

Plastic Surgeons' Perceptions of the Affordable Care Act: Results of a National Survey

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Background: The Affordable Care Act (ACA) aims to expand coverage to the uninsured, improve quality, and contain costs. The goal of this study was to ascertain how plastic surgeons perceive the ACA.

Methods: An electronic questionnaire was e-mailed to members of the American Society of Plastic Surgeons between May and June 2014. The survey was anonymous and voluntary and included questions to assess understanding and opinions of the ACA.

Results: The survey was sent to 3070 members of the American Society of Plastic Surgeons, and the response rate was 17%. Sixty-eight percent agree or strongly agree that they understand the basic concepts of the ACA. The majority of respondents disagree (38% strongly disagree, 31% disagree) with the notion that the ACA will positively affect their practice, and 51% agree with the statement, "I do not support the ACA, and I believe it did too much." Two thirds (66%) believe that the ACA deserves a grade of D or F. When answers were analyzed across demographics, 42% of respondents with "Academic" practice background identify with the statement, "I support the ACA but I think it needs more work," compared to 15% of those who selected "Solo Practice" ($p < 0.001$).

Conclusions: The ACA will affect all specialties, including plastic surgery. The results of this survey suggest that many plastic surgeons believe that they have a baseline understanding of current health-care reform. The majority of surveyed surgeons do not support the Act. It is imperative that plastic surgeons possess the knowledge of the ACA; its changes, both current and impending, will likely affect patient mix, coverage of procedures, and reimbursement. (*Plast Reconstr Surg Glob Open* 2015;3:e293; doi: 10.1097/GOX.0000000000000265; Published online 16 January 2015.)

The Patient Protection and Affordable Care Act (ACA), commonly referred to as "Obamacare," was enacted in March 2010 and represents a significant change in United States health policy

and health-care delivery. With goals of expanding coverage to the uninsured, as well as emphasizing improved quality, the ACA aims to curb health-care costs and improve patient outcomes.¹

Many questionnaires have explored the knowledge and viewpoints of the general public, students, and physicians.²⁻⁶ A recent Bankrate.com survey addressed uninsured Americans, finding that 30% of surveyed Americans feel "more negative" about the ACA than they did one year prior.² Deloitte found that in 2012 a third of Americans "felt positively" about health-care reform compared with 49% in 2011. A Jackson Healthcare survey of 2726 physicians (38 of whom were plastic surgeons) found that a mere 27% of respondents felt "very knowledgeable

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able” of the ACA, and 53% of respondents believed that the ACA will negatively affect their practice.⁴ It remains unclear how plastic surgeons feel regarding the ACA. The primary goals of this study were to assess plastic surgeons’ knowledge of the ACA and evaluate how they believe the ACA will impact their practice and profession.

METHODS

Using an online survey program (SurveyMonkey, Palo Alto, Calif.), a 35-question survey was electronically sent to members of the American Society of Plastic Surgeons (ASPS) as a joint endeavor between the ASPS and the University of Wisconsin–Madison. A link to the survey platform was embedded in an e-mail offering a brief description of the survey and its intent. The survey was anonymous and voluntary, and no compensation was offered.

Survey Design

The survey questions included an assessment of demographic information: sex, age, political self-identification, number of professional memberships, postgraduate training, practice type and location, and patient population. Respondents’ understanding and opinions of the ACA were assessed using 5-point Likert-scale questions. “Strong versus weak effect” statements were included to evaluate plastic surgeons’ perceptions of the ACA’s impact on personal practice, the specialty, and the health-care system. Respondents were also asked to give the ACA a letter grade. The final question asked participants to select a generalized statement with which they agreed most.

Data Collection

The survey was sent via e-mail by the ASPS on 3 separate occasions in May and June 2014. Responses were collected and de-identified using the SurveyMonkey program.

Statistical Analysis

Data were analyzed using frequency calculations, for which confidence intervals were included. Chi-square tests were performed to evaluate the relationships between responses, and a *P*-value ≤ 0.05 was considered statistically significant. Statistical analysis was performed using SPSS software (SPSS, Chicago, Ill.).

