

BACKBONE

Volume 11

a publication of the Connecticut Orthopedic Society

Spring 2006

President's Corner *Robert A. Green, M.D. - President*



The Society's annual orthopedic coding course conducted on March 9th was a huge success! This year we had 125 participants who spent the day reviewing orthopedic specialty coding, learning about new codes for shoulder, spine, hip, and knee surgery, effective use of modifiers and billing techniques. This is the largest group we have had over the past six years we have

sponsored the program and all of the attendees expressed their desire to continue the course next year.

Since the last issue of the **BACKBONE**, the Society Board has continued to focus on the major legislative issues facing the orthopedists of Connecticut. (*Editor's Note: A Legislative Update can be found on page 5 of this issue.*)

Scope of Practice continues to be a major concern, especially with regard to the podiatrists. The Board has taken the position that the podiatrists are not orthopedic surgeons and should not be privileged, by legislation, to perform procedures for which they have not had the same level of training and education as orthopedic surgeons. This is obviously not the only scope issue we are confronting because the physical therapists continue to press for open access. Recently, Dr. William Cimino spent a whole day at the State Capitol testifying on behalf of the Society. As most of you know, physical therapists, by law, are not trained, nor are they permitted to diagnose; instead they use the term evaluate in order to develop a treatment regimen. We contend that a patient requires a medical diagnosis prior to establishing a protocol for treatment. Furthermore, the patient needs to be assessed for a response to the treatment in the context of the overall medical management, and the physician bears a degree of responsibility when referring patients to a physical therapist. On behalf of the Society members, the Board thanks Drs. Aronow, Benthien, Berson

and Cimino for their efforts. We will keep members apprised of the outcome.

It is interesting to note that a recent article in the *AMNEWS*, February 13, 2006, announced the establishment of the Scope of Practice Partnership, "a coalition of physician organizations that will bring their collective experience and resources to the fray to replace what has been a fragmented approach to scope-of-practice battles." We are not alone!

In February, the Society learned that we were awarded a \$6,000.00 grant from the AAOS State Orthopaedic Society Health Policy Action Fund to support our legislative activities.

At the end of February, **HB 5189 An Act Concerning Standards in Contracts Between Health Insurers and Physicians** was proposed. This bill was written to give physicians the ability to negotiate fairly with health care insurers and negate the unfair contractual advantages enjoyed by insurers which impede our ability to properly conduct the business side of medicine. In particular, we are looking for remedies to unilateral reimbursement reductions, changes in the procedures for pre-certification and authorizations which impact our ability to expedite appropriate care to our patients.

Other legislative issues which affect orthopedists are, **SB 28 An Act Concerning Cooperative Health Care Arrangement**, which would allow health care providers to enter into cooperative agreements not subject to antitrust laws, and to require managed care organizations to negotiate in good faith with such providers and **HB 5477 An Act Concerning Supervision of Physician Assistants**, which was proposed to revise the supervision requirements for physician assistants practicing in hospitals and private offices. We will follow these legislative issues with great interest and intervene where possible.

(cont. on p. 4)

Save The Date

Connecticut Orthopedic Society Annual Meeting

Friday, May 19, 2006

Registration 7:45 a.m. Program 8:00 a.m. - 3:00 p.m.
Farmington Marriott Hotel, 15 Farm Springs Road, Farmington, Connecticut

Michael Kaplan, M.D., Program Director, has assembled an impressive educational program for the Society's 2006 Annual Meeting. **You won't want to miss this event which will provide you with important clinical information, updates and an opportunity to earn up to 5 hours of AMA Category 1 CME Credits.**

All Society members (2006 dues paid), medical interns and residents are invited to attend this event free of charge. Emeritus Members can attend for \$35.00. Physician assistants, physical and occupational therapists will be charged \$100.00 for the meeting and luncheon.

LOOK FOR REGISTRATION MATERIALS AND COMPLETE DETAILS IN THE MAILOR USE THIS FORM. Please contact the Connecticut Orthopedic Society's Executive Director, Susan Schaffman at (860)561-5205 or log onto www.ctortho.org for questions. The Society looks forward to your participation.

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“Strut Allografts & Revision Arthroplasty”
Roger Emerson, M.D. – Plano, Texas

“Sports Medicine 2006”
tbd

“Infections in Total Knee Arthroplasty”
Edward McPherson, M.D. – Los Angeles, CA
AAOS Update
Bob Bucholz, M.D. - AAOS Past President

Orthopedic Trauma Issues
Tracy Watson, M.D. - St. Louis, MO

Orthopedist of the Year Award
Presented to John Raycroft, M.D.

