

IAOS

news letter

A PUBLICATION OF THE ILLINOIS ASSOCIATION OF ORTHOPAEDIC SURGEONS

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Making Connections on Capitol Hill

SHERWIN HO, MD

OUR ILLINOIS DELEGATION TO THE 2005 NOLC, CONSISTING OF BOARD of Councilors members Chris Dangles, Matt Jimenez, and myself, along with COMSS representative, William Robb, and new IAOS president, Steve Rabin, spent a fruitful Thursday on Capitol Hill. While appointments with congressional office staffers are the norm for such official Hill visits, we found that personal connections with the congressmen through prior visits, common acquaintances, and even pre-existing doctor-patient relationships,



Dr. Steven Rabin, Congressman Danny Davis and Dr. Sherwin Ho

can gain access to private, face-to-face meetings with even the most popular and powerful congressmen.

Our day began at the weekly Constituent's breakfast hosted by returning senator, Dick Durbin, and the newly elected Democratic senator and rising superstar, Barrack Obama. Upon entering the room, we found Senator

Durbin wandering amongst the twenty-odd constituents at which point, Dr. Robb engaged him for a very opportunistic, 5 minute, one-on-one conversation. Then after the official question and answer time, Senator Obama and I had a chance to chat and find out that we have much in common, having both grown up Honolulu, Hawaii, then beginning our respective careers in Chicago, and more specifically, Hyde Park. In fact, his wife, Michelle, works for the University of Chicago Hospitals where I am based, and his children attend the U of C Lab School. Later that afternoon, while meeting with his staff in his office, we were able to clearly lay out our positions on malpractice reform, as well as Medicare reimbursements.

Our next appointment was with the health care aide for Representative Bobby Rush. However, upon learning that Rep. Rush's doctor was part of our

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IAOSTRENDS

NATIONAL ECONOMIC ISSUES IN HEALTH CARE

Medicare Reform

WILLIAM ROBB, MD

MEDICARE REFORM IS AN ENORMOUSLY important issue that is not really in the legislative agenda for this year. Reimbursements for physicians will fall, beginning in 2006, by 4.5% each year for the next 5 years. As private payers now key their reimbursement to Medicare—that means all reimbursements will drop. Total hip and knee replacement work values are being scrutinized for the first time in twenty years by CMS. Initial data analysis of initial surveys to determine current operative time indicates surgical times may be less than the historical time data upon which current reimbursements are based. More information is needed but accurate time information will be needed to defend our current reimbursement. If you are asked to participate in a survey about work required to perform THR and TKR by the AAOS, please participate and please *accurately* fill out the survey based upon *real* time needed for all parts of the procedures.

Medicare physician payment reform is a contentious issue for both parties and last minute negotiations were needed to get the 2 year temporary patch created last year. There is

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IAOS newsletter

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PRESIDENT'S MESSAGE

Where Have All the Orthopaedic Surgeons Gone?

STEVEN I. RABIN, MD

AS YOUR NEW PRESIDENT, I'D LIKE TO THANK EVERYONE WHO IS READING this for his or her continued support of the Illinois Association of Orthopaedic Surgeons. Now more than ever, we need the continued support of ALL Orthopaedic surgeons in Illinois if this organization is going to be effective in its mission of promoting and protecting the interests of Illinois Orthopaedic Surgeons. As I write this, I have been receiving daily legislative updates as we try to fight the medical liability battle in Springfield. Our lobbyists are working

hard to get effective constitutional legislation passed. We are working to avoid token legislation that allows our congressmen to sidestep the issue while taking credit for doing "something." We are trying to avoid amendments that dilute or change the intent of the legislation. But we can't do it alone. We need the support of the entire Orthopaedic community. We need to prove to our congressmen that the IAOS truly represents all Orthopaedic surgeons and their patients. Unfortunately attendance at our meetings is dismal, and membership is dropping. To remain effective, we need you who are reading this to stay involved, and stay members. We also need you to tell your friends, and colleagues to join the IAOS and stay members.