RESULTS

Respondent Demographics

The survey was sent to 3070 ASPS members, and the response rate was 17%. Of those who responded, 82% were men. Age was evenly distributed with

30% between ages 35 and 44, 27% between ages 45 and 54, and 29% between ages 55 and 64. Forty-one percent of surgeons self-identified as “conservative” and 7% as “very conservative” compared with 16% selecting “liberal.” Fifty percent of respondents are members of 1–3 professional organizations and 41% members of 4–6. When asked to select a practice type, 43% of surgeons selected that they are part of a “solo practice,” 21% a “small group practice” (2–5 plastic surgeons), and 15% in “academic” practice. These percentages were similar to practice types of all ASPS members (Table 1). Almost one third (30%) of respondents describe their practice composition as 75% reconstructive and 25% cosmetic. Please see Table 1 for further breakdown of demographics and practice details.

Self-perceived Knowledge of the ACA

The majority of respondents either agree (54%) or strongly agree (14%) that they understand the basic concepts of the ACA (Table 2). In addition, respondents agree (51%) and strongly agree (18%) that the ACA addresses reconstructive procedures (it does), whereas the majority disagree with the notion that the ACA addresses cosmetic procedures (it does not). With respect to the sustainable growth rate, 49% agree and 9% strongly agree that they understand its basic concept. The majority of surgeons (46%) agree or strongly agree (12%) that they understand the medical devices tax. Respondents seem to be less familiar with the concepts of the physician value-based payment modifier (31% disagree and 9% strongly disagree that they understand the basic concept) and independent payment advisory board (32% disagree, 13% strongly disagree).

Effect on Individual Practice and Plastic Surgery

Over one third of surgeons (38%) strongly disagree with the notion that the ACA will positively affect their practice (31% disagree, 19% undecided), and 30% strongly disagree that it will contribute to increased volume (Table 2). Similarly, 46% strongly disagree that the Act will promote innovation in plastic surgery. Interestingly, a mere 2% strongly agree and 21% agree that the ACA will increase insurance coverage of plastic and reconstructive consultations and procedures although 24% remain undecided. With respect to access, 19% agree that it will increase access to plastic and reconstructive surgeons (22% undecided, 29% disagree, and 27% strongly disagree).

Overall Opinion

Surveyed plastic surgeons were provided 5 distinct “agreement statements” and asked to select the statement with which they agreed most. Fifty-one percent

Table 1. Survey Respondent Demographic Information (n = 507) Compared to ASPS Data

	Survey Respondents, n (%)	ASPS Data (All Members, n = 5645)
Total	507/3070 (17%)	
Sex (Male:Female)	410:93 (82%:18%)	4814:831 (85%:15%)
Age (years)		
25–34	15 (3%)	40 (1%)
35–44	150 (30%)	1311 (40%)
45–54	133 (27%)	1716 (53%)
55–64	142 (29%)	142 (4%)
65+	55 (11%)	55 (2%)
Political self-identification		
Very conservative	33 (7%)	
Conservative	205 (41%)	
Centrist	152 (30%)	
Liberal	82 (16%)	
Very liberal	8 (2%)	
Other	21 (4%)	
Professional memberships		
0	0	
1–3	254 (50%)	
4–6	205 (41%)	
7+	45 (9%)	
Mean duration of postgraduate training (years)	9±5	
Practice type		
Solo practice	216 (43%)	2342 (41%)
Solo practice shared facility	35 (7%)	269 (5%)
Small practice (2–5)	105 (21%)	782 (14%)
Large practice (6+)	9 (2%)	105 (2%)
Medium multispecialty group practice	8 (2%)	57 (1%)
Large multispecialty group practice (>20)	47 (9%)	242 (4%)
Academic	74 (15%)	607 (11%)
Military	6 (1%)	37 (1%)
Unknown	—	1204 (21%)
Practice composition		
100% reconstructive	66 (13%)	342 (6%)
75% reconstructive	148 (30%)	1099 (20%)
50% reconstructive	117 (24%)	1233 (22%)
25% reconstructive	106 (21%)	1203 (21%)
100% cosmetic	58 (12%)	745 (13%)
Unknown	—	1023 (18%)
Patients covered by Medicare		
<10%	174 (35%)	
10–30%	219 (44%)	
31–50%	70 (14%)	
>50%	12 (2%)	
Unknown	26 (5%)	
Patients covered by Medicaid		
<10%	308 (62%)	
10–30%	124 (25%)	
31–50%	29 (6%)	
>50%	4 (1%)	
Unknown	28 (6%)	

of respondents selected the statement, “I do not support the ACA, and I believe it did too much”, whereas 13% selected, “I am neither ‘for’ nor ‘against’ the ACA.” Almost one-fourth, or 23%, selected, “I support the ACA, but I think it needs more work.” When asked to provide an overall letter grade to the ACA, 36% offered a grade of “F,” whereas 1% selected a grade of “A.”

