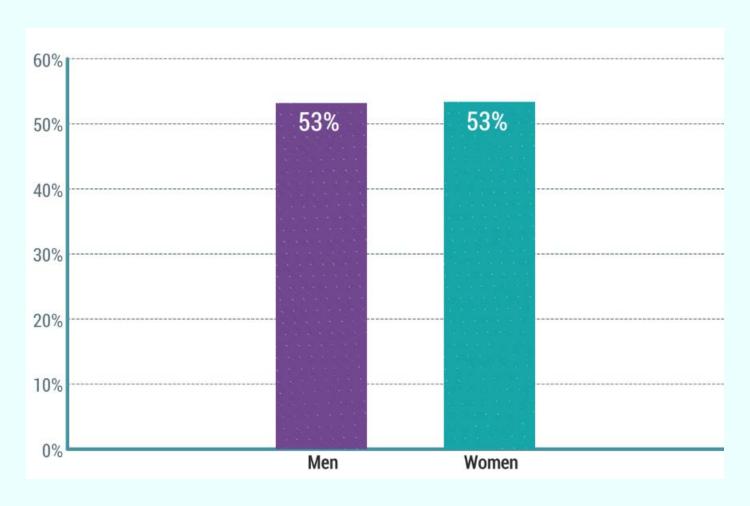


Employed Physicians

- According to the AMA as of May 10, 2019
 - 47.4% of practicing physicians were employed in 2018 in the US
 - In 2018 physician ownership of their practices fell to 45.9%. From 60.1% in 2012.
 - Most common employed physician is younger coming from training and women physicians.
 - 65% of surgical subspecialists still remain in their own practices especially in a single specialty.



Medscape 2018 Employment by Gender



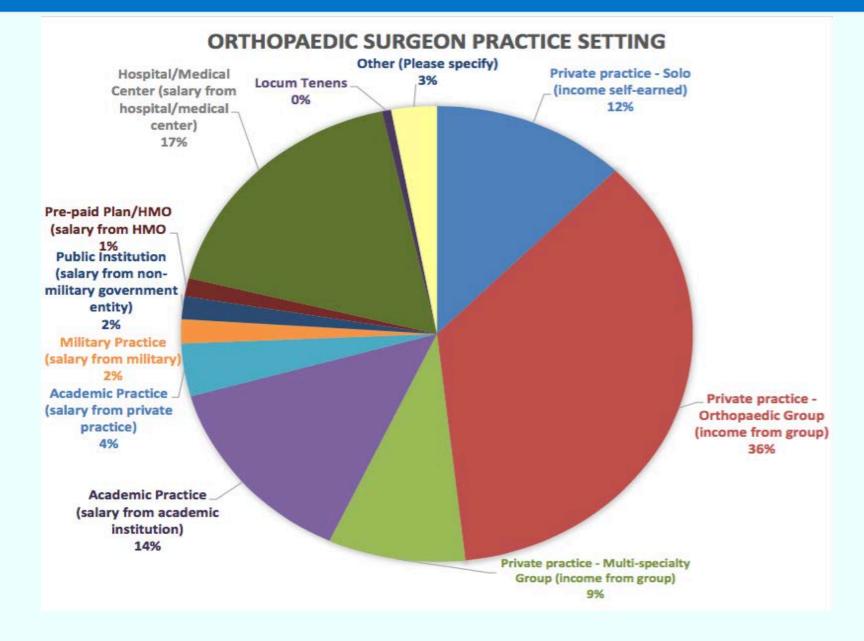


Orthopedic surgeons

- Becker's Hospital Review January 31, 2019
- 30,500 orthopedic surgeons in practice with over half listed in subspecialty care in the US (Definitive Healthcare Data)
- AAOS in 2008 16% of orthopedic physicians were employed. In 2011 predicted they predicted 20%
- AAOS the number of hospital employed physicians has doubled over the last 6 years
- Academic Physician employment is also trending up







60% of Orthopedic Surgeons are in some form of private practice



Professionally: The challenge of constant changes in the work environment: administrative, legislative, medical & technical while continuing to prioritize the care of patients.

