

CANS October 2003 Survey Results

106 of 597 Surgeons responded (18%)

(sent to 360 CANS members and 237 non-members)

Data Analysis by Scott Lederhaus, M.D.

1) **Practice profile:** Solo practice: 44 surgeons. Group practice: 48 surgeons. Academic practice: 9 surgeons. How many in a group? 2 surgeons/group = 11 groups, 3 surgeons/group = 23 groups, 4 surgeons/group = 11, 5 surgeons/group = 1, 6 surgeons/group = 6, 7 surgeons/group = 1, 8 surgeons/group = 1, more than 8 surgeons/group = 3. Retired = 5 surgeons.

2) **Age of surgeons:** <40 years = 13, 40-45 years = 18, 46-50 years = 15, 51-55 years = 13, 56-60 years = 21, > 60 years = 26.

3) **How many Hospitals are you on staff at?** 1 Hospital = 23, 2 Hospital = 30, 3 Hospital = 22, 4 Hospital = 12, 5 Hospital = 7, >5 Hospital = 7.

4) **How many patients do you see in the ER/month?** 87 of 106 surgeons cover at least one ER. 2 surgeons have 1 ER patient/mo (neither are paid), 5 surgeons with 2 ER patients/mo (1 surgeon paid 2150/night, other 4 are not paid), 1 surgeon with 4 ER patients/mo (not paid), 15 surgeons with 5 ER patients/mo (8 are not paid of which 3 are academic, 7 are paid), 2 surgeons with 7 ER patients/mo (one paid, one not paid), 21 with 10 ER patients/mo (5 not paid, 16 paid), 7 with 13 ER patients/mo (2 not paid with one being academic, 5 paid), 13 with 15 ER patients/mo (11 paid, 2 not paid), 9 with 20 ER patient/mo (all are paid), 1 surgeon with 30-50 ER patients/mo (not paid, not academic), 1 surgeon with 40/mo (not paid, not academic), 1 with 50/mo (paid), 1 with 60-90/mo (paid), 1 with 150/mo (not paid, academic).

One surgeon reports 40 patients/mo & not paid: a central coast group of 3, age <40 years, one hospital, bylaws required, gaps not allowed, get 20% Medicare for indigents, may be getting \$200/night. **One surgeon reports 30-50 patients/mo & not paid:** a south coast group, < 40 years, group of 4, cover 2 hospitals, bylaws not required, no gaps in coverage, no indigent payment.

5) **How many ER departments do you cover?** 0 ER = 20 surgeon (5 retired, 6 over 60 years of age, 4 are 56-60 years, 2 are 51-55 years, 2 less than 45 years of age), 1 ER = 35, 2 ER = 27, 3 ER = 14, 4 ER = 5, 5 ER = 3, >5 ER = 2.

6) & 7) **How many ER's reimburse?** 56 surgeons are reimbursed, 20 surgeons do not cover ER's and 30 surgeons are not paid. Of the solo practice, 21 of 44 surgeons are paid for ER call. Group practice, 32 of 48 are paid. Academic 2 of the are paid.

8) **Hospitals not paid:** Large hospitals covered total 32, 19 pay for ER call and 13 do not pay. The 19 large hospitals which pay for ER call range from \$500 to \$2,150/night, with an average of \$1,235/night. Of the 13 that do not pay, 5 are academic practice and 3 are solo practice. One group of 8 surgeons are not paid for large ER call and one group of > 8 surgeons are not paid for ER call.

9) **Tertiary facilities:** see #8.

10) **Hospital bylaws required for the ER coverage:** 63 bylaws required, 42 not required. Data not sufficient to determine how many days a hospital may require a surgeon to cover. In response, however, it seems that 15 surgeons cover everyday, 10 surgeons 15 days per month, 10 surgeons 10 days per month, 9 surgeons 7 days per month, 4 surgeons 4 days per month, less than 4 days is one surgeon. 34 surgeons could not determine from information provided.

11) **Do any of the hospitals where your ED service is mandatory allow gaps in neurosurgery coverage?** Yes = 25 physician groups, No = 55 physician groups. Not allowed = 6 surgeons. < 7 days = 3 surgeons. 7-14 days = 3 surgeons. 15-21 days = 2 surgeons. Response of "yes" but unknown number of days = 10 surgeons. Unknown due to lack of response = 24 surgeons.

12) **Are you guaranteed any reimbursement by your hospitals for indigent care on top of the ED payments.** Yes = 26 surgeons. 100% Medi-Cal rates = 3 surgeons. 100% Medicare rates = 8. > 100% Medicare = 2. 20-30% Medicare = 2. One hospital pays \$1,000/night if called to see someone. One hospital pays \$150/consult and \$500/surgery. 9 surgeons do not state what is paid for indigent care.

