

Charity Care Among Surgeons

Hours Provided Vary by Specialty and Practice Type

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Quick Facts

Surgeons reported providing almost twice as many hours of charity care per month as did non-surgeons.

General surgeons reported providing more hours per month of charity care than did surgical specialists.

Surgeons in a group practice were more likely to report providing at least some charity care.

Mission Statement

The mission of the ACS Health Policy Research Institute is to improve our understanding of surgical patient care from a policy perspective in order to educate the public, federal and state governments, health care consumers, and the policy community to enable advocacy for superior, efficient, and compassionate surgical patient care. The goal of the Institute is to create a data driven, knowledge based program for examining issues related to surgical services, the surgical workforce, and public policies affecting surgery.

Charity care is a crucial source of health care for the uninsured, particularly given the recent economic downturn and resulting losses in health insurance coverage. The provision of charity care is increasingly important for our safety net; however, relatively little is known regarding charity care provided by specialists such as surgeons. This study examined the provision of uncompensated medical care as reported by physicians in the Community Tracking Study (CTS) Physician Survey.

Findings

Between 1996 and 2005, 82.4% of surgeons and 70.4% of non-surgeons reported providing charity care. Surgeons reported providing 12.4 hours of charity care per month, compared to 6.7 hours among non-surgeons. Among the surgeons who provided any charity care, general surgeons reported more hours per month than surgical specialists, with 17.9 hours per month versus 13.5, respectively.

Table 1. Provision of Charity Care by Surgeon Characteristics

	Some Charity Care Provided	No Charity Care Provided
Mean Age	50.5	51.2
Foreign Medical Graduates (%)	14%	13%
Female (%)	4.7%	9.5%
Mean Years in Practice (%)	17.0	17.9
<i>Practice Ownership</i>		
Full Owners of Practice (%)	45%	39%
Part Owners of Practice (%)	33%	28%
<i>Surgeon Practice Type</i>		
Group Practice (%)	37%	26%
Group HMO (%)	0.1%	12%
Medical School Practice (%)	0.9%	11%
Hospital-Based Practice (%)	4%	4%
Other Practice Type (%)	3%	4%
Total Number of Surgeons	2,473	527

Surgeons who provided charity care differed slightly with respect to practice characteristics from their counterparts who did not provide any charity care. Those surgeons who provided charity care were more likely to have an ownership stake in their practice and were more likely to be in a group practice. Neither age nor years in practice varied notably between the two groups, although women were less likely to provide charity care. Surgeons were more likely to provide at least some charity care if they were part of a group practice (comprised of three or more physicians) compared to those in other practice types. Surgeons practicing in a group HMO were the least likely to provide any charity care (See [Table 1](#)).

Discussion

While surgeons surveyed for the CTS reported providing more charity care than did other physicians, understanding the factors that influence their decisions around how much charity care to provide is important when considering strategies to improve access to specialty care among the uninsured. Practice characteristics appear to influence a surgeon's decision to provide charity care, and these findings suggest that being part of a group practice, particularly having some ownership stake, may provide surgeons with more opportunity or authority to offer charity care.

It is important to consider the amount of patient-time required of a surgeon relative to other physicians in interpreting these results. Surgical procedures are inherently more time-consuming than non-surgical treatment and as such, our results on charity care hours may obscure or inadequately characterize the commitment of non-surgeons to charity care work. Future research might examine the number of charity-care patients rather than hours of care to provide a more comprehensive view of the provision of charity care.

Data and Methodology

Data for this analysis come from the Community Tracking Study (CTS) Physician Survey, sponsored by the Robert Wood Johnson Foundation and conducted by the Center for Studying Health System Change. The survey, which is conducted to better understand how health care delivery in the United States is changing over time, uses the American Medical Association and American Osteopathic Association Master Files to sample active non-federal office- and hospital-based physicians practicing a minimum of 20 hours per week in direct patient care. The CTS survey defines charity care as the number of hours in the past month that the physician provided free or reduced fee health care to a patient because of the patient's financial need. Charity care does not include discounted fee-for-service care or time spent providing services for which the physician expected, but did not receive payment (i.e., bad debt). The data presented here combine all four rounds of the CTS (1996-1997, 1998-1999, 2000-2001, and 2004-2005). Physicians were considered surgeons if they identified as practicing any one of 46 surgical specialties in the survey. Residents and fellows were excluded from the analysis. ❖

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