

# THE BACKBONE

a publication of the Connecticut Orthopaedic Society

Volume 1 - Summer 2002

## Annual Meeting Highlights

*Excerpts from Society President's Ronald Ripps, M.D., address to attendees at the Annual Meeting held on May 10, 2002*

The Connecticut Orthopaedic Society has accomplished a great deal as we transitioned to the proactive political organization we have become. We have strived to provide our members with the best and most convenient educational experience in New England, our malpractice price comparisons have saved physicians thousands of dollars in premiums in the last few years, and our class action lawsuit against Anthem Blue Cross is doing more to stop the damage caused by managed care.

We cannot rest on our laurels. There is more than we can do to reform our system of medical liability, to further limit the abuses of managed care, to simplify the government's chaotic Medicare and Medicaid programs and enhance your quality of life. The office manager of a large Hartford orthopedic group recently challenged the Society to answer these questions. What do you do that we need? Why should our doctors join the Connecticut Orthopaedic Society?

Over 98% of all the orthopedic surgeons in this nation belong to the Academy- something that no other specialty group can boast. But the Academy knows that their popularity and effectiveness ride on the support and endorsement they get from state societies like ours. They look to the Society for their connection to the grass roots because they know that this is where policy is formed and implemented.

Yet we have voids in our membership- voids in Hartford, Stamford, New London, and Litchfield. They are orthopedists who suffer and toil like the rest of us, but have yet to realize the benefits of collaboration and the influence of their own state society.

A project the Society plans to launch this summer is a survey of what the managed care insurers are paying for specific codes across the

state. The survey will be conducted by an independent, third party accounting firm, Moss Adams and endorsed by the Academy. The information will be collected and calculated and reported back to you in general accounting terms such as the high, low, and median for specific areas of the state and statewide.

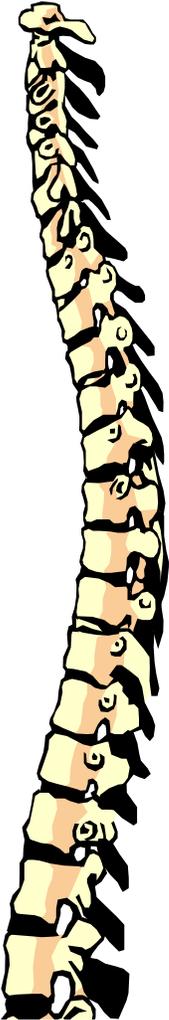
We will not be asking any questions about your overhead, how you run your practice, and you will not be required to do any difficult mathematical computations. We realize that many physicians may not want to share this type of information, even with a disinterested third party, and much of that information is already available with the Medical Group Managers Association and their orthopedic component, BONES. Only those groups and solo physicians who provide data will be given the results of this survey. The Society urges all physician members to respond in a timely manner when you get the survey in the mail.

There are two very hot issues that were addressed at the Congress of State Societies at the Annual Academy meeting in Dallas this past February that all physicians should know about. The first was malpractice and the second was reimbursement for call.

The medical liability insurance industry has estimated that doctors make mistakes 4.6% of the time. Although plaintiffs' attorneys often present themselves as the defenders of medical integrity, medical malpractice litigation has done nothing to change the incidence of medical errors for the last thirty years. In fact, even the frequency with which doctors are being sued has not increased, only the amount of the awards.

As doctors' premiums have doubled across the country, several states are in a medical liability "crisis". This huge increase comes at a time when

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# Annual Meeting Highlights

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the insurance companies' secondary insurance skyrocketed following the 9/11 terrorist attacks and when their investment income has decreased with the stock market- a "perfect storm" which has caused many insurers, like PHICO, to fold, and others, like St. Paul, to get out of medical liability for the time being.

Fairfield County Medical Association recently published its 2002 Medical Liability Survey Results. They asked doctors what, if any, was the impact of rising malpractice premiums in the last several years. The answers are enlightening.