13) Do you have a written contract with your hospital for ED coverage? 57 surgeons have a written contract. 20 surgeons do not cover ER. 29 surgeons without ER contract.

14) **Area of practice:** North Coast 24, North Inland 14, Central Coast 5, Central Inland 10, South Coast 46, South Inland 7.

CONCLUSIONS: More success in being paid for ER coverage in a group practice. Largest group of neurosurgeons is over 60 years of age. The higher number of ER patients seen per month correlates with a higher chance of being paid to cover the ER. Virtually everyone who sees 10 or more ER patients per month are paid with few exceptions.

The surgeons who do not cover ER's = 15, number of surgeons retired = 5, number of academic surgeons not paid = 7 for a total of 26 surgeons not paid as they do not cover the ER. 56 surgeons are paid for ER coverage. Therefore, of the 106 surgeons surveyed, minus 26 who do not cover ER's the total number of eligible surgeons who cover ER's = 80. Therefore, 80-56 = number not paid for ER coverage who might be eligible to be paid, or 24 surgeons. Or, % not paid = $24/82 \times 100\% = 29\%$, or **71% of eligible surgeons who cover the ER are paid to cover.**

Of the 56 surgeons who are paid to cover the ER, 5 surgeons are eliminated in the amount paid as the amounts are not defined on a per day basis or how often call is taken, etc. Of the remaining 51 surgeons, the total amount paid is \$51,584/night for an **average payment** from all groups of **\$1,011/night total reimbursement.**

Of the 11 surgeons who cover a **single large hospital** and are paid, the average payment per night is \$1,250. The range in payment is \$500-\$2000/night. Two surgeons are paid \$1000/night for call from one ER and will have 3-5 ER patients/month. One surgeon is paid \$2,000/night with 5-10 ER patients per month. Most surgeons who cover a large ER and are paid \$1500 to \$2000/night will see 10-20 patients per month in that ER.

Problems with this survey: Unfortunately, large hospitals and trauma centers are not well defined in this survey. Surgeons who cover more than one ER, many of those surveyed did not put into the equation how much they were paid from each hospital, or if all the payment was from one hospital. Being more specific with this answer would enable a more precise analysis of hospital size, number of ER's covered and amount paid per hospital. A larger sample size of the California surgeons would be helpful.

Only two surgeons are paid for indigent care but are not paid for ER call. Both surgeons only cover one ER. One Central Coast surgeon claims that the ER coverage is mandatory, but they may be getting \$200/day in the future, and he is paid 20% of Medicare for indigents. One South Coast surgeon covers only one ER, but more than 5 hospitals total. He is paid 100% of Medicare for indigent care. He states the medical staff voted to have on call voluntary, but the board refused, and the hospital pays a stipend for ER call, except for neurosurgery. "I plan to drop craniotomy privileges at this hospital next reappointment."

It would also be valuable to know if the hospitals who pay poorly are ones that have a large number of neurosurgeons on staff and the hospital may feel that due to the competition they do not need to pay for ER coverage. This information is not available with how this survey was constructed and answered.

INTERESTING COMMENTS:

North Inland surgeons: Situation is intolerable, looking for a new practice. Hospital will not pay anything. Another states he is 65 years old and states "... you won't believe my story. Call John Harris 530-541-4799, 831-375-1442". Another surgeon has given up cranial surgery, only doing spinal surgery. Another with a practice limited to spine.

North Coast surgeons: "They refused to pay and after 20 years I refused to cover, now I cover 10-15 times/mo." He is now paid \$1000/night. Another surgeon is negotiating with another hospital for \$400/night. A retired North Coast surgeon states "... The government & Insurance companies will continue to abuse us unless we act to form a union and police ourselves effectively."

A Central Inland surgeon "...no one is paid for ER coverage or indigent care."

Three South Inland surgeons state that they were paid Medicare rates for the first 48 hours for indigent care, but that was discontinued. These surgeons had to threaten to go on a leave of absence before the hospital agreed to pay \$300/night for a medium to large hospital with a busy ER.

South Coast surgeons: "...the medical staff voted to have on call voluntary, but the board refused. The hospital pays a stipend for ER call, except for neurosurgery. I plan to drop craniotomy privileges at this hospital next reappointment." Another surgeon claims the hospitals without trauma coverage are reluctant to pay for coverage. Another states that Scripps pay 1250/day, Mercy 900/day (both level I trauma centers). He makes a note that neurosurgeons in Las Vegas receive 3000/day trauma centers and 1000/day other hospitals. Another states two neurosurgeons cover a very busy ER which paid 120/night, while the orthopedists and general surgeons received 1500-2000/night. The other neurosurgeon moved out of the state in frustration. This physician dropped cranial privileges as an alternative to leaving town.