And it is not just in the medical liability arena that the IAOS represents Illinois Orthopaedic Surgeons. There are a wide range of issues that we have addressed during this past legislative session here in Illinois and in Washington DC. Other articles in this newsletter will provide details. But briefly, other issues that affect you: We are working with the AAOS to maintain Medicare reimbursement at least at current levels; we have opposed legislation proposed by our radiologist colleagues that would limit Orthopaedic

Surgeons' ability to provide x-ray services in their offices; we have opposed legislation that would allow Physical Therapists to provide services to your patients without your order; we are fighting to maintain appropriate fees for Workers' Compensation patients in Illinois; we are involved with the AAOS' efforts to allow Orthopaedic surgeons access to specialty hospitals...etc. etc. For these and many other issues that will routinely affect your ability to provide adequate care to your patients with reasonable compensation, we are working for you.

If we are not representing you we need to know. Please feel free to email the IAOS or its officers (my email is sra-bin@lumc.edu) to tell us what issues concern you. What issues concern your colleagues and associates? And what position do you want us to take? The more we know, the better we can represent you. While we still function as an educational organization, our primary mission now includes keeping Illinois a place where Orthopaedic surgeons want to work, and can work.

The IAOS is your voice in Springfield and Washington, DC. We need your support.

Thanks!

Capitol Hill

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group and was paying the congressman a true "house call", we were ushered straight into Rep. Rush's private office where he warmly greeted us, took pictures with us and chatted briefly about his knees. We then met at length with his health care aide, and were very encouraged to hear that the congressman is quite open to discussing our issues with tort reform and caps, and might very well be voting in our favor. Additionally, a free consult and on-the-spot examination of the health aides' injured right knee was performed just before leaving as a gesture of good will.

We next visited the offices of Danny

Davis, our longtime representative on the near west side of Chicago, who just happens to have more hospitals in his district (from Loyola to Northwestern) than any other in the country – a very important congressman for us to know and be connected with! Having met with him on two prior visits, he also welcomed us directly into his private office like old friends, and where we had a particularly long (30 minutes) and substantive discussion of health care issues in Illinois. We are pleased to say that he told us that he is likely to vote for tort reform in an effort to help solve our malpractice crisis in Illinois, a big turnaround for this particular congressman.

Our final visit of the day was with Representative Jesse Jackson Jr. We initially met with his health care aid while the congressman was on the floor of house for a number of votes, but after learning that his father, the Reverend



Drs. Steven Rabin and Chris Dangles, Congressman Bobby Rush and Dr. Sherwin Ho

Jesse Jackson, Sr.'s personal orthopedist was part of our group, Rep. Jackson's Chief of Staff called him on his direct line to the floor, at which point he offered to meet with us after the voting was completed. When we figured we would not be able to wait, he apologized, but expressed his desire to meet with us personally at some point in the near future.

All-in-all, we were able to secure a number of valuable face-to-face meetings with some influential senators and representative on this one day in Washington, D.C. which we would hope to turn into an opportunity for more meaningful dialogue in the future, and perhaps votes in our favor over the coming months. **1**



Drs. Sherwin Ho and James Chow at the NOLC. Dr. Chow had a productive visit with Congressman John Shimkus. Dr. Ho called on Congressmen Jesse Jackson Jr., Danny Davis and Bobby Rush.



Dr. William Robb (left) speaks with Senator Richard Durbin at the NOLC.



Dr. Joshua Jacobs of Presbyterian St. Lukes (seated next to speaker Mark Gebhardt) co-chaired and moderated a symposium on technology assessment at the NOLC.



Senators Barack Obama (far left) and Richard Durbin (far right) with (from second from left to right) Drs. Sherwin Ho, Matthew Jimenez, Chris Dangles and William Robb.

Emergency Room Coverage

MATTHEW L. JIMENEZ, MD

ONCE AGAIN, ORTHOPAEDIC EMERGENCY ROOM COVERAGE WAS A HOT topic of debate at 2005 National Leadership Orthopaedic Conference (NOLC) in Washington, DC. NOLC participants were fortunate to hear and participate in a lively debate regarding access to emergent care for patients with musculoskeletal injuries. EMTALA rules and medical staff obligations may be altering access to care for patients with musculoskeletal injuries. The burden of care is often focused on fewer willing providers. Orthopaedic trauma care is shunted to distant tertiary care centers that are already at maximum capacity. The question put forth was, "Is there a problem with access to care for the

patient with musculoskeletal injuries, and if so, who should be providing that care?"

Dr. Thomas Russell, executive director of the American College of Surgeons, presented an argument for the creation of a new subspecialty of general surgeons whose prime focus would be the management of not only general surgical trauma, but the initial evaluation and surgical stabilization of the orthopaedic trauma patient.

