A Time & Resource Study of Diabetic Limb Salvage Specialists in Southern New England

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Methodology

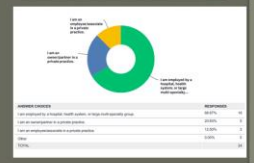
- We assessed doctors' time allocation across 4 mission areas:
  - clinical office time
  - surgery
  - research
  - education / professional development

  plus a 5th category: unscheduled or administrative time
- Respondents were asked to categorize their daily activity in these 5 categories by completing a survey grid of 10 sessions corresponding to the traditional workweek
  Monday – Friday, AM & PM
- The survey was distributed electronically (SurveyMonkey) to 40 DPMs across southern New England with a known clinical practice involving diabetic limb salvage.

Results: Demographics

AGE OF PARTICIPANTS

PRACTICE ARRANGEMENT



24/40 survey response rate of 60%

Results: Employed vs. Private Practice

16 EMPLOYED DPMs

- 2 have an admin session
- 2 have an educational session
- 4 have both an admin & an educational session
- 50% are scheduled in patient care all day every day

8 PRIVATE PRACTICE

- 1 has an admin session
- 1 has an educational session
- 0 have both an admin & an educational session
- 75% are scheduled in patient care all day every day

Analysis & Discussion

- Capacity scheduling leaves little to no room for care of emergent patients, education, research, and may contribute to physician burnout (described as emotional exhaustion, depersonalization, decreased effectiveness, & a low sense of accomplishment). Burnout among physicians is increasing (9,10) and may negatively impact the workforce at a time when need is increasing. Estimates of cost to replace a doctor who leaves a specialty practice are $100,000 - $1m (7,9)

Statement of Purpose

- While comparative salary and compensation surveys exist for podiatry as a whole, there are no normative data relative to the time allocation of DPMs, particularly those whose practices include the subspecialty of diabetic limb salvage (DLS).
- As the percentage of the population with diabetes mellitus increases, trends in delivery of care evolve, and rates of physician burnout increase, understanding time allotment and allocation is the first step toward identifying areas for improvement and providing necessary resources and support (1).

Literature Review

- For a decade or more, salary and compensation surveys have existed for DPMs collected and reported by *ACFAS*, APMA, and other trade groups such as AMGA (American Medical Group Association). However, no surveys or studies have been published on the professional time allocation of foot and ankle surgeons. Physician time studies throughout medicine and surgery are limited (4) and many predate the widespread use of EHRs and increased regulation (5). Table 1 outlines comparative time studies where physician time spent in clinical care, education, and research was analyzed.

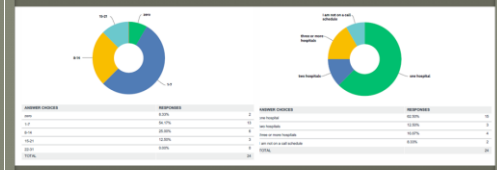
Time Allocation of DPMs During Work Week

Results: On Call Responsibilities

ON CALL FREQUENCY

(days per month on call)

HOSPITALS COVERED



No one reported any modification to his/her daily clinical load when on call.

Analysis & Discussion

CURRENT (2015 DATA)

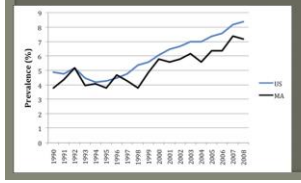
- **DIABETES PREVALENCE**
  - 9.4% all Americans
  - 12.2% American adults
- **PRE-DIABETES PREVALAENCE**
  - 33.9% American adults

FUTURE

- With the prevalence in DM expected to rise sharply in the next 3 decades, healthcare leaders must recognize that even in the near future, the DLS DPM workforce, based on the current study, has limited capacity to expand its clinical volume. Limited time for education, research, and administrative work is also a concern. A larger more detailed study is indicated.

Statement of Purpose (continued)

- Measures of clinical and educational activity are necessary to evaluate physician activity and performance and also to justify the current and future human resource needs (2) to care for this growing patient population with complex health care needs.



(3) Figure 1
Prevalence of Diabetes in the U.S. & Massachusetts, 1990-2008.
Source: Massachusetts Dept of Public Health, 2010.

Table 1 Time Studies	Clinical	Research	Educ / Prof Development	Adminis-trative
2009 Surgery Chokshi, et al N=314 academic U.S. surgeons (6)	38%	18%	11%	15%
2014 Acad Med Pollart, et al. N = 6342 clinical faculty @14 US institutions (7)	54.5%	14.3%	17.1%	14.1%
2014 PLOS ONE Wolff, et al. N = 12 German urologists (8)	64.5%	5.5%	* see admin	30% combined educ & admin

Results: 14 Employed Academic DPMs

- 2 have an administrative session
- 2 have an educational* session
- 3 with both an admin & an educational* session
- 0 with designated time for research.
- 7 (50%) are scheduled in patient care all day every day

** = 64.3% of study DPMs employed in an academic medical center have no regular time designated for education / professional development.*

Analysis & Discussion

- Time studies in health care are complex, perhaps even more so for "disciplines at the intersection of medicine and surgery" (8) such as diabetic limb salvage.
- While specialties vary and may not be amenable to comparison, the study results suggest that the DLS DPMs in southern New England are overwhelmingly spending their professional time on clinical care. This contrasts dramatically with the studies cited in the literature review (Table 1).

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