“Management of Infected Total Hip”
Edward McPherson, M.D. – Los Angeles, CA

Surgical Care Improvement Project
Bruce Browner, M.D. – Farmington, CT



Annual Meeting

Registration Form

Yes, please register me (us) for the Annual Meeting on May 19, 2006, at the Farmington Marriott Hotel from 8:00 a.m. - 3:00 p.m.

Name _____

Name _____

Practice _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Registration Status (check one)

Connecticut Orthopedic Society Member
(2006 Dues Paid - NO FEE)

Connecticut Orthopedic Society Emeritus
Member (\$40.00 FEE)

Medical Student, Resident or Intern (NO FEE)

Physician Assistant, Physical or Occupational
Therapist (\$100.00 per registrant)

Return form and payment (if applicable) to:

Connecticut Orthopedic Society

Administrative Office

26 Riggs Avenue, West Hartford, CT 06107

(860)561-5205 phone - (860)561- 5514 fax

email - sasshops@aol.com

President's Corner

(cont. from front page)

By now, you or your office has received the notice of renewal of your Society membership. Not only is it imperative that you renew your membership, but it is equally important that you solicit the membership of your partners and colleagues. As reflected in this issue, membership in the Connecticut Orthopedic Society provides us with a voice in state and national issues specific to orthopedic surgeons. This is the ONLY in-state organization that has as its sole objective the interests of the orthopedic surgeon. The annual orthopedic coding course has been a low-cost, valuable conference with high attendance aimed solely at orthopedic coding issues and updating staff on the latest information. Additional seminars on office management, electronic medical records, and retirement planning have been sponsored.

The Society's Annual Meeting, scheduled for May 19, 2006, will bring to Connecticut nationally recognized speakers on the latest techniques in various aspects of orthopedic surgery as well as academy leaders to discuss national issues. Over the last few years, we have hosted political leaders, both state and national, who have updated us on issues which impact our ability to practice our specialty. **Membership in the Connecticut Orthopedic Society is good value!**

Finally, we continue to promote a fundraising drive for the educational arm of the society, The Connecticut Orthopedic Society Foundation, which permits us to engage in educational and charitable initiatives. Last year, educational grants of \$5,000.00 were given to both the University of Connecticut and the Yale University Orthopedic programs for resident education. Many of the practicing orthopedic surgeons in the State are graduates of these programs and should understand the benefit of the donations. These two programs serve as in-state sources of well-trained orthopedic surgeons and play a significant role in the future of orthopedic surgery in Connecticut. To date, we have received \$4,150.00 in donations, of which a \$50 donation came from one of the orthopedic residents in the UConn program. So, **if you have not already made your TAX-DEDUCTIBLE DONATION, please consider the Connecticut Orthopedic Society Foundation.**

I look forward to seeing all of you at the Annual Meeting at on May 19th at the Farmington Marriott(see page 3 for details and registration information). Be prepared for an exciting and interesting day and may we continue to be successful in providing the highest quality care for our patients.

Coding Course Update

This year 125 orthopedic surgeons and their office staff took part in the popular coding workshop at St. Francis Hospital and Medical Center. Thanks to the Society's underwriting of the program, Society members and their staff were able to learn important coding updates and reimbursement tips for orthopedic practices at a fraction of the normal program cost.

The Society would like to extend special thanks to

- **Robert Green, M.D., Society President and Ms. Carol Hornish for organizing the event and;**
- **Integrated Physician Management Services, R.S. Medical and Med-Aid for their generous financial support.**

For those who attended the event and would like to log onto to the Karen Zupko & Associates website for questions generated by your peers and answers to those questions by coding experts, please follow these instructions.

Log onto: www.karenzupko.com

**Select Course Alumni Area and March 9, 2006
Hartford Enter Password: Hartford**

For specific, follow-up questions, please email them to ccantelmi@karenzupko.com and put in the subject line, "Connecticut Orthopedic Society Workshop Attendee". Your questions will be answered directly.

