

The Sunshine Act Open Payment Database: A Seven Year Analysis of Trends Within Plastic Surgery and its Subspecialties

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BACKGROUND

- Industry financial relationships for plastic surgeons in the United States are currently reported publicly in the Sunshine Act Open Payments Database as part of the Patient Protection and Affordable Care Act.
- Previous studies have evaluated industry financial relationships for plastic surgeons, but there is a paucity of published literature focused on the subspecialties within plastic surgery, such as hand and craniofacial surgery.
- The purpose of this study is to present the public data in a more straightforward manner, highlight regional trends, and compare general plastic surgery with subspecialty data within plastic surgery.

METHODS

- The Open Payments Database was utilized to retrieve all industry financial relationship payments made to plastic surgeons in the United States from January 1, 2017 to December 31, 2023.
- Plastic surgeons were identified in the database using their Healthcare Provider Taxonomy Codes, as designated by the Centers for Medicare and Medicaid Services.
- 7-year study period
- The individual payment dollar values per plastic surgeon were evaluated along with their subspecialty, payment year, type of financial relationship, partnering company, and geographic region.

RESULTS

- On average, there were 35,333 individual payments made to 4,050 plastic surgeons, 1,336 payments made to 208 hand surgeons, and 1,091 payments made to 214 craniofacial surgeons each year.
- The top five percent of plastic surgeons received 85.0% of the total dollar payment value. This concentration was even more pronounced among hand surgeons and craniofacial surgeons, with the top five percent receiving 99.8% and 87.8% of the total dollar payment value, respectively.
- Royalties and licensing were the largest type of payment by dollar value for general plastic (43.0%) and craniofacial surgeons (98.4%), but ownership or investment interests were the most valued type of payment for hand surgeons (48.0%).
- A statistically significant association was observed between the geographic region and the total number of individual payment transactions for all three specialties ($p < 0.001$, respectively for plastic, hand, and craniofacial surgery), with the majority of payment transactions to plastic (43.0%) and craniofacial surgeons (48.6%) in the South, while the majority of payment transactions to hand surgeons were in the West (35.1%).

