Healio Orthopedics today

COVER STORY **PERSPECTIVE**

In a recession-hounded economy, carefully weigh fellowships and practice types

Orthopedics Today, February 2012

Graduates and fellows entering the orthopedic workforce face new challenges created by the recession, aging baby boomers, the evolution of orthopedic subspecialties and the Patient Protection and Affordable Care Act.

The demand for orthopedists with fine-tuned subspecialties has surged to a level that requires most surgeons completing their residency to consider one of the nine fellowship options.

“Currently, the [American Academy of Orthopaedic Surgeons] AAOS estimates that about 90% of residency graduates do pursue fellowship training,” Ryan M. Dopirak, MD, told Orthopedics Today.

More urban and suburban orthopedic practices are carving out niches for underserved orthopedic subspecialties such as joint arthroplasty, according to Joseph C. McCarthy, MD, who trains residents from Harvard Medical School and Tufts University School of Medicine.

With the enticement of guaranteed compensation, controlled overhead costs and increased leverage with insurance companies that larger, hospital-owned orthopedic practices bring, some mark the dwindling days of privately owned or physician-based practices.

“There is less risk or uncertainty with hospital employment,” Dopirak said.

In making employment decisions,

The push by the federal government for accountable care organizations that use shared risk models to keep costs down has influenced more residents and fellows to join large physician practices or hospital-owned practices, according to McCarthy. Additionally, larger practices are often in a better position to negotiate with insurance companies, Dopirak said, leading to better contracts with insurers.

“There already is a big impetus for people in private practice to become involved in amalgamated groups or involvements between
h i i d h it l h d i k d l” M C th id