Program of Interest

Hartford Orthopaedic Forum

University of Connecticut
Hartford Hospital
St. Francis Medical Center
Departments of Orthopaedic Surgery

Collaborate to Present the
Kevin V. Dowling, MD, Memorial Lectureship

Lester Borden, MD

Cleveland Clinic - Adult Reconstruction
Improvement of Motion and Stability in Total Knees

Wednesday, April 19, 2006

The Hartford Golf Club
134 Norwood Road - West Hartford, Connecticut
6:00 p.m. Cocktails (cash bar) 6:45 p.m. Lecture

Sponsored by: Stryker and CMIC

Dr. Borden has financial arrangements/affiliations with Stryker

R.S.V.P. or questions, call Deb Bruno at (860) 545-2245

Orthopedic Stress (cont. from page 2)

not necessarily the wisest financiers. If they are always allowed to prevail, their eat-what-you-kill mentality can undermine the collegiality and cohesiveness of the group.

Dr. Pfifferling has found that the most outspoken members of a group are not always those with the best long-term vision or reliable plans. It is said that the most dangerous people in the world are those who are often wrong, but never in doubt. In groups with strong-willed, inflexible combatants, mediation may be necessary and the first thing a good mediator will do is to solicit the views of the “quiet” members. The group needs to have a financial vision and, insofar as possible, a budget. The budget is that which coerces us to get blood from stones at the same time that managed care insurers insist that we use fewer stones.

The group needs to select the best liaison to appeal managed care decisions, or to rotate the job among qualified partners so no one gets burned out. When running up against large and well-connected insurance companies, groups need to more seriously consider their collateral resources like their state and national orthope-

dic societies, their legal counsel and their legislative allies. Lastly, if there are disruptive physicians in the group, they need confrontation, identification of assistive resources (e.g. anger management), and rehabilitation. When disruptive policy is not well defined *ahead of time*, stress on the practice can be enormous.

And that concludes this series on orthopedic stress. We hope that for you it marks a beginning- a stimulus for practice retreats and “human cost of practice” discussions. Orthopedic surgical practice has a multitude of legitimate stressors that need to be addressed in an open, analytical way. Sometimes these meetings require an outside facilitator who is both familiar with orthopedic practice and an impartial non-competitor- like Dr. Pfifferling’s organization. Groups need to affirm trust with an underpinning of interdependence, because only through collaborative problem solving will orthopedic surgeons realize an optimal quality of practice life. To that extent Dr. John-Henry Pfifferling and I hope our suggestions will be of value.



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Orthopedic Stress

Contributing Editor, Ron Ripps, MD

Orthopedic Stress: Money

“Making money can’t buy happiness, but losing it can’t buy anything.” The fourth and last installment in our series on orthopedic stress has to do with **money**. Dr. John-Henry Pfifferling of Durham’s Institute of Professional Well-Being and I have found that money issues follow time rage, outcomes stress and the onerousness of call- all topics that were covered in previous editions- on the hit list of orthopedic stressors. We are sure there are many who would place it first. As overhead rises and reimbursements fall, surgeons find they can not pass the costs of new equipment and supplies, computerization, and liability insurance on to the managed care payers.

Managed care organizations have downsized reimbursements, often adjusting them to the Medicare fee schedule. Everyone seems to have “forgotten” that Medicare was originally a charitable component of physicians’ fees, only made possible by higher remuneration from other payers. Consequently, instead of increasing the salaries of non-physician staff based on competency, experience, and training, physician managers are now forced to constantly cut costs. The conveniences of computerization and technological innovation (e.g. digital x-ray) get passed over because budgetary constraints disallow the purchase of new and expensive capital items. Be mindful that managers will try to reduce all unnecessary costs, while making sure they are not one of them.

With the *corporatization* of medicine, productivity has become the bottom line. Humorists note that productivity is not only getting blood from a stone, but, the following month, raising the stone’s quota. Productivity income formulas often pressure physicians to see more patients in a given time than may be appropriate, or to tackle problem cases that they probably should refer to someone with more specialized expertise. Physicians pressured to meet their overhead may sign on as “case reviewers” for managed care companies and become co-conspirators in the rationing of health care. Patients dislike the impersonal “assembly line” medicine and physicians are demoralized by the integrity conflicts.

Surgeons feel “second guessed” by managed care insurers when these companies deny necessary tests and therapies under the guise of cost control. What physician would not feel demeaned when some financial institution deems his medical recommendations as “unnecessary”? So too, when a surgeon’s fee is discounted, he feels his worth is diminished. Surgeons with more expertise and

experience are being paid the same as residents fresh out of training- all collectively grouped under the undignified label of “providers.” As physicians are paid less, their social status declines- especially in America where one’s worth is often equated to one’s pay. As expectations regarding the quality of a life in medicine decline, there is a proportional decrease in top-of-the-class medical school applicants.