Effect of the ACA

With respect to questions that assessed whether the ACA will have a strong or minimal effect on

variables related to patients, physicians, and the health-care system, it was observed that for most of the questions, approximately one third of respondents selected “unknown” (Table 2). Forty-five percent of surgeons believe that the ACA will have a strong effect on cost to the health-care system; 37% feel that the ACA will have a strong effect on cost of services provided to patients. When asked about preoperative counseling and shared decision-making, 24% believe it will have a strong effect (compared to 25% minimal effect, 22% no effect, and 29% unknown effect).

Table 2. Responses to 22 Questions Regarding the Affordable Care Act (“Obamacare”)

Self-perceived Understanding	Response (%)	95% Confidence Interval
I understand the basic concepts of the ACA		
Strongly agree	68 (14%)	11–17
Agree	263 (54%)	50–58
Undecided	80 (16%)	13–19
Disagree	61 (13%)	10–16
Strongly disagree	17 (3%)	1–5
The ACA addresses cosmetic procedures		
Strongly agree	3 (1%)	0.1–2
Agree	27 (6%)	4–8
Undecided	85 (17%)	14–20
Disagree	206 (43%)	39–47
Strongly disagree	161 (33%)	29–37
The ACA addresses reconstructive procedures		
Strongly agree	88 (18%)	14–21
Agree	250 (51%)	47–55
Undecided	97 (20%)	16–24
Disagree	40 (8%)	6–10
Strongly disagree	12 (3%)	1.5–5
I understand the basic concept of the sustainable growth rate		
Strongly agree	45 (9%)	6–12
Agree	236 (49%)	45–53
Undecided	84 (17%)	14–20
Disagree	86 (18%)	15–21
Strongly disagree	34 (7%)	5–9
I understand the basic concept of the physician value-based payment modifier		
Strongly agree	27 (6%)	4–8
Agree	169 (35%)	31–39
Undecided	92 (19%)	16–22
Disagree	151 (31%)	27–35
Strongly disagree	46 (9%)	6–12
I understand the basic concept of the independent payment advisory board		
Strongly agree	40 (8%)	6–10
Agree	133 (27%)	23–31
Undecided	97 (20%)	16–24
Disagree	153 (32%)	28–36
Strongly disagree	65 (13%)	10–16
I understand the concept of the Medical Devices Tax		
Strongly agree	60 (12%)	9–15
Agree	225 (46%)	42–50
Undecided	75 (16%)	13–19
Disagree	90 (19%)	16–22
Strongly disagree	35 (7%)	5–9
Level of Agreement statements: “The ACA will...”		
...positively affect my practice		
Strongly agree	15 (3%)	1.5–5
Agree	43 (9%)	6–12
Undecided	90 (19%)	15–23
Disagree	147 (31%)	27–35
Strongly disagree	185 (38%)	34–42
...contribute to increased volume in my practice		
Strongly agree	5 (1%)	0.1–2
Agree	67 (14%)	11–17
Undecided	106 (22%)	18–26
Disagree	161 (33%)	29–37
Strongly disagree	143 (30%)	26–34
...promote innovation in plastic surgery		
Strongly agree	1 (0.2%)	–0.2 to 0.6
Agree	10 (2%)	1–3
Undecided	81 (17%)	14–20
Disagree	167 (35%)	31–39
Strongly disagree	218 (46%)	42–50
...increase insurance coverage of plastic surgery consults and procedures		
Strongly agree	9 (2%)	0.7–3
Agree	98 (21%)	17–25
Undecided	117 (24%)	20–28
Disagree	136 (28%)	24–32
Strongly disagree	121 (25%)	21–29

(Continued)

Table 2. (Continued)

