

The Changing Demographics and Needs of Employed Versus Private Practice Plastic Surgeons: Identifying Challenges and Solutions in the Era of the Affordable Care Act

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Introduction: As health care systems consolidate and more patients become insured, plastic surgeons face declining reimbursement for reconstructive procedures and increasing volatility in demand for aesthetic procedures. Administrative, regulatory, and legislative roadblocks have risen for providers, at a time when patients ironically have improved access to care. This study compares and contrasts the changing demographics and needs of employed versus private practice plastic surgeons, with the goal of identifying solutions to current/future challenges.

Methods: The entire membership of the American Society of Plastic Surgeons was surveyed regarding demographics, practice type/mix, benefits and problems of individual practices, potential needs and solutions, fulfillment, decisions to change practice structure, and time to retirement. Employed surgeons were compared to private practice surgeons, using Wilcoxon rank and chi-square, with statistical significance assigned to p values <0.05.

Results: 801 surgeons completed the survey, which was sent to all 4609 members of the ASPS (response rate: 17.4%). 226 respondents (28.2%) self-identified as “employed,” compared to 575 (71.8%) who were “private.” The largest subgroups were “academic” (50.7%) for the employed cohort, compared to “solo practice” (58.4%) for the private cohort. Surgeons from the employed cohort were younger, were in practice for a shorter period, had a higher representation of women, and performed more reconstructive surgery, compared to the private cohort. Both groups reported similar levels of fulfillment (almost 80% were significantly or somewhat fulfilled), hours worked/week (50-59), and target retirement ages (65-69). However, 25.8% of employed surgeons planned on a practice change, compared to only 17.2% in private practice. Perceived benefits were quite different: employed surgeons cited “mix of cases,” “teaching,” and “stability,” in contrast to private surgeons who valued “autonomy,” “income potential,” and “time management.” Regarding challenges, the employed group chose “decreased autonomy” and “increased regulatory/accreditation issues,” whereas the private group chose “increased overhead” and “decreased reimbursement.” Interestingly, both groups noted almost identical needs: assistance with improving practice efficiency, strategic marketing, tort reform, contract negotiation, and regulatory/accreditation issues (although in different order).

Conclusion: Despite significant differences in the demographics, practice mix, and problems of employed versus private practice plastic surgeons, both cohorts reported very similar needs. This information could help guide strategic efforts by the ASPS to support its diverse membership, in terms of providing resources with high value and long-term impact.