The Economy and Orthopedic Surgery

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"It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way—in short, the period was so far like the present period...."

"We need to partner with our hospitals to provide more efficient care."

Dickens' memorable description of England and France in 1775 in the opening passage of his 1859 epic *A Tale of Two Cities,* like that of other astute chroniclers of human experience, strikes me as eerily familiar. While today's economic debacle will not likely lead to the seismic shift in human relations brought about by the French Revolution of 1789, I believe we surgeons will see significant changes in how we practice compared with the boom times of the past 15 years, notwithstanding a national health care plan.

Enormous changes have occurred already in the financial and construction industries. While the health care industry has been relatively spared (in fact, according to the US Department of Labor, medical jobs increased in December 2008), this will not be the case for long. As unemployment increases, patients' undermined confidence will make them less likely to undergo elective surgery, some will lose employer-based insurance or elect not to pay for the extended COBRA benefits, and office visits and hospital admissions will decrease.

How will the orthopedic community respond to the approaching storm? I believe we will need to become much more aware and engaged in our hospitals' finances and help hospitals run more efficiently. Those of us who have been or currently are in private practice already understand the importance of reviewing monthly profit-and-loss reports. A similar approach needs to be applied to hospital finances, which hospital administrators must make available and transparent.

For example, hospital administrators should share with us the total cost of care for patients undergoing, say, a total knee replacement. We have begun this exercise at my own institution in New York, and we have learned, to no one's great surprise, that nearly 90% of the total costs of a total knee replacement are accounted for by just three items: implant costs (40%), operating room time (25%), and length of stay (25%)—all factors that are directly related to surgeons' decisions. That is to say, the surgeon can appropriately match the implant to the needs of the patient (the sedentary 75-year-old does not require a high-demand, more expensive implant); the surgeon should be experienced and familiar with the operative technique to minimize operating room time, and, finally, the surgeon must discuss discharge planning with the patient preoperatively to minimize length of stay. One can easily appreciate from this example how surgeon input can affect the efficiency of hospital-based care.

These challenging times will require real changes in how orthopedic surgeons deliver care. Our patients will continue to need us, but there will be fewer seeking our services. We will need to partner with our hospitals to provide the same high-quality care more efficiently and to do more with less, as must everyone else in the current state of affairs. There will certainly be some belt-tightening in the months and perhaps years ahead, but by working collectively, we will weather the storm and avert a revolution akin to what Dickens recounted in his masterpiece. ■

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