Self-perceived Understanding	Response (%)	95% Confidence Interval
...increase patients' access to plastic and reconstructive surgeons		
Strongly agree	12 (3%)	1.5–6
Agree	92 (19%)	15–23
Undecided	107 (22%)	18–26
Disagree	141 (29%)	25–33
Strongly disagree	129 (27%)	23–31
...decrease the use of “defensive medicine” in plastic surgery		
Strongly agree	4 (1%)	0.1–2
Agree	25 (5%)	3–7
Undecided	86 (18%)	15–21
Disagree	168 (35%)	31–39
Strongly disagree	199 (41%)	37–45
How will the ACA affect... (strong or minimal effect)		
...quality of services provided?		
Strong effect	121 (27%)	23–31
Minimal effect	115 (25%)	21–29
No effect	82 (18%)	14–22
Unknown	137 (30%)	26–34
...cost of services provided?		
Strong effect	175 (37%)	33–41
Minimal effect	96 (20%)	16–24
No effect	35 (8%)	6–10
Unknown	163 (35%)	31–39
...cost to the health-care system?		
Strong effect	209 (45%)	40–50
Minimal effect	89 (19%)	15–23
No effect	27 (6%)	4–8
Unknown	139 (30%)	26–34
...preoperative counseling and shared decision-making?		
Strong effect	111 (24%)	20–28
Minimal effect	118 (25%)	21–29
No effect	104 (22%)	18–26
Unknown	133 (29%)	25–33
...outpatient surgery centers?		
Strong effect	166 (36%)	32–40
Minimal effect	65 (14%)	11–17
No effect	7 (1%)	0.1–2
Unknown	228 (49%)	44–54
...your income as a plastic surgeon?		
Strong effect	166 (36%)	32–40
Minimal effect	109 (23%)	19–27
No effect	45 (10%)	7–13
Unknown	146 (31%)	27–35
How will the medical devices tax affect patients?		
Strong effect	192 (41%)	37–45
Minimal effect	100 (22%)	18–26
No effect	11 (2%)	0.7–3
Unknown	164 (35%)	31–39
Support		
As an overall assessment, what letter grade would you give the ACA?		
A	4 (1%)	0.1–2
B	50 (11%)	8–14
C	104 (22%)	18–26
D	143 (30%)	26–34
F	169 (36%)	32–40
“Please select the statement with which you agree most”		
I support the ACA and I think that it did enough	1 (0.2%)	–0.2 to 0.6
I support the ACA but I think it needs more work	109 (23%)	19–27
I am neither “for” nor “against” the ACA	60 (13%)	10–16
I do not support the ACA and I believe it did not do enough	59 (13%)	10–16
I do not support the ACA and I believe it did too much	244 (51%)	46–56

Responses Separated by Demographics

Answers to “understanding” and “agreement” statements were analyzed between groups for certain demographics. For example, when responses to

the final question, “Please select the statement with which you agree most,” were separated by practice type, it was found that responses from those who practice in an “academic” setting were significantly

different from those who are part of a “solo practice.” Forty-two percent of surgeons who selected “academic” for practice type identify with the statement, “I support the ACA but I think it needs more work,” compared with 15% of those who selected “solo practice” ($P < 0.001$). In addition, 57% of respondents who selected “solo practice” opted for the statement, “I do not support the ACA and I believe it did too much,” compared with 22% of surgeons with “academic” practice background ($P < 0.001$).

DISCUSSION

The primary goals of the ACA are to increase the number of insured individuals in the United States, improve health-care quality, and control long-term costs by prioritizing disease prevention.^{1,7} One key feature of the ACA is the provision of coverage to the uninsured, which, coupled with the promotion of quality and standardization of care, will minimize patient morbidity and, in the long term, curb health-care spending. Kocher et al⁷ outline 10 elements of reform, which include increased emphasis on shared decision-making discussions and patient-centered outcomes research, both of which are relevant to plastic surgery. Many of the components of the ACA, however, are centered on primary care and the prevention of chronic medical conditions, which are less commonly addressed by plastic surgeons. Under the Act, surgical subspecialties will likely experience changes to the coverage of services and reimbursement that may be viewed as unfavorable when compared to the ways of years past.

Individual plastic surgeons and the specialty of plastic surgery will likely experience changes related to the ACA. An increase in Accountable Care Organizations, or groups of physicians who practice at a hospital, will likely contribute to the phasing-out of “fee-for-service” reimbursement.¹ Despite expected changes, the overall impact of the ACA on plastic surgery may not be particularly drastic. At our academic institution, a small percentage of payments to our division come from Medicare and Medicaid; as such, significant changes to government reimbursement will likely have a minimal overall impact on plastic and reconstructive procedures and consultations.¹ Further, there may be some positive changes for plastic surgeons, as physicians may be rewarded for focusing on patient-reported outcomes including overall patient satisfaction, a concept that is already inherent to our specialty, particularly with respect to patients pursuing aesthetic surgery.¹

Despite the potential positive effects of the ACA, this study demonstrates that the majority of surveyed plastic surgeons do not support the ACA. Overall, re-

spondents feel that it will negatively affect their practice volume, reimbursement, and the specialty in general. Interestingly, almost one-fourth of respondents feel that the ACA will have no effect on preoperative counseling and shared decision-making, and over half of all respondents do not believe that the ACA will increase access, increase insurance coverage, or promote innovation with respect to plastic and reconstructive procedures.

