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Patient Attitudes Toward Orthopedic Surgeon Ownership of Related Ancillary Businesses



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ABSTRACT

Background: Physician ownership of businesses related to orthopedic surgery, such as surgery centers, has been criticized as potentially leading to misuse of health care resources. The purpose of this study was to determine patients' attitudes toward surgeon ownership of orthopedic-related businesses.

Methods: We surveyed 280 consecutive patients at 2 centers regarding their attitudes toward surgeon ownership of orthopedic-related businesses using an anonymous questionnaire. Three surgeon ownership scenarios were presented: (1) owning a surgery center, (2) physical therapy (PT), and (3) imaging facilities (eg, Magnetic Resonance Imaging scanner).

Results: Two hundred fourteen patients (76%) completed the questionnaire. The majority agreed that it is ethical for a surgeon to own a surgery center (73%), PT practice (77%), or imaging facility (77%). Most (>67%) indicated that their surgeon owning such a business would have no effect on the trust they have in their surgeon. Although >70% agreed that a surgeon in all 3 scenarios would make the same treatment decisions, many agreed that such surgeons might perform more surgery (47%), refer more patients to PT (61%), or order more imaging (58%). Patients favored surgeon autonomy, however, believing that surgeons should be allowed to own such businesses (78%). Eighty-five percent agreed that patients should be informed if their surgeon owns an orthopedic-related business.

Conclusion: Although patients express concern over and desire disclosure of surgeon ownership of orthopedic-related businesses, the majority believes that it is an ethical practice and feel comfortable receiving care at such a facility.

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Physician ownership of ancillary businesses related to orthopedic surgery [1], such as surgery centers [2,3], physical therapy facilities [4,5], or imaging facilities [6–10] has been criticized as potentially leading to misuse of health care resources. As physician ownership of ancillary businesses has increased in recent years [2,6,10], and as evidence has emerged suggesting that physician ownership of these services may result in increased imaging or

surgeries performed [2,7,8,11,12], there is concern for unethical practices related to the referral of patients to these businesses. The government has responded to these concerns by passing regulatory laws and anti-Kickback statutes to limit the practice of physician ownership of ancillary businesses [1]. Nevertheless, proponents of this practice cite benefits to patients such as improved patient care [13] with increased patient satisfaction and outcomes [14] and enhanced continuity of care [15], in addition to benefits for the physician, which include increased productivity, revenue, and quality control of such ancillary services [13–15].

Although there has been much debate within the academic medical community surrounding physician ownership of ancillary businesses, little attention has been paid to the perspective of the patient. In fact, there has been no study, to our knowledge, assessing patient attitudes toward the practice of physicians

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owning ancillary businesses related to orthopedic surgery. Prior studies have, however, assessed patient attitudes toward a similarly controversial practice, that of an orthopedic surgeon having a financial relationship with an orthopedic implant company, and have revealed generally favorable attitudes toward this relationship [16–19]. Given the controversy of physicians owning ancillary businesses related to orthopedic surgery and the potential for public mistrust of orthopedic surgeons resulting from this practice, it is important to determine patients' attitudes toward this practice. The purpose of this study was to determine patients' attitudes toward surgeon ownership of orthopedic-related businesses, specifically toward 3 types of ancillary businesses: (1) owning a surgery center, (2) physical therapy facilities, and (3) imaging facilities (eg, Magnetic Resonance Imaging facility).

Methods

Study Population

Our study population was composed of consecutive patients seen at 2 outpatient arthroplasty clinics of 2 fellowship-trained orthopedic surgeons at 2 different academic centers in the Midwestern United States; these patients included both preoperative and postoperative patients. The physicians whose patients were surveyed or the practices where these physicians practiced owned at least 1 ancillary business at the time of the study.

