

From Entrepreneur to Employee: Part 1. Ambiguity in Attitudes About Hospital Employment

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Results from a recent survey have shed new light on the trend of hospitals' employing orthopedists. In short, nothing about these orthopedists' experiences with, or opinions about, hospital employment is crystal-clear. In fact, the survey data indicate that opinions are adrift about whether hospital employment is the right way, or wrong way, to go.

The American Society for Surgery of the Hand (ASSH), the Academy of Foot and Ankle Surgeons (AOFAS), and the Orthopaedic Trauma Association (OTA) invited their members to participate in the survey, which was designed and tabulated by Chicago-based practice management consulting and training firm KarenZupko & Associates, Inc.

As 785 (99%) of the 787 participants were surgeons, the survey results provide very specific insight from the perspective of physicians. In summary:

- Orthopedic trauma surgeons were more likely to be employed; foot and ankle specialists and hand specialists were more likely to be in private practice, and they wanted to stay there.

- Employment negatives included the "usual suspects" of autonomy loss, mistrust of hospital administrators, politics, bureaucracy, and lack of hospital understanding about practice management, but many orthopedists found good trade-offs in stable income, lack of management responsibility, and vacation time.

- Satisfaction with practice management once employed varied widely, though most respondents said that management reporting and coding compliance had improved with employment.

- Most employed orthopedists did not receive ancillary revenue.

- Ambulatory surgery center investors probably will

not see these revenues as part of their compensation packages once employed.

WHO'S MAKING THE MOVE?

For hand surgeons, private practice was alive and well, and most of them planned on staying there, even if a hospital came knocking. Seventy-five percent of hand surgeon respondents said they were in private practice, and most were quite vocal about their desire to stay independent; 67% said they would not consider hospital employment if approached.

Although several commented that a move to employment would depend on salary, terms, and so forth, the vast majority stated a preference for continued independence. Lack of trust with hospital administrators was cited multiple times, but "Live free or die!" and "My ethics are not for sale" summed up the majority opinion. Twenty-seven percent said "maybe" they would consider an offer.

Most (68%) of the foot and ankle surgeons were not employed, and 81% had not been approached. More than half (58%) said they would not take the bait even if approached.

Of the trauma surgeon respondents, 54% said they were employed, and 51% had been employed for more than 14 years. These surgeons cited predictability, stability, and lack of billing and administrative concerns as big advantages.

DOES PRACTICE MANAGEMENT IMPROVE WITH EMPLOYMENT?

We asked surgeons employed within the past 5 years about satisfaction with practice management, collections, reporting, coding compliance, and other indicators. Although responding on this rating scale was optional, 168 surgeons gave us their input.

Consistently, the largest percentage in each of the 3 groups agreed that coding compliance and management reporting had improved with employment, as had overall satisfaction with how the practice was being managed. But the responses to other questions varied widely, and few responses indicated a majority. Thus, it is difficult to come to any iron-clad conclusions overall or within any of the subspecialties. See Tables I through III for the response data for each subspecialty.

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Table III. Hand Surgeons Rate Satisfaction With Practice Management Since Being Employed (<5 Years)

Indicator	Response, n (%)					Response Count
	Agree	Disagree	No Change	Too Soon to Tell	Don't Know	
Our overall satisfaction with how the practice is managed has improved	31 (30.4)	21 (20.6)	28 (27.5)	9 (8.8)	13 (12.7)	102
Collections have improved	21 (20.8)	22 (21.8)	28 (27.7)	6 (5.9)	24 (23.8)	101
Staff supervision has improved	32 (31.7)	24 (23.8)	27 (26.7)	5 (5.0)	13 (12.9)	101
Management reporting is better	32 (31.7)	22 (21.8)	24 (23.8)	7 (6.9)	16 (15.8)	101
Coding compliance has improved	41 (40.2)	15 (14.7)	22 (21.6)	8 (7.8)	16 (15.7)	102
Managed care contracting has improved	34 (34.0)	15 (15.0)	24 (24.0)	7 (7.0)	20 (20.0)	100
Overhead has decreased	20 (20.0)	30 (30.0)	24 (24.0)	7 (7.0)	19 (19.0)	100

- “More control over quality of care I can provide.”
- “Hospital administrators hate doctors and are generally stupid.”
- “There is nothing better than being your own boss. We don't train for 10-12 years and invest hundreds of thousands of dollars to work for someone else.”
- “Very poor management, corrupt system with no patient choice, integrated physicians too powerful, intense sense of entitlement they feel, very powerful when integrated with the hospital. We felt a need to be independent. [It's] very difficult to compete with integrated physicians, but [we] are now making [an] honest living [in a] group of nine orthopedic surgeons.”
- “I hated a hospital telling me what to do and how to

run my practice. Also, the salary in private practice was significantly better than in an academic hospital. No ancillary income when part of the hospital. I still have an academic title and teach residents, which is what I value most.”

If you're considering employment, watch for “From Entrepreneur to Employee: Part 2. The Devil's in the Details, So Don't Forget to Ask About Them,” in the July issue of this journal.

AUTHORS' DISCLOSURE STATEMENT

The authors report no actual or potential conflict of interest in relation to this article.



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