

BACKBONE

a publication of the Connecticut Orthopedic Society

Volume 10

Winter 2006

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



As we start the New Year 2006, let me recap the Society's activities of 2005. The major focus has been and will continue to be "scope of practice." In this regard there are three areas that need to be addressed.

1. Primarily the scope of practice issue has revolved around the podiatrists seeking to expand their scope to include ankle procedures.

Overall, Podiatry is not organized or regulated in the same manner as allopathic medicine and, in particular, orthopedic surgery. There is more than one Podiatric Board and the educational requirements and testing are not standardized and monitored as are those of medical doctors. In view of this, your colleagues have spent many hours in meetings with various leaders of the podiatric community and Department of Public Health in an attempt to define acceptable standards for appropriately educated podiatrists to perform more interventional procedures. The general view is that in order to protect the public and maintain quality care, Podiatric standards must be equivalent to those of any other surgical specialty.

2. The American College of Radiology wants to limit imaging studies and interpretation solely to radiologists. Furthermore, the Connecticut Hospital Association has sponsored a bill to define "imaging centers". This bill has the potential to restrict radiographic imaging solely to hospitals or large radiology groups, thereby limiting orthopedic in-office imaging and eventually impacting our ability to provide timely, quality orthopedic care.

3. The physical therapists continue to lobby for direct access. This would mean that patients would not need to see a physician for diagnosis prior to seeing a physical therapist. The Society believes that this is contrary to quality care especially in patients with undiagnosed conditions thereby leaving patients open to inappropriate and possibly unnecessary care. Furthermore, direct access would impact the cost of medical care by limiting appropriate monitoring, control of modalities and length of treatment.

After scope of practice, the next major issue facing us is legislation regarding standards and fairness in contracting. This initiative would obligate insurers to publish their fee schedules, reveal their "book of rules" and negotiate on a more equal basis.

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. 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. Seminars on office management, electronic medical records, and retirement planning have been sponsored. The annual meeting has brought 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, the Society has been actively seeking new sources of revenue in order to continue our efforts on behalf of the membership. Last year I started a fundraising drive for the educational arm of the society. The Foundation permits us to engage in educational and charitable initiatives. In particular, last year an educational grant of \$5,000.00 was given to 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

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President's Corner (cont. from front page)

understand the benefit of the donations. These two programs serve as in-state sources of well-trained orthopedic surgeons and represent a significant part in the future of orthopedic surgery in Connecticut. So, **if you have not already made your TAX-DEDUCTIBLE DONATION, please consider the Connecticut Orthopedic Foundation.**

As we start the year 2006, let me wish each and every member and their families a Happy and a Healthy New Year. Let us be successful in providing the highest quality care for our patients.

Membership Dues 2006

The 2006 Dues Membership information has been mailed to your office. Membership dues for 2006 remain at \$250.00 which includes admission to the Annual Meeting with CME credits, reduced rates for coding workshops, legislative representation and members' directory listing for patient referrals on www.ctortho.org. Please complete the form on right and mail with dues payment (for your convenience, we accept MasterCard or VISA – earn miles). This year, with your support, your Society will:

·Participate with other medical specialty organizations to bring **standards and fairness in contracting and cooperative healthcare arrangements** to the Capitol and to insure that orthopedic surgeons have a voice in the 2006 Legislative Session.

·Contract with lobbying firm, Halloran & Sage, to assist the Society and its members with presentations at public hearing, bill tracking and meetings with key legislators. **Please consider and additional contribution to the Society for political activities.**

·Safeguard orthopedic surgeons from any future encroachments on the practice of orthopedics by **podiatrists and physical therapists**. Work toward a remedy regarding the recent, significant reductions in reimbursement for **Worker's Compensation claims**.

·Offer educational seminars at reduced rates. Don't miss the Karen Zupko & Associates coding workshop scheduled for March 9, 2006 at St. Francis Hospital and Medical Center. This workshop will cost members and their staff only \$175.00 per attendee compared to similar programs charging \$300.00 or more.