Dr. Michael Bosse, an orthopaedic trauma specialist practicing at the Carolinas Medical Center, debated in favor of orthopaedic trauma care remaining under the jurisdiction of the orthopedic surgeon.

Dr. Russell's main contention is that a void in emergency room coverage exists regarding the orthopaedic trauma patient in the United States. Dr. Russell suggested that the solution to this problem is to expand the role and training of the general surgeon traumatologist to diagnosis and treatment of the orthopedic trauma patient.

Dr. Bosse presented an alternative viewpoint. He contended that emergency care for musculoskeletal injuries should be provided by an orthopaedic surgeon,

but that we must maintain a strong commitment to patient care. He reminded the audience that roughly 50% of musculoskeletal injuries presenting to the emergency room are relatively routine and uncomplicated. The other 50% are complex injury constellations that require significant acute and long term planning with multiple staged reconstructions over several years. In light of this fact, orthopaedic surgeons are best suited to manage these complex problems. Management of orthopaedic trauma requires an extensive learning curve, dependent on a broad knowledge and exposure to all facets of the orthopaedic specialty. The principles of orthopaedic practice take over five years to develop during residency and fellowship training, which are perfected over a lifetime.

Bosse argued that if an outcome study were performed comparing the care provided by orthopaedic surgeons and another specialty such as general surgery for musculoskeletal injuries, the study would show better short and long term outcomes by the orthopedic surgeons. Orthopaedic surgical care would be more cost effective with appropriate use of diagnostic studies, less hospital

days, fewer complications, and more appropriate use of physical and occupational therapy. Patients would also have an earlier return to work, and less long term disability.

Dr. Bosse presented several suggestions for the orthopaedic community. Orthopaedic surgeons in leadership positions need to cover emergency room call and get others to follow. We need to develop a culture of emergency care obligation in the specialty including mentoring of residents and fellows. It is important to become active in influencing policies to provide compensation for call coverage and medical liability risks. Also important is the need to diagnose and treat musculoskeletal injuries in community hospitals, and only generate an appropriate transfer of care when the injury acuity and complexity demand a tertiary care center referral.

Dr. Bosse contends that orthopaedic procedures should be performed by trained orthopaedic surgeons. Although, he warns, that if we cannot meet the needs of the patient and society, we need to assure that other medical specialist willing to provide care are adequately trained, monitored, and integrated into the musculoskeletal care team.

Dr. Bosse asked the fundamental question, "If you or your loved one sustained a musculoskeletal injury, what type of specialist would you want to care for them?" It is in the best interest of the patient, the healthcare system, and the orthopaedic profession, that the orthopaedic surgeon remains the sole provider of emergency orthopaedic care.

The 7th Annual Chicago Trauma Symposium, chaired by Dr. Matthew Jimenez, will be held August 11-14, 2005 at the Hotel Inter-Continental Chicago. This course is approved for 30 category 1 CME credits toward the AMA Physicians' Recognition Award.

The purpose of this course is to provide a basis for recognition and man-

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Emergency Room Coverage

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agement of complex trauma and musculoskeletal injuries. A full day will be dedicated to the management of spinal trauma. The course consists of an intensive three and a half days, including lectures and 12 specialized hands-on workshops. We are proud to have three exceptional keynote speakers: Denis Calthorpe, FRCSI, United Kingdom; Stuart Weintstein, MD, President, AAOS; and John Stossel, Co-Author/Correspondent, "20/20". The keynote speakers will be discussing topics related to medical liability reform.

The full course brochure can be downloaded at www.chicagotraumasymposium.com.

posium.com. Members of the IAOS are offered a significantly discounted early registration of \$250. Feel free to contact (847) 324-3965 or tracy@drjimenez.com with any questions. **n**

Medicare Reform

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not a sense of urgency either in Congress or at CMS as it is not felt that there is an access problem currently for the Medicare program. Conversations with the Republican leadership indicate that this will not be debated this year. Conversations with the Democratic leaders indicates a willingness to talk

but no ability to move the issue forward as they do not control the House, Senate or White House.

Medicare reform will not occur without real physician involvement in the political process. Please get involved. Contribute to the Orthopaedic PAC—it is the minimum level for all to be involved. Get to know your Congressman. They want to hear from you and they want your support for their re-election. This will be a very important next 2 years. On both coasts some Orthopaedists are leaving the Medicare program. Access is not a problem in Illinois now but it may become an issue if reimbursements continue to drop and overhead expenses continue to rise! **n**

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