

**Patient Perceptions of Physician Reimbursement in Orthopaedic Trauma Surgery***Jane Liu, MD<sup>1</sup>; Robert Keller, MD<sup>1</sup>; William Hakeos, MD<sup>1</sup>; Stuart Guthrie, MD<sup>2</sup>;**Joseph Hoegler, MD<sup>1</sup>**<sup>1</sup>Henry Ford Hospital, Detroit, Michigan, USA;**<sup>2</sup>Henry Ford Hospital System, Detroit, Michigan, USA*

**Background/Purpose:** The rising cost of medical care in the United States is a matter of concern for both patients and providers. Medicare reform drives a large part of the discussion, and in recent years physician reimbursement has been reduced as part of the effort to decrease cost. Previous studies examining payment perception of reimbursement in elective orthopaedic spine surgery and total joint replacement have found that patients vastly overestimate physician reimbursement from Medicare for common procedures. Trauma patients typically have different socioeconomic characteristics than elective orthopaedic patients and may hold a different view of how much physicians should be reimbursed. Our present study surveys the orthopaedic trauma clinic to gain data on public opinion regarding physician reimbursement.

**Methods:** IRB approval was obtained for this study. Patients who presented to the orthopaedic trauma clinic at Henry Ford Hospital Main Campus (Detroit, MI) between August 1, 2015 and January 31, 2016 were approached to complete a 28-question anonymous survey regarding physician reimbursement. Demographic data were obtained including age, sex, whether the patient had undergone surgery, level of education, household income, and insurance type. The patients then answered questions regarding whether they felt physicians were overpaid and how health-care costs should be decreased. They were then asked how much they felt physicians should be reimbursed for operative fixation of bimalleolar ankle fractures and femur fractures. They were also asked to guess how much Medicare actually reimbursed for operative fixation of these two fractures and whether physicians should be compensated for additional subspecialty training.

**Results:** 202 surveys were completed. 114 (56%) respondents were female and 88 (43.6%) had undergone some type of orthopaedic procedure. 105 patients (56% of respondents) had a household income less than \$50,000 per year. 76 patients (39% of respondents) were Medicare or Medicaid patients. When asked what they felt was a reasonable amount for physicians to be reimbursed for a bimalleolar ankle fracture, 86 patients (42.5%) responded with an average amount of \$18,695.50. The remainder of survey respondents did not venture a guess, stating they had no frame of reference to judge reimbursement. 79 patients (39%) responded with a guess of what Medicare actually reimbursed for fixation of bimalleolar ankle fracture with an average of \$7458.20. When asked what they felt was a reasonable amount for physicians to be reimbursed for a femur fracture, 84 patients (41.2%) responded with an average of \$16,389.30. 78 patients (38.6%) responded with a guess of what Medicare actually reimbursed for fixation of femur fracture with an average guess of \$7847.70. 90 patients (54%) felt that orthopaedic surgeons were reimbursed somewhat low or very low for the standard Medicare reimbursement for open reduction and internal fixation of a bimalleolar ankle fracture. 69 patients (44%) felt that orthopaedic surgeons were reimbursed somewhat low or very low for the standard Medicare reimbursement for open

reduction and internal fixation of a femur fracture. 115 patients (70% of respondents) felt that physicians with additional subspecialty training should be reimbursed higher than those without. 4 patients (2% of respondents) felt that the best way to reduce US health-care cost was to reduce physician reimbursement; the remainder of participants who responded felt reducing insurance company reimbursement, drug and device reimbursement, or hospital reimbursement were the best option to reduce health-care spending (54%, 31%, and 13%, respectively). Patients who had undergone previous surgery of any kind responded with a higher value when asked what they thought a reasonable reimbursement amount was for fixation of a bimalleolar ankle fracture. There was no difference among either income level or education level whether participants felt physicians were overpaid, whether physician salary should be cut, salaries linked to outcome, or the best way to lower the cost of US health care. The amount that patients stated they would be willing to pay out of pocket was not related to education level or income level, but instead insurance type. Patients with a PPO (preferred provider organization) answered approximately \$4864.60, patients with an HMO (health maintenance organization) answered \$1831.00, while patients with Medicare answered \$303.50 and patients with Medicaid answered \$1057.70.

**Conclusion:** Health-care reform is a difficult problem to address due to multifactorial contributors to cost and lack of transparency in billing. Our survey demonstrates that most patients lack a reference range to venture a guess regarding Medicare reimbursement. Those who do guess vastly overestimate.