Personally: The challenge of maintaining an appropriate work and life balance and maintain financial stability with eradication of debt and planned retirement



- Are you a entrepreneur and want the opportunity to control and be part of a medical practice
- Is Ancillary Passive or Consulting income part of your plan?
- Are you able to set up, support and maintain clinical care, documentation and adapt to new practice patterns?
- Is autonomy in decision making versus the relative stability of a larger organization key in your practice environment?
- Trauma/ED/Referral out vs Repatriotization of patients. Are you comfortable with practice outside of a subspecialty?



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Leading the profession since 1887

AOA Critical Issues

Leadership, Communication, and Negotiation Across a Diverse Workforce*

An AOA Critical Issues Symposium

Denis R. Clohisy, MD, Michael J. Yaszemski, MD, PhD, and Joanne Lipman

Investigation performed at the University of Minnesota, Minneapolis, Minnesota



Leadership and Human Resources

- Who is the "boss", how do you govern the practice and make the decisions.
- Many of us are not trained, in small business management or contract negotiations
- Do you need a professional management team to stay up do date with the old and new rules & regulations, technology, personal and HR issues
- Generational differences among partners and health care staff



- Would you be frustrated having a system, board or a chief/boss measure, watch and grade your quality or volume of care?
- What is your local payer mix and what is the predicted forecast for the immediate future or your expected time in practice?
- What is your "glass ceiling" in income and why? (RVU, payer mix, overhead costs, personal work habits,...)
- What if any are barriers exist to care for your difficult case/revision?



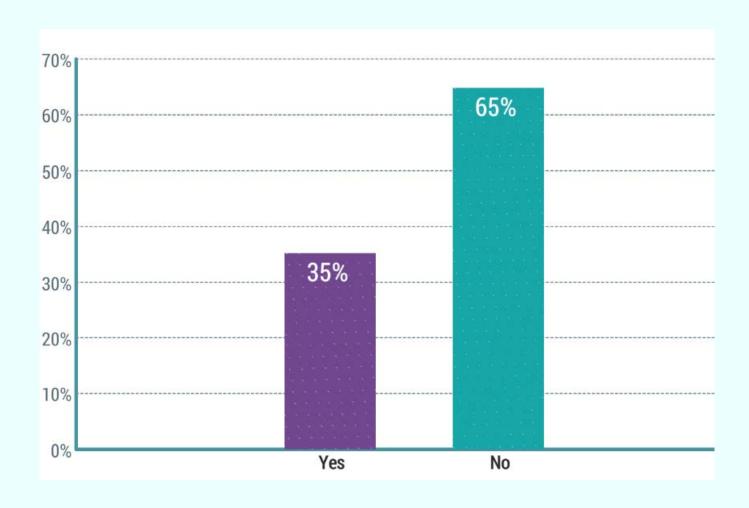
- Are you comfortable with being tied to an organization's successes and failures that includes multiple non orthopedic physicians?
- Does your chosen career path align with your potential organization's vision
 - Research and academic pursuits
 - Business and administrative pathways and systems which affect populations of patients
 - Financial and Personal Balance



- Will you directly benefit from cost saving practices or increased efficiency practices?
- Will you be comfortable changing a practice pattern if the organization dictates you do so for the common goal?
- Are you interested in administrative career paths within an organization?



Do Employed Orthopedists Aim for Promotion?



