Background

Over the past decade, the cost of spine care has increased annually while surgeon reimbursement has not only failed to keep pace but in fact has declined over the same time period. The 2010 Affordable Care Act (ACA) includes a 27% decrease in reimbursement below Medicare, and will be fully implemented in 2014. As a result, some deformity surgeons question their ability to care for Medicare or ACA patients.

Purpose

Calculate Medicare and ACA reimbursement to surgeons per hour work spent providing care for spinal deformity patients over 12 months. Results are compared to dollars per hour pay to other surgical subspecialties.

Study Design

Retrospective review

Patient Sample

87 adults who underwent scoliosis surgery during 2012 by 3 surgeons at one spine center for 3 types of deformity: 1) Small degenerative scoliosis with stenosis – 29 patients, 2) Large degenerative scoliosis – 45 patients, 3) Adult idiopathic scoliosis (double major curves only) – 13 patients.

Outcome measures

Surgeon’s time in patient care: office and hospital records for 3 surgeons; Reimbursement: 2012 Medicare reimbursement figures for spine surgery, ACA calculated reimbursement (Medicare – 27%); Comparisons: hourly pay averages for orthopedic surgery, trauma surgery, and neurosurgery from Salary.com.

Methods

Surgeries: 1) Small Degenerative Scoliosis (SDS)- includes 3 level laminectomy, posterior spinal fusion (PSF) L2-5 or L2-S1; 2) Large Degenerative Scoliosis (LDS)- includes PSF T11-S1 with instrumentation, 3 level laminectomy, 1 level TLIF; 3) Adult Idiopathic scoliosis (IS)- includes PSF T4-L4 with instrumentation. Surgeons’ time spent in patient care included global fee (preop area discussion, positioning, performing surgery, dictation, family discussion, hospital rounding time, postop office visits at 2,6,12 weeks); Additional billable care (pre-op surgical

consult, immediate pre-op education visit, postop visits at 6, 9, and 12 months) were recorded. The total hours spent in care was averaged by surgeon, and divided by Medicare and ACA reimbursements to obtain $/hour payment for each type of surgery. Average pay/hour was reduced by a range of practice overhead (40%, 50%, 60%, 70%).

Results

Operative times varied by surgery: SDS-5.6 hours (range 5.0-6.1 hours), IS–5.7 hours (range 4.5-8.5 hours), LDS–6.9 hours (range 5.0-8.3 hours). Days of hospital rounds: SDS–5.75 days (range 4-8 days), IS-5.6 days (range 4-9 days), LDS–6.1 days (range 4-9 days). Time spent in patient care included pre-op visits (0.45 hours), pre-op care (1.75 hours). Rounds were 0.5 hours/day. Postop office visits were 0.5 hours x3 global visits and 0.25 hours x 3 billable visits. Total patient care time: SDS-12.65 hours, IS–12.81 hours, LDS-14.26 hours. Using 60% overhead, surgeon reimbursement for Medicare: SDS =$193.42/hour (ACA=$140.23/hour), LDS =$152.85/hour (ACA=$110.81/hour), IS =$94.59/hour (ACA=$68.57/hour). Salary.com lists surgeons' hourly pay: Neurosurgeon $237.37hour, Orthopedic Surgeon $200.04/hour, Trauma Surgeon $162.88/hour.

Conclusions

Medicare and ACA reimbursement for deformity surgery are substantially lower than average orthopedic and neurosurgeon hourly pay. Whether this will impact patients' access to care remains undetermined. Deformity surgeons need to become creative in developing care algorithms that make care of patients with spinal deformity economically feasible.