

BACK BONE

Volume 7

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Winter 2004

President's Corner

Michael Marks, M.D., M.B.A.



Main Entry: Ap-a-thy

Function: noun

Etymology: Greek apatheia, from without feeling

1: lack of feeling or emotion

2: lack of interest or concern

It has been stated that English is one of the hardest languages to learn. So many words sound alike

and others have different meanings even though spelled the same. The meaning of a word can change drastically just by adding a letter. Such is the root word “-pathy” which comes from the Greek and Latin derivations meaning suffering or feeling. When you add the letter “a” you get *apathy* – lack of feeling, interest, emotion or concern.

Unfortunately, this seems to be the general condition of orthopedic surgeons in Connecticut. The medical liability issue is the number one issue where we must demonstrate feeling, interest, emotion, and concern. There are more than 330 orthopedic surgeons in Connecticut yet only 10% have contributed to the AAOS grassroots effort to help get medical liability reform enacted. The most successful of these campaigns was in Texas where the orthopedic surgeons lead the way to enact meaningful reform. The Texas delegation felt that the \$75,000. grant that they received from the AAOS played a large to educate the public, which in turn convinced their legislators that change was needed.

As orthopedic surgeons, we are all very busy. Our prime objective is to take care of patients, and we do that well. However, the climate in America today demands that we participate in business practice issues that we weren't prepared for during residency. There are some orthopedists, I am among them, who have

decided that advanced degrees, whether MBAs, JDs or MPHs are one method to gain the skills necessary to better prepare for the fight for sovereignty of our ability to practice medicine. Without affordable malpractice insurance we can't practice orthopedics.

In the past, we've done a poor job fighting the managed care organizations. Finally, we seem to be catching on, as we are now fighting back. Hopefully we have learned from that lesson; we must protect our own interests because no one else will. Managed care has made each one of us a commodity. It only costs the patient \$10 or \$20 to see us for an office visit. The legislators have repeatedly told us when we ask, that they need to hear from their other constituents – our patients. This can only be done with the AAOS Grassroot campaign. Sending \$1,000.00 is a wise investment and pales in comparison to the 50-100% increases we've seen in our insurance premiums. Because this isn't PAC money, you can send a contribution using a corporate check or use your credit card to get miles. We'll make it easy. After reading this column simply email Susan Schaffman our executive director at sasshops@aol.com and she will take care of your donation.

The crisis is upon us. Fortunately, we are not as bad off as other states like Pennsylvania. The orthopedists in Philadelphia are paying \$200,000. per year for \$1 million/4 million coverage. There isn't an orthopedist less than 35 years old in the city and not one graduating

(cont. on page 3)

Practice Concerns

Knowing the Rules of the Insurance Game - Changing the Status Quo

Editor's Note: This article was written by Mr. Art Gelber, CEO of Health Care IQ (HCIQ). The technology they developed was used by the Connecticut Orthopedic Society to obtain valuable data in its fight against Anthem and we wanted to educate the membership about its availability.

By data mining and simulations, insurance companies target high cost services and frequent medical treatments data to identify and prioritize where medical dollars should be spent or denied. Insurance companies aggressively run frequent simulation models of charge and paid claims data to redefine conversion factors. The ability and speed by which payers are able to manipulate their clinical and financial rules and the lack of knowing when these rules are changing has caused orthopedics to lose approximately 10% in lost revenue. Delivering real time information, such as changes in clinical or financial outcomes, will give physicians the ability to improve the delivery of care without diminishing the business of health care.

Health Care IQ (HCIQ) has a web-based pre & re-adjudication tool that would allow members of the Society to obtain information regarding the manner in which insurance claims are being adjudicated by payers.

Health Care IQ will enable members to gain access to its virtual health information network via its web-based virtual message center. Insurance claims will be pre-adjudicated and EOBs will be re-adjudicated, the results of the adjudication process will include relevant clinical and financial information.

Payer policies regarding claim coding and bundling edits, policies impacting reimbursements of supplies and material, policies respecting multiple procedures performed on the same date of services, and the auditing of CPT or HCPCS Level II Codes, or other billed and diagnosis codes are initiated during the pre-adjudication of claims and the re-adjudication of EOBs. Denied procedures that are payable or collectible will be reported on the message center to your staff.

Health Care IQ will automatically run simulation models to identify trends and changes in a payer's clinical and financial rules. Changes impacting an orthopedist's practice will be viewable on the message center.

Additionally, information relevant to patient benefit plans, including exclusions, limitations, and schedules of reimbursement by zip and specialty will be processed and made available to the membership.

To improve clinical and financial outcomes for Orthopedic practices, HCIQ WILL:

- °Profile payers and compare payers at the local and national level
- °Define a reasonable charge and reimbursement
- °Establish consistency in Medical Necessity guidelines
- °Utilization data will provide financial and clinical protocols by payer and patient benefit plan
- °Develop centers of excellence
- °Identify under payments
- °Identify inappropriate denials or delays of payments and collectible items
- °Payer adjudication trends
- °A percentile of reimbursements by zip code, specialty, and by plan type:
 - Indemnity Plans
 - PPOs
 - HMOs

Information and performance enhancement technologies delivered by HCIQ will increase the physicians' position with the payers. HCIQ's distribution of relevant information will leverage the playing field between physician and payers. To learn more about Health Care IQ, please contact the Society at (860)561-5205 or email sasshops@aol.com.

Please pay your
2004 Society
Membership Dues.
Thank You!

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

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Orthopedists of Interest

Need For Speed by Ron Tietjen, M.D.

About the Author Ron Tietjen, M.D., is an orthopedic surgeon practicing in Danbury, Connecticut.

It is often said that the first car race was when the second car was built. That is probably true. Fascination with speed and automobiles has dominated many hearts and souls. It is estimated that car racing is the most popular spectator sport in America, and the recent huge popularity of NASCAR attests to that statement.

My addiction to car “racing” began when I talked my Mom into ordering an option called “426 hemi engine” when she and Dad bought a 1964 Plymouth Sport Fury. She could never understand why the car ran so “rough” and sounded so “bad” and why the tires did not last that long. I never told her that most of that tire rubber was deposited along several sections of road where other fast cars tried to keep up with Mom’s car for ¼ mile and never did!

Then, as a graduation present for me as the first person from the family tree ever to finish college, my aunt offered to buy me a car; she mentioned a limit of \$1,500 and fortunately I had already been falling in love with a prematurely rusting Porsche 356. After some negotiation with the owner I owned my first car, a “sports” car at that! Life was good! By that time Porsche had been winning many races in Europe, and had just introduced the 911 series (which has evolved into the current 996 Porsche models). I began to realize that most people cannot just jump into a car and become a good performance driver. I had read that the Porsche Club of America offered a “driver education” program at the world famous Watkins Glen race track. The date was 1967, and that experience began a chapter of my life that has given me and my family great satisfaction. It has also mandated that I continue my “day job” to pay for my passion. A truism of racing is “How do you make a small fortune in racing?—start off with a large fortune!” Boats, horses, and other things can be expensive, but car racing can be very expensive, even when things go well.

Medical School, practice, and a young family precluded consistent commitment to my racing “career” until 1989. I discovered that a consistently fast car at the race tracks was the 944 Turbo Porsche, and after consultation with my wife, I bought a used white 944 Turbo. My wife quickly realized that it was more fun to drive a race car rather than watch a race car, and she began to join me at “driver education” events. Great

family weekends! At that time, Porsche Club had no race program, so we decided to attend race schools at Skip Barber (Lime Rock Park), Bob Bondurant (Phoenix), Jim Russell (Laguna Sega) and then drive in the SCCA- Sports Car Club of America and the Skip Barber Race series. As we continued our CDE (Continuing Driver Education), we also took our skills to the tracks and drove as much as we could.

Most of the race programs have a progression of skills and assign drivers to groups of drivers with similar skills. We worked our way through the ranks and after several years and literally hundreds of track days, both my wife and I became instructors for various race organizations. Being somewhat a competitive person, my wife rapidly surpassed my instructing skills and was named a Chief Instructor for the Connecticut Valley Porsche Club. In my defense, I am sometimes a faster driver but I do admit she is often a better driver.

In “performance driving,” a term that I like to use to include both driver education and race programs, one has to choose the goals. Financial, psychological, and other factors must be incorporated when decisions are made as to the level of participation in racing. In 1992 the Porsche Club began a race program and we decided that this was the venue that best suited us. Safety and the class concept were key to this program.

(cont. on page 4)

President's Corner

(continued from front page)

resident has decided to stay during the past three years. If we don’t get involved, those same stories will be told in Connecticut.

As we move forward in 2004, let’s erase the word *apathy* from our language and embrace the word *conscientious*. **If we all do the honorable, just, right thing, we can achieve medical liability reform. This is not a battle that will be won overnight, but we must each do our part fiscally.**

I hope that each and every one of you is having a very happy new year. Each member is invited to attend our monthly Board meetings as a guest. Please check our website, www.ctortho.org for meeting dates and places and RSVP so that we have a place for you. Finally, put May 21st on your calendar for our annual meeting in Farmington. Get involved, it’s your future.

Save the Date

Connecticut Orthopedic Society
Annual Meeting

Friday, May 21, 2004
8:30 a.m. - 3:00 p.m.

Farmington Marriott Hotel
Farmington, Connecticut

Join your colleagues at the Society's annual meeting featuring, nationally recognized speakers, current clinical topics, CME credits, vendors and more. This is a free event for all 2004 dues paying members.

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Members Needed

The Society is looking for members from TOLLAND COUNTY 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 Susan Schaffman at (860)561-5205 or sasshops@aol.com.



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Orthopedists of Interest (cont. from page 3)

In Porsche Club racing, very significant rules are in place for prevention of car to car contact as well as any damage to your car. Violation of these rules can expel you from the program- this is very important to me, especially since I don't want to be responsible for body damage (to the car), body damage (to myself), or danger to my family (since my four sons also race).

The class concept is that the cars in a race have essentially the same horse power and equipment of the other cars on the track; this helps equalize the cars and places an emphasis on the driver rather than the driver's trust funds.

A question commonly asked of me is "How safe is car racing" Again, it is up to the driver and to the type of racing. All cars in Porsche Club Race Program have extensive safety equipment such as special seats, belts, and have course, all personal safety equipment such as safety suits and helmets. The rules of that particular race program, as well as their enforcement, set the tone for safety. Porsche Club racing has very strict rule enforcement, and I often tell people that I feel safer on the race track than I do on Interstate 95!

The other common questions is "How fast do you go?" I tell people that I can drive at 200 mph! - but I don't because the race course has turns for which I have to considerably slow down! In fact, the skill of performance road racing is how to navigate the car thru the turns and obtain maximum speed in the straights.

I can definitely say that performance driving is the most fun- serious fun- that one can have and not be sent to jail. It has been and probably will always be a most important part of my life. So, if you think you enjoy your Mercedes, BMW, Jetta, or even a SUV on the highway, you would love the car on the track. I am sure your partners will understand why you have to switch that "on-call" weekend! Give it a try!

EDITOR'S NOTE: The Society appreciates the assistance of Dr. Ron Ripps, Immediate Past-President, as the contributing editor for this column.

Submit A Story

The Society would like to hear from any member who has an interesting hobby, pastime or human interest story. Simply email your article (500 words or less) to Ron Ripps, M.D. at ronripps@att.net. All submissions should be in Microsoft Word format and sent to Dr. Ripps prior to March 15 for the Spring 2004 issue.

Ultra Low Profile Ultra High Strength

The sleek new generation of our Townsend Motion Hinge

Townsend Design has introduced a sleek new generation of its patented roll-and-glide hinge technology for functional and OA unloading knee braces. Townsend's bracing solutions are the lowest profile (for easier fitting under clothing and sports uniforms) and feature patented suspension technology that enhances outcomes for patients from all walks of life. For additional information, please call Frank DiLieto, MED-AID Sports Medicine, LLC, at 800-625-7206.

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