

June 2022

Do Orthopedic Surgeons Follow Through on Verbal Commitments to Participate in Deficit Recovery Efforts?

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Recommended Citation

Yoshida, Maxwell T.; Jin, Wendy; Files, Joseph S.; Meadows, Austin M.; and Day, Charles S. M.D. MBA, "Do Orthopedic Surgeons Follow Through on Verbal Commitments to Participate in Deficit Recovery Efforts?" (2022). *Medical Student Research Symposium*. 138.

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Do Orthopedic Surgeons Follow Through on Verbal Commitments to Participate in Deficit Recovery Efforts?

By Maxwell T. Yoshida, Wendy Jin, Joseph S. Files, Austin M. Meadows, and Charles S. Day, M.D., MBA

Purpose:

The SARS-CoV-2 pandemic caused postponement of elective surgeries from March to May, and was projected to decrease gross hospital revenue by approximately 12.5%. Due to large numbers of elective procedures, which generates a high percentage of hospital revenue, orthopedic providers are in a unique position to assist the financial deficit recovery process. Additionally, the rise of Zoom and similar platforms present an interesting opportunity for the utilization of telemedicine to facilitate patient visits and other clinical activities. We hypothesize orthopedic surgeons who demonstrate greater verbal commitment to overcome the financial deficit are more likely to achieve case-volume targets developed for the recovery.

Methods:

An orthopaedic research committee at a multi-hospital tertiary care medical system developed a 3-part survey examining provider perspectives on strategies for deficit recovery, including expanded clinical hours and surgical opportunities. All 75 physicians employed by the orthopaedic service line were sent the survey (55 surgeons, 20 non-operative physicians). Survey responses were quantified as a commitment metric using a Likert scale, dividing providers into High, Moderate, Low and No Commitment ratings. Weekly case-volume targets were developed by evaluating individual allotted OR time, average time per case, revenue per case, patient turnover times, and the total deficit incurred during the pandemic. Surgeons' 2020 volume targets were assessed as "target or capacity met" or "target and capacity not met". Comparative analysis between physicians' self-reported commitment to deficit recovery and their subsequent performance towards OR targets was conducted. Physicians' reported willingness to take less vacation time and actual time off taken in 2020 were also compared. Lastly, all 75 physicians' 2020 actual clinical case volumes were compared to self-reported targets and physicians' telemed case volume was analyzed. Chi square analysis was used to determine significance.

Results:

Seventy-three physicians (97%) of the orthopaedic service line responded to the survey. 35 surgeons (63.6%) either met their 2020 OR targets (n=19) or operated at maximum capacity dictated by OR availability (n=16). The remaining seven (36.4%) operated below targets and maximum capacity (Figure 1). 50% of the surgeons expressing low to moderate commitment and 75% of those expressing high commitment met their target or capacity (Figure 2). Of physicians who expressed a willingness to reduce their 2020 vacation time, 66% actually took fewer days off than in 2019 compared with 42% of physicians who did not express such willingness (p<0.05) (Figure 3). 55% of the surveyed physicians (n=41) met their 2020 clinical targets. Physicians who met the clinical targets conducted fewer weekly telemed visits compared to those who did not meet targets (p<0.05). No significant difference in the weekly telemed visits was observed between surgeons and non-operative physicians. From March to December 2020, the average monthly telemed case volume is significantly lower than that of in-person clinical visits (p<0.00005).

Conclusion:

A majority of surgeons verbalized a moderate to high commitment to recovery efforts with higher self-reported commitment scores associated with increased likelihood to achieve OR case-volume targets. Likewise, physicians who expressed willingness to reduce vacation time were significantly more likely to have taken fewer days off compared to those who did not. Telemed visits were correlated with decreased likelihood of meeting clinical targets, but their low volume indicates that they did not play a major role in recovery efforts. Notably, OR block availability was a potential barrier to financial recovery efforts, being a limiting factor for 29% of surgeons. This suggests a need for strong collaboration between providers and their health systems to resolve institutional barriers in future deficit recovery plans.