Total Dollar Value for Plastic Surgery by Type of Compensation

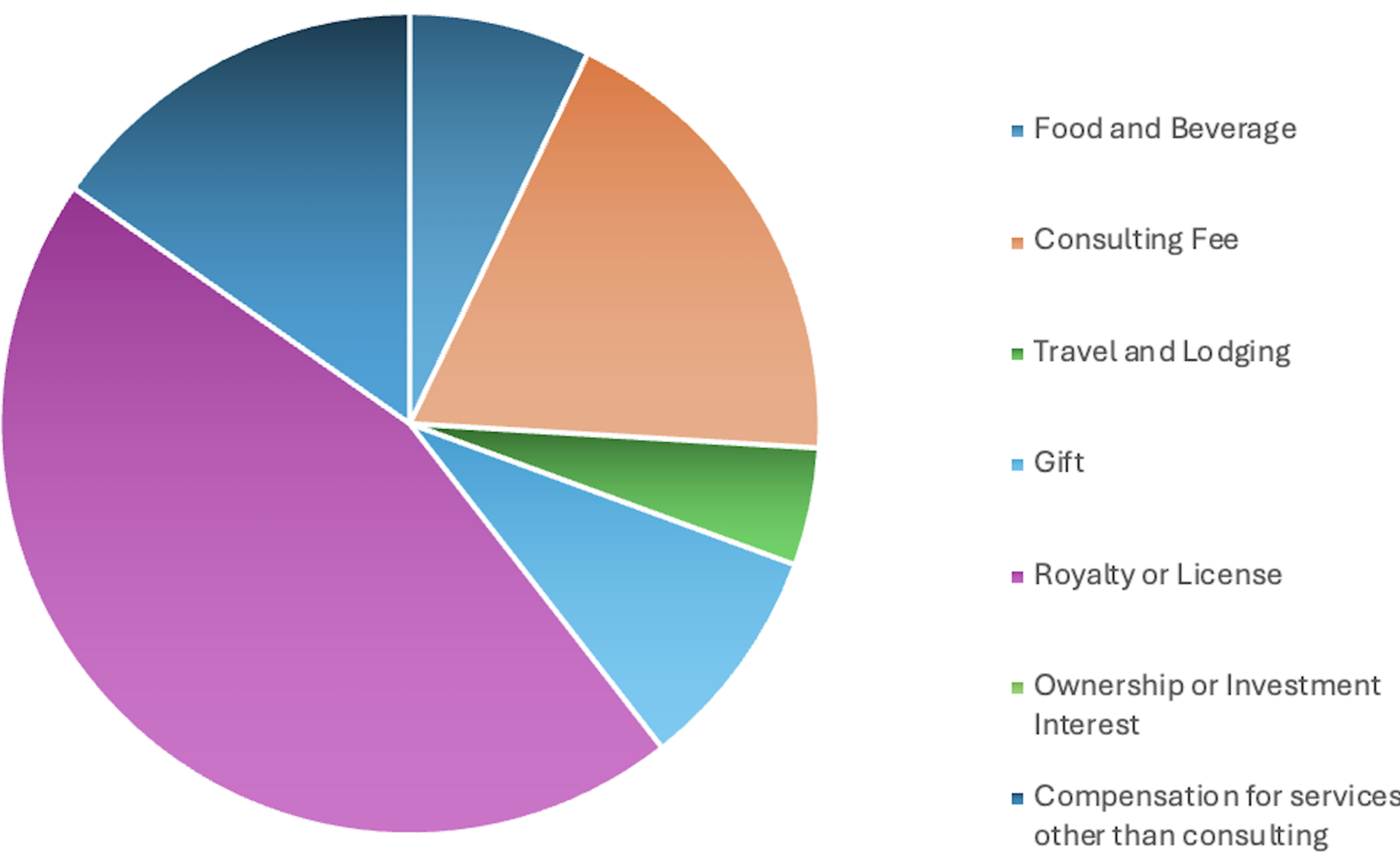


Figure 1. Total Dollar Value for Plastic Surgery by Type of Compensation

	Plastic & Reconstructive Surgery		Hand Surgery		Craniofacial Surgery	
Dollar Value	Number of Payments	% of Pay	Number of Payments	% of Pay	Number of Payments	% of Pay
\$0-25	119036	48.13	3922	41.94	4472	58.53
\$25 - \$50	36942	14.94	1322	14.14	941	12.32
\$50 - \$100	24084	9.74	1057	11.3	556	7.28
\$100 - \$250	38693	15.64	1741	18.62	947	12.4
\$250 - \$500	7518	3.04	372	3.98	204	2.67
\$500 - \$1,000	5696	2.3	399	4.27	142	1.86
\$1,000 - \$5,000	12084	4.89	397	4.25	263	3.44
\$5,000 - \$10,000	2092	0.85	92	0.98	47	0.62
\$10,000 - \$15,000	662	0.27	27	0.29	10	0.13
\$15,000 - \$20,000	241	0.1	8	0.09	10	0.13
\$20,000 - \$25,000	86	0.03	2	0.02	7	0.09
>\$25,000	197	0.08	12	0.13	41	0.54

Figure 2. Distribution by Dollar Value for Industry Financial Relationships

Individual Payment Transactions by Geographical Region

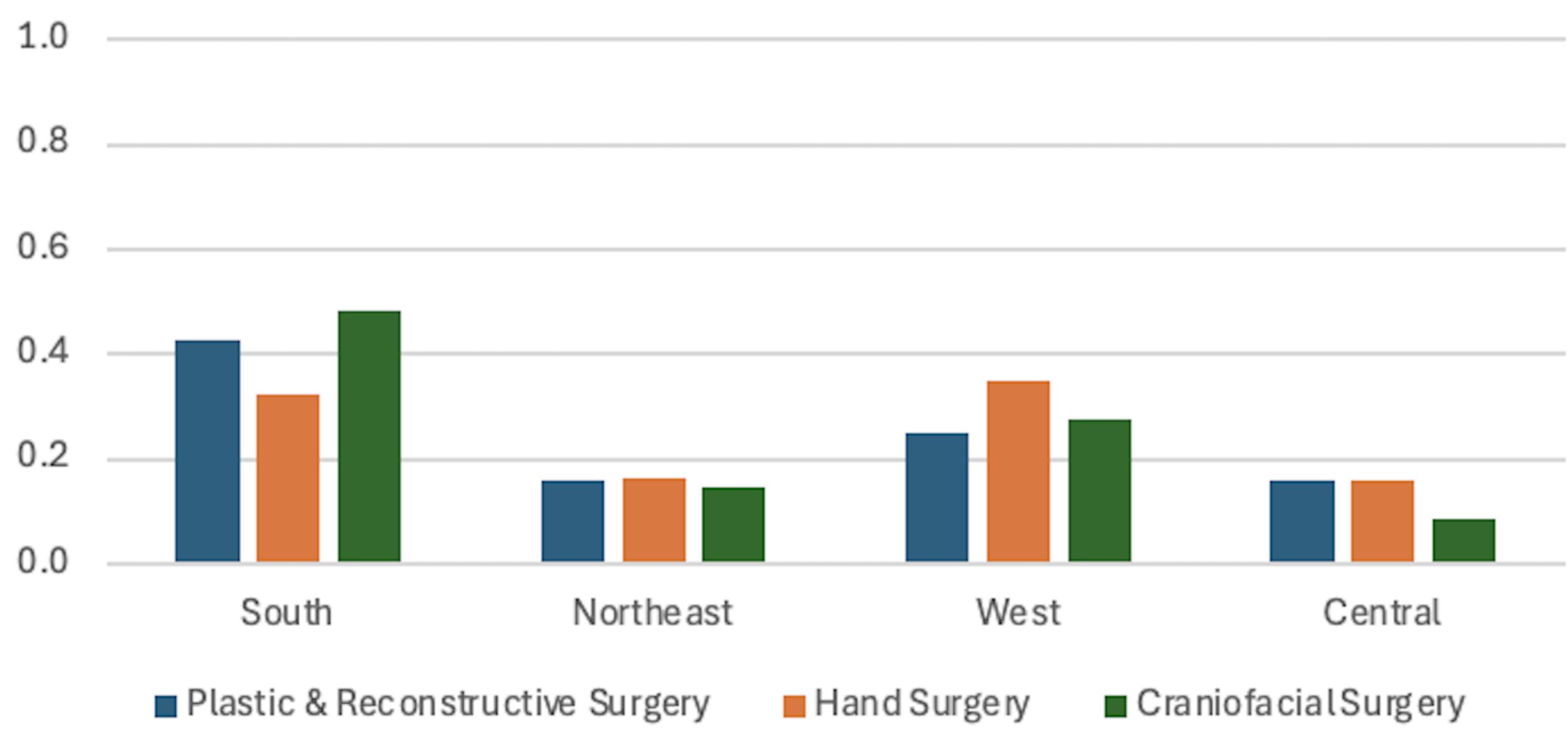


Figure 3. Individual Payment Transactions by Geographical Region

CONCLUSION

- Within the Open Payments Database, plastic, hand, and craniofacial surgeons received a variety of individual payments from industry sponsors across the seven-year study period.
- Plastic surgery and its subspecialties had similar trends, with the majority of overall dollar value driven by royalties, licensing, and ownership or investment interests paid to a select few of plastic, hand, and craniofacial surgeons.
- These high value payments for royalties, licensing, and ownership or investment interests may represent compensation for intellectual property and expertise in the respective subspecialty.

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