The Affordable Care Act and Neurosurgical Practice Design: NERVES 2017 Update

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Disclosures

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Introduction

Since the passage and implementation of the Affordable Care Act (ACA), all health provider practices are affected by macroeconomic shifts within healthcare policy.

The purpose of this study is to describe neurosurgical reimbursement and workload in the setting of this major healthcare policy shift.
Data obtained with permission from the Neurosurgery Executives’ Resource Value and Education Society (NERVES).

Assessed previously collected yearly socio-economic survey data around adoption of major provisions of the Affordable Care Act.

Data were compared between academic and private practice Neurosurgery practices.
Results

• Nominal annual compensation per FTE in private practice remained similar throughout, while academic compensation increased (Figure 1).

• On a real dollar value, since full implementation of the ACA, gross charges per FTE remained similar in private practice ($3,100 per FTE), while decreased in academics ($2,400 vs. $2,200) (Figure 2).
Results

- Number of surgeries decreased in private practice, but was constant in academics (Figure 3).
- Annual work relative value units (wRVUs) and gross charges per wRVU trended downward in both groups (Figures 4, 5).
- Collections per wRVU data were unable to be interpreted for private practices, and slightly increased for academics (Figure 6).
Results

Figure 1: Annual Compensation per FTE. Stable throughout in private setting, while increasing in academic practice.

Figure 2: Annual Gross Charges per FTE. Stable throughout in private setting, while decreasing in academics.

Figure 3: Annual Primary Surgeries. Slight decrease in private practice, while stable in academic practices.
Results

Figure 4: Annual Work RVUs per FTE. Stable in private practices, while slightly decreasing in academics.

Figure 5: Gross Charges per wRVU Neurosurgeon. Both settings had drastic decreases.

Figure 6: Collections per wRVU Neurosurgeon. Data are difficult to interpret for private, but slightly increased with academics.
Conclusions

Since implementation of the ACA mandated health insurance in 2014, trends are beginning to demonstrate the impact of US regulation on Neurosurgery workload, billable practices, collections, and compensation. With continued debate regarding US healthcare policy, practices of all types must understand the potential benefits and consequences of such reform. With continued collection of yearly data, neurosurgeons and practices will be able to monitor these effects.