- 18% have limited the scope of their practice
- 35% have dropped a low paying insurer and/or Medicare
- 34% have dropped Medicaid.
- 36% have increased the number of tests they order as defensive medicine
- 35% have eliminated charitable services
- 35% have held off upgrading business and medical technology in the office
- 27% have had to lay off or delay hiring necessary staff
- 17% stated malpractice rates made this area unattractive to new physicians and;
- 6% stated they planned to retire or move strictly because of the malpractice burden

Physicians must campaign now to limit caps on pain and suffering, to enact a no-fault system for infant childbirth claims, to allow pay outs over a longer period of time, to reduce damages by collateral source payments like medical insurance and we must limit attorney contingency fees. This is not pie in the sky- it has all been done in California with their successful MICRA legislation- their cap is \$250,000 for pain and suffering and, for the most part, it works.

The second hot topic being discussed locally and nationally is reimbursement for taking call in the emergency room. Call is the most onerous thing physicians do. Certainly to do this for nothing would appear to be irrational, yet in California their state orthopedic society determined that the average orthopedic surgeon had 500 uncompensated contacts per year. An uncompensated contact is anytime a physician is called upon to make a decision or perform a hands-on service for which they are paid or are paid at a greatly reduced rate. The orthopedic society of the state of Georgia did the same thing as California and estimated four uncompensated contacts per day of call for every orthopedic surgeon.

There are certain things physicians need to keep in mind as they consider this issue. The first has to do with a law called EMTALA, which stands for the Emergency Medical Treatment and Labor Act. This law, enacted by Congress and commonly

referred to as "the antidumping law", firmly places the responsibility of emergency management on the shoulders of the hospital, not on the individual doctors. That is to say that hospitals accepting emergency patients must provide whatever specialized care is necessary to stabilize that patient before being released from the hospital. Unfortunately this was one of those unfunded mandates passed by Congress.

The second thing to keep in mind is that hospitals do receive payment from the state and federal government for uninsured visitors, and the more uninsured visitors, the more they get paid. The physician, who spends all night providing the service, gets paid nothing.

If a hospital requires that you take ER call as a condition of having privileges, they must pay for that mandated service. If, on the other hand, the hospital doesn't want to pay, then you should not be required to take ER call.

The Academy has said that they are not aware of any orthopedist in the country who has lost hospital privileges because they refused to take ER call. They have held discussion groups on this topic and are exploring alternatives to reimbursement, such as getting a tax write-off for uncompensated contacts. The Academy's legal counsel is preparing a pamphlet, "How to Negotiate with Hospitals," which will be available soon. In the meantime, every physician should take it upon themselves to determine how many uncompensated contacts physicians and their groups make in the course of a year in both the emergency room and in clinics.

## *Special Recognition*

### *Joseph Zeppieri, M.D.*

Joseph Zeppieri, M.D., a highly respected and very popular colleague and Board member who retired from the practice of medicine, was recognized by Dr. Ripps at the Society's Annual Meeting. Dr. Ripps noted that every orthopedist in this state owed him an enormous debt of gratitude for all the work he has done on their behalf in the last 25 years.

Dr. Zeppieri was honored for his contributions to the Connecticut's Workers' Compensation System and for keeping the Society's Board focused. Dr. Ripps presented him with a plaque to thank him for being a friend to all of the physicians who served with him.

### *Edward Collins, M.D.*

The Society's current Secretary-Treasurer, Edward Collins, M.D., who is also a Councilor to the Academy was awarded a plaque in recognition for the office of President he held last year. Dr. Ripps noted that it was under his stewardship that the Society sued Anthem Blue Cross, a suit, which is slowly, but successfully making its way through the court system.

# Letter to the Editor

*Editor's Note: The following is a copy of a letter written by Edward Collins, M.D., Immediate Past President of the Connecticut Orthopaedic Society in response to a Hartford Courant series on medical errors. The letter was dated May 20, 2002.*

Dear Editor:

The Courant's recent series on medical errors, as well as its editorial which asks medicine why it would fear public disclosure of such areas is compelling. It comes at a time when the profession is in the midst of a medical malpractice insurance crises. This crises is threatening the ability of specialists to continue practicing medicine. Interestingly, the medical malpractice crisis is due to many factors, none of which is an increase in the number of medical malpractice suits.