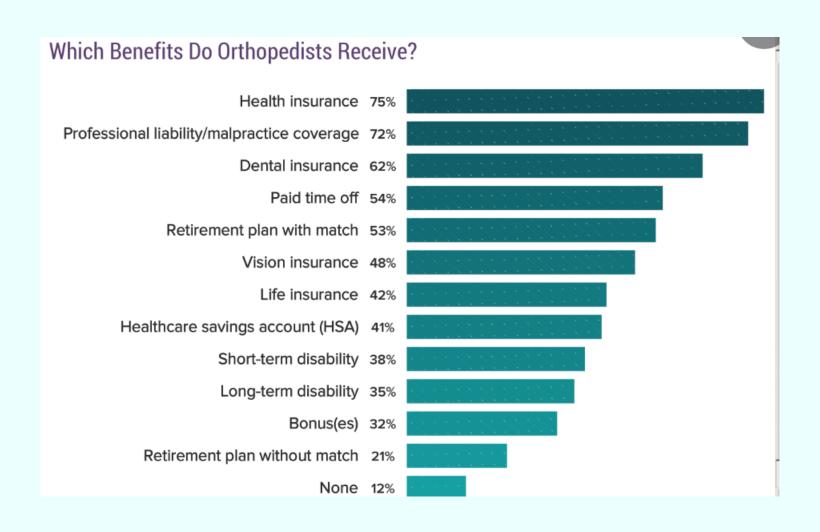


- Do you have obligations or debt that will place constraints on your time, geographical location and personal support system?
- Different needs for different life stages:
 - Young Family
 - Pre-Retirement
 - Elderly parents
 - Physical disability



- How important are the benefits in your organization and to they fit your needs?
 - 401k & Pension Plans
 - Health Care personal and family
 - Disability, Life insurance/Sick Leave
 - Educational allowance
 - Child/Elder care







Things to Consider

- Compensation should account for direct work effort, potential ancillary income as if in private practice and benefits
- Set up current contract for now and future negotiation
 - Group or individual timing if entering with partners
 - Link your financial compensation and burden together and don't dissociate the employer from the employee
 - Be realistic about productivity and benchmarks. RVU based, coverage & availability?
 - Exiting if either party is unhappy
 - Modification for part-time, pre-retirement, illness
 - Overhead and support staff changes



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AOA Critical Issues

Burnout in Orthopaedic Surgeons: A Challenge for Leaders, Learners, and Colleagues

AOA Critical Issues

S. Elizabeth Ames, MD, James B. Cowan, MD, Keith Kenter, MD, Sanford Emery, MD, MBA, and David Halsey, MD

Journal of the American Academy of Orthopaedic Surgeons:

April 2016 - Volume 24 - Issue 4 - p 213-219

doi: 10.5435/JAAOS-D-15-00148

Review Article

Orthopaedic Surgeon Burnout: Diagnosis, Treatment, and Prevention

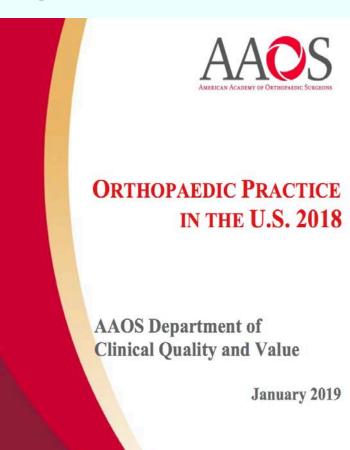
Daniels, Alan H. MD; DePasse, J. Mason MD; Kamal, Robin N. MD

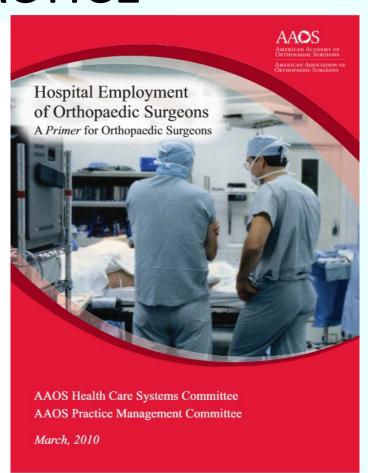


EMPLOYED VS. PRIVATE PRACTICE

Developing trends

- % Hospital employed surgeons almost doubled in the last 6 years
- % Academic surgeons also increasing
- Private practice still majority







Thank You

