

An Evaluation of Remuneration Patterns in Academic Plastic Surgery

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INTRODUCTION: The Affordable Care Act (ACA) is the most significant change in US health policy in almost 50 years.¹ One significant concern regarding ACA since its passage in 2010 is its impact on physician reimbursement. The goal of this study is to establish current patterns of revenue and reimbursement in academic plastic surgery.

MATERIALS AND METHODS: An anonymous survey was created on SurveyMonkey and emailed to all active ACAPS members. The survey gathered data on practice composition, faculty salaries, work relative value units (WRVU), collections, bonuses, and quality metrics. Periodic notifications were subsequently emailed to encourage full participation.

RESULTS: Eighty-five out of the 282 ACAPS members (30.1%) responded to the survey (Table 1). Eighty participants (94%) reported having mainly a reconstructive practice. The majority of survey participants (69.1%) had a base salary plus a bonus based either on collections or WRVUs (Figure 1). Sixty-three percent of plastic surgeons in the survey received less than \$50 as a compensation per WRVU. Sixty-four percent of respondents had benchmark WRVUs of 5000-9000. Seventy-one percent of academic plastic surgery practices reported having an average collection of \$500,000-\$1,000,000. Sixty-four percent of practices reported a starting salary of \$225,000-\$300,000 for new hires out of fellowship. Eleven percent of participants were compensated for taking call, and another 30.5% of participants were compensated for participation in committees, research and publications. Fourteen percent received bonuses based on patient satisfaction and 15.8 % received bonuses based on quality metrics. Seventeen percent of practices reported having a free-standing aesthetic center, with none of the facility fee contributing to their compensation.

CONCLUSION: Patterns of remuneration vary greatly between programs. With the possibility of ongoing erosion of reimbursement for clinical care, data such as this is essential to ensure ongoing financial viability for plastic surgeons in academic practice.

REFERENCES:

1. U.S Department of Health and Human Services. <http://www.hhs.gov/healthcare/rights/> (Accessed on 3/8/2015)

LEGENDS:

Table 1. Rank of Respondents to the Anonymous Survey.

Academic Rank	Number of respondents (percentage of total respondents)
Chief or Chairman	18 (29.0%)
Professor	14 (22.6%)
Assistant Professor	19 (30.6%)
Associate Professor	11 (17.7%)

Figure 1. Reported Methods of Remuneration.