·Provide educational opportunities and CME credits at the Society's Annual Meeting. This year's event will be held on May 19, 2006, at the Farmington Marriott Hotel and will offer informative clinical sessions, coding updates and more. **YOU WON'T WANT TO MISS IT!**

·Communicate and update members using the Society's website (www.ctortho.org), "Backbone", the Society's newsletter and email.

2006 Membership Dues Invoice

| | |
|---|------------------|
| 2006 CT Orthopedic Society Membership | \$250.00 |
| Political Activities Contribution (<i>optional</i>) | <u>\$ 50.00*</u> |
| Total Due | \$300.00 |

Please complete the information below and mail with payment payable to the Connecticut Orthopedic Society. (*not tax deductible*) (Please print/type)

Name _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Physician Email Address _____

Practice Manager's Name _____

Email Address _____

I will ___ will not ___ be attending the Society's Annual Meeting on May 19, 2006 at the Farmington Marriott.

CREDIT CARD PAYMENT Type of Card(circle one)

MasterCard VISA

Name _____

Account Number: _____

Expiration Date: _____(month) _____(year)

Signature _____

___ **Yes**, charge my credit card each year (January) for the membership dues to the Connecticut Orthopedic Society until I notify otherwise.

___ **No**, do not charge my credit card each year for membership dues in the Connecticut Orthopedic Society. I will issue a new credit card authorization each year.

Remit payment to:

Connecticut Orthopedic Society

c/o Susan Schaffman

26 Riggs Avenue, West Hartford, CT 06107

Payment by credit card - fax completed form to (860)561-5514.

For questions or comments, please contact Susan Schaffman, Executive Director at (860)561-5205, email sasshops@aol.com.

Sore backs and Recumbent Bicycles

After 10 years in practice, I decided to see if I could still tolerate bicycling to improve my physical well-being. It was 25 years since I last rode my ten-speed, diamond frame, rams handlebar bicycle. The bicycling manufacture industry had made significant improvements since then- an ultra-light weight diamond frame, improved braking and shifting mechanisms, many more gears to choose from, and even tubeless tires. Unfortunately, I found that I could not tolerate riding on the standard diamond frame or hybrid bicycles despite trying at least ten different kinds of bicycle seats on many different variations of the standard upright diamond frame. My body let me know with low back pain, single leg sciatica, pudendal nerve palsy (very disconcerting), and bilateral carpal tunnel syndrome- all as a result of my search for physical fitness through biking!

As frustration began to mount to the point of quitting, I happened to be surfing the web and came across a forum on recumbent bicycling. I learned that my problems were not unique, and that many gracefully aging weekend warriors have tried to return to diamond frame bicycling and suffered as I did. I found a shop in New Jersey where I tried many different kinds of recumbent bikes. I finally bought the one that was the easiest to learn how to ride and of course, the most comfortable. Within a few months my teenaged sons became envious of the enjoyment I derived from riding this new-fangled bike, and asked when they could have one. I have to warn you, these bicycles are quite expensive and are not made to withstand the everyday abuse teenaged sons are known for. I explained to them that they already had bikes, but I could see they were very disappointed.

So, with my orthopedic engineering knowledge, I decided it would be fun to make them a couple of recumbent bikes myself. After learning how to weld aluminum and where to find a cheap source for used bicycle components, I read as much as I could about bicycle architecture and "physiology" on the various internet sites until I gained enough confidence to turn one out. My workshop was my garage, and working in the winter without heat was a challenge. After making numerous mistakes building jigs, welding badly, and mismatching the components, I ended up copying the recumbent bicycle that I had bought in New Jersey. Even that was not easy, and halfway through the 42-mile Bike New York bicycle tour, the frame of my prototype cracked. I had to walk across the Brooklyn Bridge and back up to Manhattan for the my ride home- so much for touring New York!

