

IAOS

newsletter

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NOLC 2006: A Summary

CHRIS DANGLES, MD

THE 2006 NATIONAL ORTHOPAEDIC LEADERSHIP CONFERENCE (NOLC) was held May 3-6 in Washington, DC, and was attended by the AAOS Board of Directors, Board of Councilors, Board of Specialty Societies, state orthopaedic society representatives and other orthopaedic leaders.

The centerpiece of this year's NOLC were participants' visits to Capitol Hill. Once again, participants discussed medical liability reform with their Members of Congress, which was especially timely as the Senate had just introduced a bill on the issue that included a cap on non-economic damages. Participants also talked to Members of Congress *continued on page 5*



The Illinois delegation lobbied in Washington during the NOLC.

LEGISLATIVE UPDATE

Illinois trial lawyers have struck again, and predictably so. Their desperate attempts to undermine Illinois' new malpractice reforms are a move to preserve the status quo that ultimately benefits plaintiff attorneys. If this rollback succeeds, it will drive doctors from the state and medical care costs will skyrocket. In the end, patients' access to medical care will suffer.

The Illinois State Medical Society strongly stands by the constitutionality of these reforms and the state's urgent need to preserve them. Balance and fairness in our state's medical litigation system are integral to ensuring patient access to core medical care services throughout Illinois.

Since the law's enactment last year, ISMS expected personal injury lawyers would target it for a high profile constitutional fight. While we cannot speak to the specifics of the case filed today, we remain confident that caps on non-economic damage awards, as well as the array of accompanying reforms enacted as part of the package, will pass constitutional muster.

Statement of Peter E. Eupierre, MD
*President, Illinois State Medical Society
In Response to Announcement of
Challenge to Medical Litigation
Reform Law
November 20, 2006*

IAOS newsletter

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PRESIDENT'S MESSAGE

Physical Therapists and Orthopaedic Surgeons, a Division of the Partnership?


RODNEY REIGER, MD



Rodney Reiger, MD


WHEN IS A PHYSICAL THERAPIST A PHYSICIAN

equivalent? This is a question we must all face in the near future. The history of orthopaedic practice has progressed with orthopaedists working hand in hand with the physical therapists. Unhappy with their important and assistive role, the physical therapists wish now to be “the practitioners of choice to whom consumers have direct access for the diagnosis of, intervention for, and prevention of impairments, functional limitations, and disabilities related to movement, function and health”. (Vision 2020 statement, APTA) The plan calls for the independent development of diagnoses without input of any other practitioners. Pressing for autonomy from any medical supervision, APTA desires all the therapists to avoid employment by physicians.

ISMS, with the guidance of IAOS, will help direct the renewal of the Medical Practice Act where preserving patient safety and maintaining the highest levels of clinical competency will be emphasized. The IAOS will work to maintain our strong ties to physical therapy to preserve the best possible climate for patient care. 

Looking for a Few Good Leaders

The IAOS is looking for members who would be interested in serving as committee members and/or in a leadership role on the Board of Directors, Board Leadership Lobby, and State Advocacy Education. If

you're interested in advancing the society and its initiatives, please forward your name and unique qualifications to Alice Romano at aliceromano@isms.org. 

AAOS Fall Meeting Report

JASON KOH, MD

ILLINOIS WAS WELL REPRESENTED AT THE FALL AAOS MEETING BY Councilor Christopher Dangles, invited speaker and AAOS Leadership Fellow Mentor Michael Schafer, AAHKS Representative and AAOS Leadership Fellow Mentor William Robb III, Gladden Society President James Hill, ASIA BOS Representative Michael Haak, and AAOS Leadership Fellows Leon Benson, Melvyn Harrington, and Jason Koh. Dr. Michael Schafer made a special presentation on professionalism in the context of being a team physician.

Other issues of interest included the importance of liability reform and donating to the AAOS PAC, since as Dr. Stuart Weinstein indicated that “you can be at the dinner table, or on the table.” PAC contributions as a percent of membership have increased, but are still substantially less than the trial

lawyers, who approach 100%. He encouraged donation.

Other areas of discussion included a presentation of the extension of insurance coverage in the state of Massachusetts, which appears to have been the result of a careful financial analysis and circumstances specific to that state that allowed a coalition between providers, hospitals, the state, and the business community to develop.

Physical therapists are expanding their efforts state by state to have direct patient access without the need for a physician’s prescription, and they now have this right in more than 50% of the states. In addition, several states are fighting initiatives to eliminate the right of physicians to employ physical therapists.