The two issues are closely linked. On the one hand, medicine would welcome a public partnerships to examine medical errors and improve systems and behavior in a way that would benefit us all. Unfortunately, there is an insurmountable obstacle to the achievement of that goal. The obstacle is our tort system of adjudicating liability. Under our current system the public disclosure of medical peer review information would be a road map for industrious plaintiff attorneys to enter an imperfect system flush with insurance company dollars where they have little to lose and possibly much to gain. Public disclosure, therefore, without safeguards, will deepen the crisis. In the best case, meaningful peer review will cease. In the worst case, the delivery of health care will cease.

The following are some suggestions for solving these linked issues.

1. Establish an independent review board that examines the merit of malpractice allegations. Make the report of this board admissible in court proceedings. Structure the board so that courts would give it considerable weight in determining the validity of complaints.
2. Eliminate noneconomic damages unless it is determined that there is intent on the part of the physician to either harm the patient or provide substandard care.
3. Give plaintiff's attorneys a choice of a flat fee or a cap on the percentage of award not to exceed 10% if they wish to use a contingency fee basis. This would allow access to all individuals regardless of their economic status and would guarantee that any awards granted would benefit those harmed and not their agents.

Appropriate legislation with the above elements as cornerstones would accelerate the solution of these problems that require our immediate attention.

# Board Members

**The Society is looking for members who would like to become active representatives on the Board.**

**If you would like to be part of the bigger picture and proactively help the profession of medicine, please contact Dr. Ron Rippes, President at (203)792-5558.**

**It is physician representation that empowers the Society and enables us to do the work that needs to be done.**

## AAOS News

### Your Orthopaedic Connection

The Academy's patient and public information website is free as a benefit of membership. AAOS provides your patients with the most reliable, scientifically-based information on diagnosis, treatment and prevention issues. The site (<http://orthoinfo.aaos.org>) lets your patients browse and search a wealth of information. Keep your patients well informed and better able to participate in guiding their own care.

Topics include orthopaedic conditions by anatomical area, arthritis, driving safety, managed care, pediatrics, playground safety, prevention of falls, sports, wellness and more.

### AAOS Headline News

As member service of the Academy, Headline News will provide you and your staff with updated and crucial information from across the country. To subscribe to the newsletter, go to [http://www3.aaos.org/newsupdt/sub\\_list.cfm](http://www3.aaos.org/newsupdt/sub_list.cfm). Stay informed, sign up today.

## Do We Have Your EMAIL?

To better serve our members and communicate up-to-the-minute news, we are collecting email addresses from all our members.

If you have not provided us with your email, please do so as soon as possible. Simply type your name and email address and send to Frank Gerratana, M.D.

[frank@dgne.com](mailto:frank@dgne.com)

# Special Thanks

The Society gratefully acknowledges the support of our sponsors for the Annual Meeting held on Friday, May 10th at the Farmington Marriott Hotel in Farmington, Connecticut.

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**A special thanks to all of the exhibitors who participated.**

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# President's Corner

## Musings on Musical Management

I recently heard a radio article that made some interesting points about business management. It seems the graduate students from the business school at the University of Texas, Houston, decided that the current American management hierarchy ( boss>VPs>middle management>etc., etc.) was inefficient and counterproductive. Seeking other models, they came upon that of the conductor and his orchestra.

They then interviewed several conductors, all of whom described the great rush they get when, as they bring down the hand, glorious sounds are brought forth. They then went on to say that at some point in their career, every conductor loses the sense that their hand is leading musicians and perceives that thier hand is actually *creating* the music. The students then debated whether that was good or bad in terms of the management model.

Some pointed out, for instance, that many accomplished groups, like string quartets and jazz ensembles, have no leader. Particularly noteworthy is the nineteen-piece orchestra called Orpheus, known to perform complicated pieces in perfect tempo and synchrony without a conductor. The students interviewed musicians of Orpheus and queried them as to how they could all start exactly on cue without a cue.

The members of Orpheus noted that the entire orchestra was a lattice of interconnected people, they took their cues from each other all the time. Any differences that crop up are resolved during rehearsals, where they go to great lengths to talk things out so that they *rarely* ever have to bring something to a vote. As to the way they start on cue without a cue, they noted that the young woman violinist in the first chair merely shrugs her shoulder as she starts to move her bow and that's all they need.

The fact that they make such beautiful, flawless music stands as evidence that the "group concept" of management can work- particularly for smaller groups. I think ours is very much like the group model, and our interconnectedness is important to recognize and preserve. So too our leadership, *whomever* that might be, should never be so deluded as to think it is solely their hand that is making the music.

*The Backbone is a publication of the Connecticut Orthopaedic Society. Comments and suggestions should be directed to:*

**Ronald Ripps, M.D. President**  
**33 Hospital Avenue**  
**Danbury, Connecticut**  
**(203)792-5558**  
**CT.FMLY.ORTHPDCS@SNET.NET**

# The Business Side of Coding Workshop

sponsored by the Connecticut Orthopaedic Society

Attend this informative seminar and solve the reimbursement puzzle once and for all. **The Business Side of Coding** is ideal for physicians, managers and administrators who want to understand the reimbursement puzzle.

## What You Will Learn

- New technologies and specific reports that reduce errors and the likelihood that charges fall into the "black hole."
- The ins and outs of completing the HCFA claim form - learn the costly mistakes to avoid so your claims go through the first time.
- Get organized with powerful electronic aids for top-notch billing operations.
- Sample appeal letters so your billing team can make immediate improvements.
- How to use RBRVS to analyze plan rates and ensure your fee schedule maximizes revenue.
- How to spot problem payors and diagnose internal breakdowns and more.

The Connecticut Orthopaedic Society is pleased to offer this exciting workshop to its members and their office staff. The workshop is presented by **Karen Zupko & Associates, Inc.**, a national organization which presents coding and reimbursement workshop series and is sponsored by the American Academy of Otolaryngology, the American Academy of Orthopaedic Surgeons, and the American College of Surgeons.

## Workshop Speaker

**Ms. Mary LeGrand, R.N., M.A.** Mary LeGrand has twenty-five years of professional nursing and administrative experience, including leadership positions on several National Boards. Previous to her consulting and speaking roles, she held various clinical and administrative positions at the Washington University School of Medicine affiliated Barnes-Jewish Hospital (BJC Health System) in St. Louis, Missouri. Mary has a Bachelor's of Science Degree in Nursing and a Master of Arts in Health Services Management from Webster University in St. Louis.

Thursday, August 22, 2002

Noon - 3:30 p.m.

Afternoon Snack will be Served

New Britain General Hospital

Main Lecture Room

100 Grand Street

New Britain, Connecticut 06050

The workshop is open to all Connecticut Orthopaedic Society members and their office staff. A portion of the program is being underwritten by the Society and the fee to members and their office staff is \$25.00 per attendee to cover the cost of the resource workbook.

Space is limited, register today!

Complete the form below and return with registration fee (checks payable to Connecticut Orthopaedic Society) to:

**Frank Gerratana, M.D.**

**Grove Hill Medical Center Orthopedic Department**

**73 Cedar Street**

**New Britain, CT 06050**

.....  
:  **Yes**, I (we) will attend the coding workshop on  
: Thursday, August 22, 2002. Enclosed is my (our) check  
: for \$25.00 per participant, to cover the cost of the  
: workbook.  
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: For questions, please contact Frank Gerratana, M.D.,  
: (860)832-4666.

# Executive Board Connecticut Orthopaedic Society 2002-2003

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## Coming Soon

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The newly enhanced Connecticut Orthopaedic Society's website for important news, society information, upcoming seminars and a direct link to the American Association of Orthopaedic Surgeons.

Log on to : [WWW.CTORTHO.ORG](http://WWW.CTORTHO.ORG)

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