UPMC and Surgeon to Pay $8.5 Million to Settle Concurrent Surgeries Lawsuit



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The U.S. government has finalized a settlement agreement totaling $8.5 million with the University of Pittsburgh Medical Center (UPMC), University of Pittsburgh Physicians (UPP), and one of their affiliated surgeons regarding a false claims lawsuit alleging that the surgeon violated Medicare and Medicaid rules by scheduling multiple surgeries at the same time. The practice of scheduling concurrent surgeries, which is commonly referred to as "running two rooms" and has been standard in many teaching hospitals, typically involves a senior attending surgeon who delegates trainees, usually residents or fellows, to perform parts of one surgery while the attending surgeon works on a patient in another operating room. According to the government's complaint, the physician, a cardiothoracic surgeon, would schedule simultaneous surgeries in two interconnected operating suites along with a third surgery in a different room. The surgeon would perform each of the surgeries in the adjoining rooms up to a certain point, leave to do the third, and then come back to finish the first two.

Both Centers for Medicare and Medicaid Services guidelines and federal regulations applicable to teaching hospitals like UPMC require a surgeon to be present or immediately available for all of the critical parts of an operation, including the "time out" before the start of a procedure for final checks. According to the government's complaint, the double and sometimes triple booking employed by UPMC and the surgeon violated these rules and should have prevented the surgeon and the hospital from billing government health plans for these services. In addition to the regulations, the process implemented by UPMC also creates patient care issues, including keeping patients under anesthesia for prolonged periods and leaving residents or fellows to perform surgeries without supervision. In addition to the financial component of the settlement, UPMC and the surgeon agreed to create and put into effect a corrective action plan for the surgeon and to submit to a year-long third-party audit of the surgeon's fee services billing to Medicare. UPMC, UPP, and the surgeon did not admit to liability as part of the settlement.

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