The Certificate of Added Qualification in Sports Medicine inspired discussion at the meeting. The ABOS will be providing the opportunity for board certified orthopaedic surgeons who meet minimal practice criteria to take the CAQ from 2007 until 2011, after only graduates of certified programs will



Dr. William Robb with Leadership fellows Jason Koh, Melvyn Harrington and Leon Benson in the Senate office building, Washington D.C., before meeting with Senator Obama’s staff.

be eligible. Concern was expressed that the CAQ would result in differential marketing and may be brought up in the course of litigation. Members of the Board explained that marketing and litigation were not intended to be the focus of the CAQ, but rather that this was an indication of training and familiarity with a body of knowledge. It was explained that multiple other specialties had boards in sports medicine already, including family prac-

tice and internal medicine.

Interestingly, an informal poll was taken of the audience of who they would rather have operate on a knee dislocation—a “sports medicine CAQ certified physician” or a general orthopaedic surgeon. Essentially the entire audience chose the “sports medicine” doctor. The experience with the hand CAQ and the issue of the lack of interest “hand call” were brought up.

Additional information regarding the potential reductions in reimbursement from CMS for total hip replacement, total knee replacement, and hip fracture repair were discussed. The orthopaedic CPT codes were up for their 5-year review this year by the AMA Relative Value Scale (RVS) Update

Committee (RUC). The RUC recommended that CMS maintain the work RVUs for these procedures at their current levels. In general, CMS follows the recommendations of the RUC; however, due to misunderstandings regarding the data collection, they did not follow the recommendations of the RUC. CMS felt that the codes for

the three aforementioned procedures were overvalued and they recommended that they be decreased. The proposed cuts would have resulted in a 10 to 11 percent decrease in the fee for total hip arthroplasty, a 6 to 7 percent decrease for open treatment of femoral neck fractures, and a 4 to 5 percent decrease for total knee arthroplasty. Altogether, this would have resulted in annual Medicare

AAOS Meeting Report

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payment cuts of \$47 to \$56 million per year for these codes. In addition, these numbers greatly underestimate the resources at stake given that private payers anchor many of their payments to the Medicare payment rates.

Fortunately, as a result of numerous meetings and aggressive lobbying by a group of orthopaedic surgeons representing the AAOS and AAHKS, CMS realized and acknowledged the misunderstanding and reversed their decision. They agreed with the recommendations of the RUC. As a result the work RVU values will remain at their current levels for the upcoming year. CMS announced their decision on November 1st.

While this is definitely a major victory for all of us orthopaedic surgeons, it is just one battle in the war. Preservation of these codes helps maintain the status of all of our musculoskeletal codes for now, but we are definitely at risk for more cuts. The next immediate target is the practice expense RVU. The practice expense component accounts for over 40% of our reimbursement. It is the next area up for review by CMS. Within the next several months surveys regarding practice expenses will be distributed. Please fill these out accurately and return them. You will definitely need to have your office/management staff complete a large portion of the surveys. Please make sure that they are completed as our livelihood depends on it. **n**

Six Great Years on the Board of Councilors

CHRIS DANGLES, MD

IT HAS BEEN SAID MANY TIMES THAT VOLUNTEERISM AND SERVICE HAVE their rewards. That has truly been my experience as a member of the AAOS Board of Councilors (BOC). My career became energized by the many outstanding orthopaedic colleagues I met during my six year tenure as one of the three members representing Illinois. I value most the friendships that I made but the experience included the following:

- participating in policy formation for the AAOS
- meeting four United States senators during advocacy efforts
- discussing health care issues with my congressman and his staff for six consecutive years
- interaction with every member of the AAOS presidential line
- meeting Tom Price, MD, the only orthopaedic surgeon in congress
- realizing the importance of the PAC
- working with the talented AAOS staff
- enjoying informative meetings in excellent locations
- learning and recognizing that I was making a difference in health policy
- being entertained by the Capital Steps at the NOLC

The BOC meets three times a year: at the AAOS Annual Meeting, during the Spring National Orthopaedic Leadership conference in Washington, D.C. and at the joint BOC/Board of Specialty Societies Meeting every fall. The time commitment for the BOC is at least ten days per year out of the office, travel and housing expenses are reimbursed by the AAOS. Read the April 2006 bulleting article available of the AAOS web page Board of Councilors: "The Pulse of the AAOS" for more information. Your state Orthopaedic Society (IAOS) Board of Directors elects the BOC members with tradition being one of the councilors from Chicago, one from the collar counties and one from the rest of the state.

William J. Holt, MD from Quincy has been elected to join Sherwin S. Ho, MD & Matthew Jimenez, MD on the AAOS Board of Councilors. I encourage you to make time to participate on the AAOS committees, the BOC and your state society, it has been rewarding for me. **n**

NOLC 2006

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about the problems with the annual Medicare payment update formula and the projected 2007 4.7% overall pay cut for Medicare services. Also discussed were proposed Medicare payment cuts for imaging services, starting in 2007.

But the NOLC was about more than meeting with elected officials.

The Board of Councilors also considered proposed new AAOS standards of professionalism and proposed amendments to AAOS bylaws.