Figure 1:

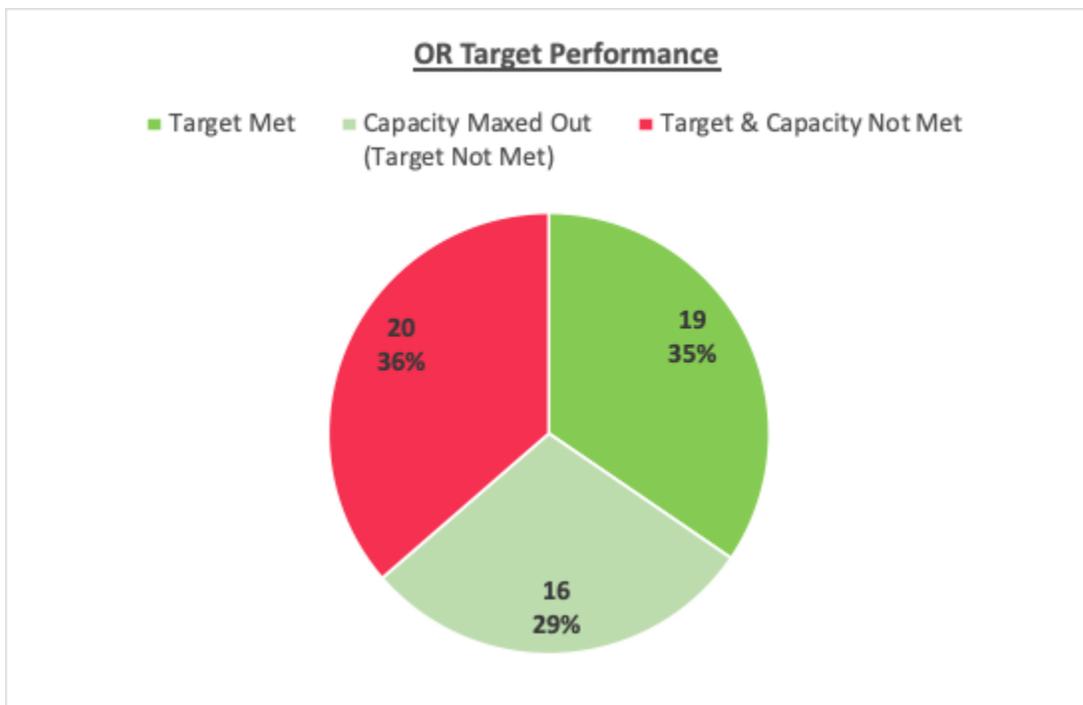


Figure 2:

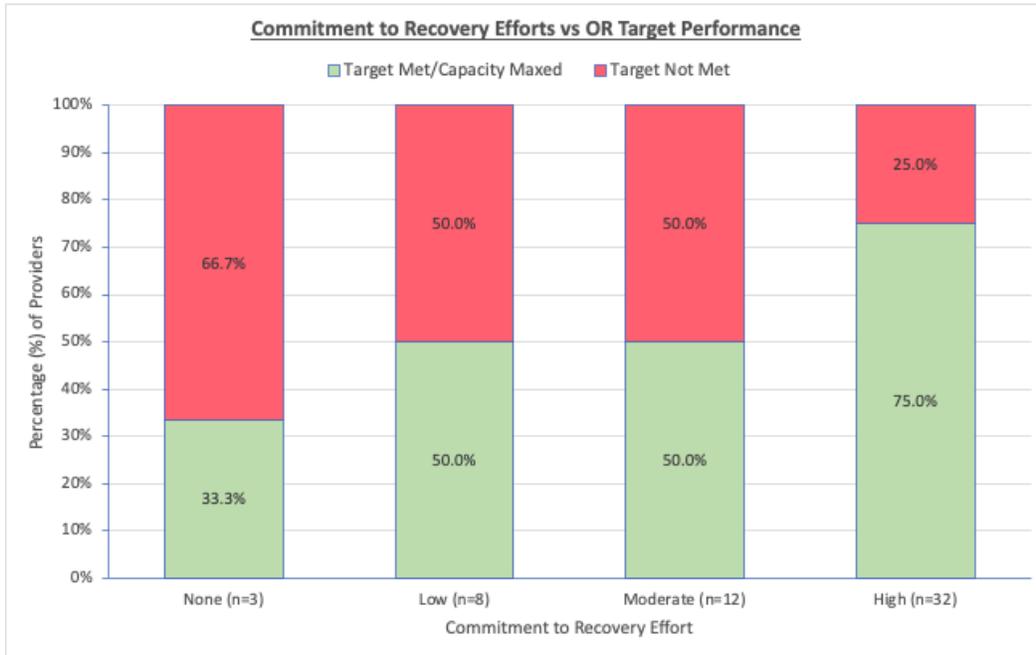


Figure 3:

