

*North Carolina Orthopaedic Association*  
*2015 Annual Meeting*  
*Abstracts: Closing Session*



**October 9-11, 2015 • Kiawah Island Golf Resort**  
Kiawah Island, South Carolina

This continuing medical education activity is jointly provided by the NCOA  
and the Southern Regional Area Health Education Center

# **NORTH CAROLINA ORTHOPAEDIC ASSOCIATION 2015 ANNUAL MEETING**

## Lecture Abstract

**Speaker:**     **Ralph A. Liebelt, MD**  
Triangle Orthopaedic Associates, PA, Durham, NC

**Topic:**        **New Technologies in Total Hip and Knee Arthroplasty**  
Sunday, October 11

A review of specific new technology including robotics, 3-D printing, latest generation navigation and patient specific instrumentation will be presented. Total hip, total knee, partial knee replacement will be the focus of the discussion. Case examples will be presented as well as a look at some technologies not yet ready for prime time. Additionally, the financial burden will be discussed with strategies to be able to utilize these techniques.

Educational Objective: Current and future utility, cost-effectiveness and practical development/integration of new technology.

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## Lecture Abstract

**Speakers:** **Cynthia Emory, MD**  
Wake Forest School of Medicine, Winston-Salem, NC  
**Joe T. Minchew, MD**  
Duke University Health System, Durham, NC

**Topic:** **Navigating the Visit Navigator: How to Get Through a Day at the Office with Epic Electronic Health Record**  
Sunday, October 11

This interactive symposium will highlight some of the efficiencies that Epic EHR users have learned to help get them through the day and finish on time. Orthopaedic surgeons from academic and community settings will review some helpful tips that save time and help facilitate documentation. Meaningful Use measures and the EHR will also be addressed.

Educational Objective: To improve knowledge and efficiency of a common electronic health record system.

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## Lecture Abstract

**Speaker:** **Brendan M. Patterson, MD, MPH (Resident)**  
University of North Carolina, Chapel Hill, NC

**Topic:** **Are Clinic Wait Time and Time-with-Surgeon Associated with Patient Satisfaction among Orthopaedic Patients?**  
Sunday, October 11

### Background

Clinic wait time is considered an important predictor of patient satisfaction, and previous orthopaedic research has suggested that time spent with a provider is not associated with increased satisfaction in upper extremity patients. The goal of this study was to investigate the relationship between patient satisfaction and both clinic wait time and the duration of time spent with the surgeon among orthopaedic patients with lower extremity complaints.

### Methods

One hundred and eighty-two patients were prospectively enrolled at our foot & ankle and adult reconstruction outpatient clinics. Clinic wait time was defined as the time between check-in and being seen by the surgeon. Time spent with the surgeon was defined as the total time the patient spent in the examination room with the surgeon. The Consumer Assessment of Healthcare Providers and Systems survey (CAHPS) was used to measure patient satisfaction and the Patient Reported Outcome Measurement Information System (PROMIS) surveys were used to record physical function, pain, and depression.

### Results

Increased time spent with the surgeon was correlated with increased patient satisfaction: mean time with the surgeon for patients reporting the highest provider rating was  $11.2 \pm 6.3$  minutes compared with  $8 \pm 4.5$  minutes for patients reporting lower ratings ( $P = 0.04$ ). Clinic wait time was not correlated with patient satisfaction: mean clinic wait time was  $47 \pm 27$  minutes for patients reporting the highest provider rating, versus  $44 \pm 27$  minutes for patients reporting lower ratings ( $P = 0.603$ ). Perceived wait time was subject to a high level of error among orthopaedic patients, with the majority of patients unable to accurately report if they had been waiting longer than 15 minutes to see a provider until they had waited longer than 60 minutes ( $p = 0.007$ ).

### Conclusions

Time spent with the surgeon is associated with patient satisfaction in orthopaedic clinics, and clinic wait time is not. One strategy for improving patient satisfaction may be to spend more time with each patient, even at the expense of increased wait time. Patients in this setting may not have an accurate gauge of actual wait time, with many patients underestimating the time they wait to see a provider.

Educational objective: Describe some of the key determinants of patient satisfaction among orthopaedic patients with lower extremity complaints.