All NOLC participants provided feedback on the rising issue of physicians and hospitals sharing cost savings from their combined efforts to reduce hospital expenditures. A special AAOS Board Team, headed by Dr. David Halsey, gave background information on the "gainsharing" issue, and brought up a number of key questions regarding it. Participants expressed their con-



The Illinois delegation received a warm welcome from Illinois Senators Dick Durbin (far left) and Barack Obama (far right).

cerns about the possible negative public perception of such arrangements, ethical considerations, the impact of this issue on clinical practice and the difference between arrangements where cost savings are not shared directly with the physicians but are used to improve hospital operations or the hospital's bottom line.

Also discussed were methods for resolving patient discontentment regarding unanticipated events. Richert Quinn, MD, Physician Risk Manager, COPIC Insurance Company spoke about his company's 3Rs program which stands for: Recognize an unanticipated event, Respond immediately, and Resolve the patient's issues. Thomas Barber, MD, also talked about the Kaiser Permanente Alternative Dispute Resolution System.

To prepare NOLC participants to help the AAOS Coding, Coverage & Reimbursement Committee manage coding and Medicare payment activities, Dr. Brad Henley, Committee chair, described the CPT Editorial Panel and AMA Relative Value Update Committee (RUC) processes. He emphasized the need for orthopaedists to become knowledgeable about how to develop coding proposals and how to complete RUC surveys.

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Past President of the AAOS briefing the Illinois delegation between Congressional visits.

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Participants provided feedback on a proposal to expand the scope of practice of hand surgeons, after hearing a panel discussion by representatives of several interested musculoskeletal specialty societies. **■**



Chris Dangles (right) with his Congressman, Tim Johnson, in the Capitol building.

IOAS Would Like to Feature You!

IAOS would like to feature new members and/or new practices in each issue. If you would like your practice to be included, please write a short article describing your practice and send it to the IAOS office. We are especially interested in community practices or practices that connect to their community.

We kick off IAOS' New Member Profile series with Jason Koh, MD, featured at right. **■**

IAOS MEMBER PROFILE

Jason Koh, MD

PERSONAL: The son of Korean immigrants, I was born in Chicago while my father was in the midst of his radiology residency at Northwestern. I grew up in Chicago and in Northbrook, attending public school until I went out east for college. After my fellowship, I was fortunate enough to have the opportunity to return to Illinois and join the faculty at Northwestern. It's been wonderful to have my parents nearby as my boys have been growing up. I enjoy playing golf and tennis, and some of the cultural attractions of the city.

EDUCATION: Harvard College; Johns Hopkins School of Medicine; Massachusetts General Hospital (Harvard) Internship; Hospital for Special Surgery (Cornell) Residency; Cleveland Clinic Sports Medicine Fellowship

EMPLOYER: Northwestern University

IAOS INVOLVEMENT: Vice President

BEST PART OF MY JOB: It's hard to say, since I really love so many aspects of it. Obviously, I love the teaching of residents and students, and being a part of the research and technological advances that keep changing orthopaedics. But I think the most rewarding aspect of my job are the patients. It is always so wonderful to have a patient come back in follow up and say how happy they are to be able to use their arms or legs again. I think that we invest so much time and energy in our work, and it means so much to have that recognized. As orthopaedic surgeons, I think we are fortunate that we can do so much to help so many people.

MAJOR ACCOMPLISHMENTS: Charles Neer Award, American Shoulder and Elbow Society, (coauthor) 2002; American Orthopaedic Association, John J. Fahey, MD, North American Traveling Fellowship 2003; Richard O'Connor Award, Arthroscopy Association of North America 2004; Patellofemoral Foundation Traveling Fellow, 2005; AAOS Leadership Fellow 2006; President, Medical Faculty Senate, Northwestern University, 2003-4; Invited Guest Speaker, Real Madrid Futbol Club, Madrid, Spain 2002; Course Director, OLC AAOS Course Surgical Treatment of Complex Knee Injuries and Disorders 2006, Rosemont, IL; and Course Director, Computer Aided Orthopaedic Surgery of the Knee, Northwestern University, Chicago, IL 2005.

CLINICAL SPECIALTIES: Shoulder surgery, complex knee ligament and cartilage surgery; patellofemoral problems; hip arthroscopy; and injuries of throwing athletes.

GREATEST CHALLENGE: Trying to be a good father and husband while maintaining a very active professional life.

THREE WORDS THAT DESCRIBE ME: Caring, hardworking, detail oriented. **■**



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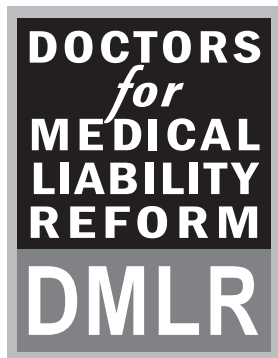
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IAOS encourages its members to visit the Doctors for Medical Liability Reform website at www.protectpatientsnow.org and sign the petition supporting federal legislation to reform the medical liability system.



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