

Results of a Nationwide Survey of Orthopaedic Traumatologists Regarding Practice Environment, Clinical Metrics, and Reimbursement

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Purpose: The practice of orthopaedic trauma continues to evolve. In this competitive health-care landscape, orthopaedic traumatologists should, collectively, understand how their individual practice compares with that of their peers. Such knowledge can allow surgeons to advocate for their interests more effectively, using published data to support their positions.

Methods: The OTA Practice Management Committee created and administered a nationwide survey to active orthopaedic traumatologists within the United States. Queries of the OTA member database generated a list of eligible survey respondents. Eligibility criteria included: Active, Clinical, and Post-candidate (post-fellowship and residency) members. Survey questions fell into 3 general categories: practice environment, practice lifestyle, and reimbursement. Compilation of survey results occurred in aggregate, ensuring individual respondent anonymity. Data analysis occurred for the whole dataset, as well as for the following subgroups: years in practice (1-10, 11-20, 20+), practice setting (academic, hospital employed, private), and providers self-identifying as female.

Results: 503 orthopaedic traumatologists responded to the survey request. A plurality of respondents practiced in an academic setting (48%), with a majority in practice 10 years or less (54%), and having achieved the untenured (89%) rank of Assistant Professor (37%). For those within private groups, 62% had achieved “partner” status, generally within 1 to 3 years (53%) of employment. Most surgeons (85%) reported access to a dedicated orthopaedic trauma room, providing nearly all surgeons (97%) with a first start case on weekdays, but only 55% with a first start on weekends. The greatest degree of ancillary support came from physician assistants (80%). Orthopaedic traumatologists most often reported working between 51 and 70 hours per week (66%), with 4 to 6 nights of call/month (43%), 1 clinic day/week (42%), and with the majority of clinical volume (>75%) related to managing traumatic injury. Over half (53%) of respondents received compensation for call. Annual case volumes and wRVU (work relative value units) varied widely. Commonly respondents had 100% of their salary guaranteed (48%), and most reported eligibility for additional revenue through production bonuses (70%). Compensation varied widely, though approximately 43% of respondents reported compensation between \$401,000 and \$600,000. Three subgroup analyses by years in practice, practice setting, and physician gender provide further insight into clinical characteristics.

Conclusion: The results of this nationwide survey provide insight into the current clinical status of orthopaedic traumatology. Providers may find this information useful in job searches and contract negotiations.