Intra-office conflicts magnify the stresses because some partners want to maximize their productivity seemingly at their partners’ expense. Others may feel ill at ease because their more productive partners treat patients as commodities which flies in the face of their more altruistic values. Busier partners typically push for income formulas that feature more “by productivity” and less sharing on the income side, and more sharing and less “by productivity” on the overhead side. When physicians within a group stop supporting each other, separation promotes isolation. Younger partners appreciate that reimbursement is going down and overhead is going up- yet they still demand a balanced life style and opportunities to pay their higher debt burden. Senior partners, on the other hand, may be technophobic and disinclined to invest in expensive new technologies if they are close to retirement. As each side becomes inflexible, stress and misunderstanding escalate.

Proposal: All the physicians in the group must be fully informed and current regarding the practice’s financial matters and concerns. Even the hiring of financial consultants, accountants, and/or practice administrators will fail if partners are ignorant or disinterested. We are obligated to recall the words of George Bernard Shaw, who noted, “If you laid all the economic [consultants] end to end, they would not reach a conclusion.”

When strategic planning and capital investment are superficially discussed or left to the “financial guru” in the group, exploitation, enmity, and mistakes may occur. Dr. Pfifferling notes that one of the most common situations he sees in orthopedic practice divorce cases is where one partner becomes the dominant financial decision maker. The “rain makers” (the biggest producers) may be key to a practice’s profitability, but they are

(cont. on p. 6)

The Backbone is a publication of the **Connecticut Orthopedic Society**. Comments and suggestions should be directed to: **Susan Schaffman, Executive Director**
26 Riggs Avenue, West Hartford, CT 06107
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email: sasshops@aol.com

Legislative Update 2006

The 2006 Legislative Session is well underway and even though it is a short session, many significant bills have been raised that directly impact orthopedic surgeons and medicine in general. The Connecticut Orthopedic Society, our lobbyist and its members are working diligently this legislative session to protect physician members and to augment the political activities of other specialty societies and the Connecticut State Medical Society.

The major bills include the following:

Expand Podiatry Scope of Practice to include the ankle (SB No. 651). A public hearing was held earlier this month and special thanks to your colleagues, Drs. Aronow, Benthien, Cimino and Berson for taking the time to testify on behalf of all orthopedic surgeons against the bill. We have been working with the legislature to alter the bill's language and change the surgical training requirements. As of March 21st, alternate language has been introduced to allow podiatrists to provide non-surgical care of ankle ailments however, the language does not ensure appropriate board certification so we will continue to monitor and address this issue to ensure that patient safety is held to the highest standard.

Patient Access to Physical Therapy to revise the definition of physical therapy to permit physical therapists to treat patients without a physician referral for up to 30 days and would establish minimum continuing education requirements for therapists (SB No. 164). Society member, Bill Cimino, M.D., has been instrumental in discussions with physical therapists and testifying at the legislature. We will continue to oppose the bill as written and maintain a dialogue with the physical therapists and other representatives.

Establishing Standards in Contracting for Physicians and Cooperative Healthcare Arrangements SB No. 670: (1) Permit health care providers to enter into cooperative arrangements that would not be subject to certain antitrust laws after approval by the Attorney General, and to require managed care organizations to negotiate in good faith with providers who participate in such arrangements, and (2) establish standards for contracts between health insurers and health care providers. This bill was voted out of Insurance and heard by the Judiciary Committee. The Society continues to support the lead role of the Connecticut State Medical Society to obtain this legislation.

Supervision of Physician Assistants (HB No. 5477) to revise the supervision requirements for physician assistants practicing in hospitals. This bill was introduced by physician assistants in an attempt to clarify the current statutes and support the definition of supervision in the statutes that would

allow physician assistants to provide medical services while supervised by a physician who is available either in person, or via telecommunications. The Society submitted written testimony to support the physician assistants with this bill.

There are other issues of concern and the Society urges you to sign onto the bill tracking system offered to all members. To access the information go to:

www.ctbilltracking.com/HS/

Username: hs-ortho

Password: ortho6871

(use all lowercase for Username and Password)

The Society urges all members to become involved in the process and have a voice at the legislature. It is only through representation that meaningful change can be enacted. To assist all interested members, the Society has a legislative connections program which provides resources and staff assistance. Please call the Society at 860-561-5205 or email sasshops@aol.com for details.

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