Several polls and surveys have aimed to assess medical professionals’ understanding and perceptions of the ACA.^{4,6,8,9} In a survey of 1232 medical students from 10 medical schools, 54% of students agreed with the statement, “I understand the major provisions of the ACA.”⁶ Seventy-two percent agreed with the notion, “I support [the Act] but think more reform is needed.”⁶ The majority (45%) of students self-identified as “liberal.”⁶ Similarly, physicians as a group have been surveyed to gauge the profession’s opinions of recent health-care reform.^{4,8,9} One study revealed that 83% of physicians felt at least somewhat knowledgeable about the ACA.⁴ Interestingly, 28% gave the Act a grade of “B” while 38% graded the ACA as “F,” suggesting a polarized distribution with the majority of respondents being either very “for” or very “against” the ACA. Upon review of results of each of the 2 aforementioned surveys, there seem to be discrepancies between medical student and practicing physician responses, which perhaps reflect differences in political views and practicing physicians’ increased involvement with the intricacies of the health-care system.

It is difficult to hypothesize exactly how the ACA will affect cost, access, and quality with respect to plastic surgery. The Center for Medicaid Services estimates that with the ACA, there will be a projected increase of 0.2% in the percentage of GDP spent on health care by 2020 (\$46 billion), but surmises that the cost of expanding coverage to millions of uninsured Americans will minimize costs in the longer term.^{5,10} With 36% of respondents offering a grade of “F” to the ACA, plastic surgeons seem to oppose the ACA. With so many opponents, one could argue that more involvement in legislation and policy-making by our specialty may be of benefit for both surgeons and patients seeking plastic and reconstructive procedures and consultations.

Several articles have discussed physicians’ role in political process. A historical review of physician involvement in US Congress cites that physicians comprised 1.1% of all congressional members between 1960 and 2004; this is in contrast to the signers of the Declaration of Independence, where 10.7% were physicians.¹¹ Kraus and Suarez¹¹ call for increased participation in political endeavors by our profession and argue that

physicians as a group have the unique opportunity to supersede bipartisan battles that propel much of the debate on health-care reform. In a recent letter in *Plastic and Reconstructive Surgery*, Patel et al¹² reference the Independent Payment Advisory Board, suggesting that plastic surgeons should participate in local and national politics, lest we risk further decision-making by lawmakers who may not understand “the intricacies” of disease states and decision-making relevant to plastic surgery. One way to cultivate a drive to be leaders in health-care policy may be to incorporate more legislative-based education and emphasis on current events¹³ into medical school and residency training.^{6,13,14}

As part of a drive for lifelong learning and Continuing Medical Education, plastic surgeons can and should become knowledgeable about the ACA; doing so will benefit individual practices and the specialty. There are several online resources for learning about the details and aims of the Act and for becoming more involved in policy and advocacy.^{15–18} The American Medical Association offers informational documents and online links regarding participating in the ACA and how it may affect patients and physicians.¹⁵ A book of articles and primers from the American College of Surgeons provides insight into the changing health-care system and its relevance to surgeons both now and in years to come.¹⁶ Finally, the ASPS Web site (plasticsurgery.org) contains resources for educating plastic surgeons on the ACA, details ways in which the ASPS is involved in advocacy,¹⁷ and describes the role of PlastyPAC, a bipartisan Political Action Committee that represents plastic surgery’s voice in legislation.¹⁸

CONCLUSIONS

The ACA is here to stay and all specialties, including plastic surgery, will be affected by it. This survey suggests that plastic surgeons feel that they understand the basic components of the ACA although many respondents are unsure as to how it will affect cost, quality of services, outpatient surgery centers, and shared decision-making. The majority of surveyed plastic surgeons feel negatively about the ACA and its anticipated changes for both patients and physicians. Despite these negative sentiments, the changes experienced may not be as drastic as expected, and some of these changes may be positive for plastic surgeons and patients pursuing plastic and reconstructive procedures. Although the largest group of ASPS members is in solo practice (>40%), the national trend is for an increasing number of future physicians to be “employed physicians.” These employed physicians will undoubtedly be affected by the changes related to the ACA, such as formation of Accountable Care Organizations and changes in reimburse-

ment methodologies. The ASPS and other plastic surgery organizations need to provide educational sessions and information to their members regarding the impact of the ACA and how we can thrive in the new environment. An increased understanding of “Obamacare” and its tenets, as well as increased participation in the legislative process, will benefit individual practices and the entire specialty.