Questionnaire Administration

After institutional review board approval at both centers, we surveyed our patient population using an anonymous, self-administered questionnaire. Clinic staff asked each patient to complete the questionnaire. Each questionnaire came accompanied by a cover letter informing the patient of the anonymous, voluntary nature of the survey, that it would have no impact on the care their surgeon would give them, and that the patient could choose not to answer any question he or she chose. Each patient who participated in the survey completed the questionnaire in the clinic waiting room with other standard clinic paperwork prior to being seen by his or her surgeon. The surgeon did not see the questionnaires at any point before seeing the patients, and the patients were assured verbally and in writing that the surgeon would not see the questionnaire before seeing them.

Questionnaire Design

Our questionnaire was developed in conjunction with an expert in survey design and methodology with doctoral-level training. We first drafted the questionnaire without this expert's help and designed questions to assess patients' attitudes toward physician ownership of ancillary businesses related to orthopedic surgery. Questions were written based on themes observed and issues raised in prior studies investigating physician ownership of these businesses [2–4,6,7,10,13,15], such as potential increases in health care costs or number of surgeries performed, amount of physical therapy prescribed, or imaging performed as a result of physician ownership of these businesses. We also considered questions whose answers we felt would be relevant to counseling patients regarding this practice. Where appropriate, we used a 5-point Likert scale to measure patient's responses. Once initial drafting of the questionnaire was completed, we then revised the questionnaire with our survey methodology expert's guidance to improve clarity and precision of our questions. Subsequently, to maximize patient comprehension of questions we performed pilot testing of our questionnaire with 7 patients of varying age, gender,

and ethnicity from one of our clinics using cognitive interviewing [20], which is a survey/questionnaire methodological technique where target survey participants take the questionnaire and verbalize their thought process as they answer. Final revisions were then made to the questionnaire after the cognitive interviewing was completed. The final questionnaire used is shown in the Appendix 1.

Questionnaire Content

The questionnaire consisted of a demographics portion and a nondemographics portion (Appendix 1). The demographics assessed included age, gender, race, highest level of education, and medical insurance type. The nondemographics portion of the questionnaire assessed patients' attitudes toward the 3 types of ancillary businesses. For each of these scenarios, we asked patients about their attitudes regarding the ethicality of an orthopedic surgeon owning the business and, further, of using the business in his or her practice; how comfortable they would be having surgery, physical therapy, or imaging performed at a business owned by their own surgeon; how ownership of the business would affect their trust in their own surgeon; whether or not a surgeon who owned the business would make the same treatment decisions as one who did not own the business; whether or not a surgeon who owned the business would use the business more than one who did not own the business; and the impact of orthopedic surgeons owning the business on both general and personal health care costs. Additionally, patients were asked about their attitudes toward ownership more generally, specifically regarding whether or not orthopedic surgeons should be allowed to own orthopedic-related businesses, whether or not such ownership should be disclosed to patients, the appropriateness of government regulation of such ownership of orthopedic-related businesses, and whether or not patients should be concerned about this practice. Finally, we asked patients if they were aware of this practice of owning orthopedic-related businesses before taking the questionnaire and if they thought their surgeon owns an orthopedic-related business.

Statistical Analysis

We used descriptive statistics to summarize the survey results. Fisher exact test was used to compare patient attitudes toward 2 types of the orthopedic-related businesses presented at a time with *P* values of <.05 considered significant.

Results

At the 2 centers, 280 consecutive patients were surveyed, of which 214 completed the questionnaire (76% response rate). The mean patient age was 58.3 years (range, 21–87 years), with 62.2% being females (120 out of 193 respondents), 82.2% being whites (157 out of 191 respondents), 83.3% possessing at least some college education (164 out of 197 respondents), and 62.5% having private insurance (120 out of 192 respondents).

For all 3 orthopedic-related businesses, most patients had favorable attitudes, with roughly three-quarters agreeing that it would be somewhat or very ethical for an orthopedic surgeon to own these businesses, as well as to perform surgery at or refer patients to these businesses (Table 1); it should be noted, however, that 8%–13% of patients did not know how they felt regarding the ethicality of this practice and that 14%–15% explicitly indicated that they felt the practice was unethical. No significant differences were noted in these attitudes toward the different businesses. Similarly, >70% of patients were comfortable receiving care at an orthopedic surgeon-owned business (Table 2) and greater than two-thirds of

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