

California Orthopaedic Association

Survey on Orthopaedic On-Call
Emergency Room Coverage
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Disclosures

None

Background

- In 2000 and 2004 COA members were surveyed about ER coverage and compensation
- This yielded extremely valuable information
- This 2010 survey updates and expands upon the previous findings

Goal/Purpose

- Briefly present the 2010 results
- Compare results with the previous surveys
- Provide you with valuable information to take back to your community

How Many Responded to the Survey?

- 2000
 - 280
- 2004
 - 336
- 2010
 - 394

Who was represented?

- All age groups
- All areas of the state
- Rural and Urban practices
- All Orthopaedic Sub-specialties

What Type of Hospitals Were Represented?

- 211 Hospitals
 - For-Profit 23%
 - Non-Profit 77%
- All major acute care systems in California were represented
 - Sutter, CHW, Adventist, Tenet, etc.

Hospital Designation

- Community 84%
- University 7%
- County 3%
- Other 6%

Trauma Designation

- Level I 12%
- Level II 35%
- Level III 15%
- No Designation 38%

Do You Take ER Call?

- 2004
 - 69% yes
 - 31% no
- 2010
 - 63% yes
 - 27% no

Is ER Call Mandatory?

- 2000
 - 75% Mandatory
- 2010
 - 56% Mandatory
 - Wide range of mandated days required
 - 1-4 days 58%
 - 5-8 days 32%
 - 10 days or more 10%

Are There By-Law Exemptions?

- Age
 - Yes 44%
 - No 56%
- If yes, what age?

– 51-55	11%
– 56-60	38%
– 61-65	40%
– 66-70	8%
– 71+	3%

Are There By-Law Exemptions?

- Subspecialty designation
 - No 94%
 - Yes 6%
 - Spine 44%
 - Hand 28%
 - Pediatrics 8%
 - General 8%
 - Other 12%

If Call is Voluntary Are There Enough Participants?

- Yes 61%
- No 39%
- Hospital response
 - Left uncovered 19%
 - Hired Locums 4%

On Call Access to Operating Room

- Significant Burden
 - 43%
- OR available for your ER patients while you are on call
 - Yes 69%
 - However only 29% reported ability to access OR “quickly”

Separate Trauma Call Roster?

- No 81%
- Yes 19%
 - Are they paid?
 - Yes 63%
 - Is the non-trauma orthopaedist paid?
 - Yes 55%

Are You Paid For Your On Call Duty?

- 2000
 - 26%
- 2004
 - 56%
- 2010
 - 72%

What is Your Rate Per Day?

- <\$250 7%
- \$250-\$500 21%
- \$501-\$750 18%
- \$751-1000 28%
- \$1001-\$1500 19%
- \$1501-\$2000 5%
- \$2001-\$3425 2%

Reimbursement Observations

- Many more of you are being paid for On Call Services
- Rates have increased
- Differing ranges for weekday vs. weekend Call
 - Weekday \$300-\$350
 - Weekend \$500-\$700
- Differing Ranges for trauma vs. non-trauma
 - Non-trauma \$700
 - Trauma \$2000

How Was Paid Call Achieved?

- Negotiated Successfully 53%
- Refusal to take call 22%
- Change in By-Laws 6%
- Took cases to other hospitals 6%
- Formal strike 3%
- Other 10%

Details

- Paid whether or not you are called in
 - Yes 84%
- Can you bill separately for your services
 - Yes 86%
- Does the hospital guarantee payment for uninsured patients
 - No 67%

Details

- If the hospital guarantees payment, what is the rate?
 - Medicare 58%
 - Medi-cal 15%
 - Work Comp 10%
 - Usual and Customary 9%
 - Other 8%

Do Other Specialists Get Paid?

- Yes 89%
 - General Surgeons 30%
 - Neurosurgeons 19%
 - All Surgical Specialties 15%
 - Don't Know 10%
 - Anesthesiologists 7%
 - Internal Medicine 4%

More Details

- Do you have resident coverage?
 - No 85%
- Do you have RNFA/PA coverage?
 - No 67%
- Are you required to provide follow-up care for uninsured patients?
 - Yes 80%

Non-Monetary Incentives

- Established Trauma Call Panel 38%
- “Other arrangements” 35%
- Better OR Scheduling 19%
- Limited call responsibility 8%

Inappropriate Transfers

- Yes 35%
 - Thirty nine hospitals or areas
 - Types of patients
 - Pediatric 29%
 - Hand 23%
 - Spine 10%
 - Reasons cited
 - No one on call 49%
 - Hospital on diversion 20%

Loss of Income

- <\$5,000 16%
- \$5,001-\$10,000 9%
- \$10,001-\$20,000 14%
- \$20,001-\$40,000 14%
- \$40,001-\$75,000 14%
- >\$100,000 15%
- Unknown 16%

Comments/General Observations

- Increasingly the burden of taking call is being off-set to some degree monetarily
- There remains a diversity in call panel solutions
- We need to continue to obtain more information, follow trends and disseminate the data

Thank You!

Questions