Over the next three years I made three more bicycles, which my sons rode and crashed. My oldest son, however, successfully took one on a century bike ride. He turned his own recumbent bicycle project into a beautiful CADD design, which culminated in a roadworthy, working recumbent bike. When he was accepted to Georgia Tech on an academic scholarship, he was told this project, which he submitted to them purely "of interest," helped him significantly in the application process. He is now embarking on a career in aeronautical design.

Today, many designs are available from long wheelbase to short wheelbase, to under and over seat steering, to low riding nearly supine models, front and rear wheel drive models, and even hand driven models. Recumbent tri-cycles and recumbent tandems have become popular as well. Recumbent biking is my good weather exercise of choice. You might consider this different mode of bicycle transportation if you to find it difficult to turn back the clock on your aging body. My riding mileage is now limitless.

Dr. Scott Gray is a foot and ankle specialist who practices with Connecticut Family Orthopedics in Danbury.

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Orthopedic Stress *(cont. from p. 2)*

the options of either taking care of the emergency himself, calling the patient's group for their input or advice, or stabilizing the patient and passing him to the appropriate specialist the next day- depending on the urgency and complexity of the case.

Remember that when someone is off Call, he is still liable for the others' actions (the so-called "associate overhead"). This needs to be factored into premiums for taking or not taking call. Where call is especially busy, it is critical to develop assistance patterns and safety valves. "Sucking it up" is nothing but an ego defense and is not in the best interest of the patient. Cross coverage between groups will only work if all patients continue to be well cared for and happy. Transfer patterns need to be worked out ahead of time such that the on-call doctor is never placed under the burden of undue risk. For example, the spine specialist needs to be "available" when the hand surgeon is on call for his group.

As overall reimbursement for Call decreases, more groups are negotiating stiffer penalties for those who are off call. Productivity formulas maintain semblance of fairness as overhead inflation continues and hospital reimbursement for Call can certainly lighten the burden. Since the most senior members of the group are the ones who are usually most penalized with large payments to get out of Call, try to deal

with these legitimate conflicting interests by revisiting the debate at timely intervals. It is far better to establish a fair formula and to tweak it annually, then to try and endure the sweeping and revolutionary reforms that occur when the younger doctors, who feel exploited by an unequal share of Call, mutiny.

This provides a great segue into the next and last installment of this series on Orthopedic Stress: **Money**. As overhead costs continue to rise faster than reimbursement, and orthopedists see themselves bringing home a shrinking percentage of their revenues, the money squeeze becomes a ubiquitous stressor. What are the pitfalls we need to avoid to approach financial harmony and contentment?

Do You Have A Story?

The Connecticut Orthopedic Society would like to hear from any member who has an interesting hobby, pastime or anything of human interest to your fellow colleagues. If you would like to share your story, please email your 500 words (or less) article to the BACKBONE Contributing Editor, Ron Ripps, M.D. at ronripps@att.net. All submissions should be in Microsoft Word format and sent to Dr. Ripps prior to February 28th for the Spring issue of BACKBONE.

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Orthopedic Stress

Contributing Editor, Ron Ripps, MD

The third installment in our series on Orthopedic Stress deals with the onerousness of **Call**. Dr. John Henry Pfifferling of the Institute of Professional Well Being (www.cpwb.org) and I determined that taking Call ranked third on the hit list of orthopedic stressors (behind Time Rage and Outcomes Stress). “Call” is something we do day in and day out when we cover emergencies at the hospital or urgencies within the practice (beyond scheduled patients).