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REFERENCES

- Chen JT, Israel JS, Poore SO, et al. The affordable care act: a primer for plastic surgeons. *Plast Reconstr Surg*. 2014;134:830e–837e.
- MacDonald J. Many uninsured still unsure about Obamacare. Bankrate.com 2014. Available at: <http://www.bankrate.com/finance/insurance/health-insurance-poll-0314.aspx>. Accessed March 20, 2014.
- Deloitte Center for Health Solutions. Deloitte 2012 survey of U.S. health care consumers: The performance of the health care system and health care reform. Available at: <http://www.deloitte.com>. Accessed November 28, 2013.
- Jackson Healthcare, LLC. Survey: Physician Attitudes on the Affordable Care Act. Survey conducted 2012. Available at: <http://www.jacksonhealthcare.com>. Accessed November 28, 2013.
- Blendon RJ, Benson JM. Public opinion at the time of the vote on health care reform. *N Engl J Med*. 2010;362:e55.
- Huntoon KM, McCluney CJ, Scannell CA, et al. Healthcare reform and the next generation: United States medical student attitudes toward the Patient Protection and Affordable Care Act. *PLoS One* 2011;6:e23557.
- Kocher R, Emanuel EJ, DeParle NA. The Affordable Care Act and the future of clinical medicine: the opportunities and challenges. *Ann Intern Med*. 2010;153:536–539.
- Keyhani S, Federman A. Doctors on coverage—physicians’ views on a new public insurance option and Medicare expansion. *N Engl J Med*. 2009;361:e24.
- Jackson Healthcare, LLC. Filling the void: 2013 physician outlook and practice trends. Available at: http://www.jacksonhealthcare.com/media/191888/2013physiciantrends-void_ebk0513.pdf. Accessed March 9, 2014.
- Foster RS. Estimated financial effects of the Patient Protection and Affordable Care Act, as amended. Baltimore: Centers for Medicare and Medicaid Services. Available at: https://www.cms.gov/ActuarialStudies/downloads/PPACA_2010-04-22.pdf. Accessed April 22, 2010.
- Kraus CK, Suarez TA. Is there a doctor in the house? Or the Senate? Physicians in US Congress, 1960-2004. *JAMA* 2004;292:2125–2129.
- Patel A, Shah A, Singh D, et al. Protecting plastic surgery under the affordable care act. *Plast Reconstr Surg*. 2013;131:316e–317e.

13. Lee BY. Current events: an important currency. *Acad Med.* 2005;80:732.
14. Lee BY, Tsai AG, Turner BJ. Medical student, medicine resident, and attending physician knowledge of the Medicare Prescription Drug Modernization and Improvement Act of 2003. *Teach Learn Med.* 2007;19:91–94.
15. American Medical Association. “Help Your Patients Get the Health Coverage They Need.” Affordable Care Act (ACA). 2014. Available at: <http://www.ama-assn.org/ama/pub/advocacy/topics/affordable-care-act.page>. Accessed October 18, 2014.
16. American College of Surgeons. Our changing health care system since the inception of the Affordable Care Act: A collection of articles and primers from the American College of Surgeons. In: Hoyt DB, ed. *Our Changing Health Care System*. Chicago, IL: American College of Surgeons; 2014. Available at: <https://www.facs.org/advocacy/federal/health-care-reform>. Accessed October 18, 2014.
17. American Society of Plastic Surgeons. “ASPS 2014–2015 Advocacy in Review.” Legislation & Advocacy. 2014. Available at: <http://www.plasticsurgery.org/Documents/Legislation-Advocacy/News/asps-advocacy-in-review-2014–2015.pdf>. Accessed October 18, 2014.
18. American Society of Plastic Surgeons. “About PlastyPAC.” Legislation & Advocacy: PlastyPAC. 2014. Available at: <http://www.plasticsurgery.org>. Accessed October 18, 2014.