Emergencies are the most disruptive elements in a physician’s day. No matter how well the doctor schedules his patients or organizes his time, these interruptions will create havoc. And every surgeon and every specialty has its own definition of “emergency”. Consequently, the OR schedule is laden with logistical, political, and definitional components. Anesthesiologists and OR managers have their own set of beliefs, such that clashes as to whose emergency takes priority occur routinely. To further complicate matters, although a group may have assigned one doctor to cover emergencies, the patient may insist on seeing only “her” doctor. That’s why groups need to remain unified with respect to their definition of emergencies, to remain open to dispute settlement with other professionals, and to remain resolute as to who is responsible for taking care of the patient.

Since “Call” is an add-on episode, conflicts are manifold—“Call” has many anxiety subsets. For example, if I am a specialist in joint replacement and I take call for the group, how do I best handle foot, hand, or spine problems? On-call orthopedists differ in the degree to which they feel competent in dealing with various orthopedic problems, in their threshold or propensity to call for help and in their ability to “hold the fort” until that help arrives. Attending emergencies not only exposes the surgeon to transmissible diseases, it exposes him to the risk of malpractice litigation as well. Having no prior relationship with these emergency cases immediately places the surgeon at higher risk of being sued. The surgeon who spends all night managing an emergency also places his next day’s patients at risk because of fatigue.

Managed care third parties have further magnified the stress of being On-call by denigrating the fees for time spent caring for those in need. More and more people rely on the emergency room for standard care and abuse the system for their convenience in non-regular hours. Many of the most complicated emergencies occur in

people who have limited or no ability to pay. Sleep interruption, increased fatigue and inadequate reimbursement all impact the surgeon’s loathing for Call. In fact, Call has become so onerous that many older surgeons who expected to “age out” of the call obligation are being forced to continue taking call or to pay a substantial “penalty” for opting out. As one older orthopedist stated, relinquishing call was “like taking a thorn out of my eye.”

Proposal: The group has to make a commitment to quality of life concerns with an essential goal of making call as least stressful as possible. This humanity requires acknowledgment of “suffering” and a regular assessment of what is being done for it.

It is amazing that so many groups develop aging out policies, but have three or four people in the same age cohort. Paying younger colleagues is a negotiable item—done far enough in advance, such negotiations will be more fair than when done as an urgent, last-minute necessity. Since aging and the associated changes of practice are predictable, why not regularly visit decided policies so that unusual situations can be incorporated? For example, an aging partner may have a spouse or family member who has a chronic disease or who needs extra care and attention. The group needs to analyze these situations with collateral data to determine both comparable policy and legality. Sometimes these issues may be too sensitive to handle in a public way and may require a facilitator or mediator to move things along smoothly.

The group needs to find ways to soften the strident emergency interruption. Many groups now rely on a PA to be a first responder. Hooking the office computer up with that of the hospital will prepare the surgeon by allowing him to preview the x-rays *before* he has to go to the emergency room. The emergence of the “hospitalist” is an example of how primary care physicians learned to deal with the onerousness of Call. Will there come a day when a surgical “hospitalist” team will be crafted? Who will pay them? How will they share continuity of care with the primary surgeon? Isn’t sharing Call between two groups in a community a certain step in that direction? The two largest groups in Danbury share Call, and the On-call surgeon has

(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
860. 561.5205 phone
email: sasshops@aol.com*

2006 Coding & Reimbursement for Orthopedic Practices

Sponsored by the Connecticut Orthopedic Society

Revised for 2006, this workshop will provide updates and new information for orthopedic surgeons and their practice.

Topics of Discussion will include:

- **Coding and Reimbursement Rules**
- **Orthopedic Reimbursement Tool**
- **Medicare Updates**
- **CPT & Diagnosis Coding Update**
- **E & M Categories and Levels of Service**
- **Definition of Global Surgical Package**
- **Office & Surgical Coding with Modifiers**

The workshop is conducted by **Karen Zupko & Associates, Inc.**, a nationally-recognized practice management consulting firm, that teaches national coding and reimbursement workshops for the American Academy of Orthopaedic Surgeons. **Back by popular demand is speaker, Ms. Mary LeGrand, R.N., M.A.** Mary LeGrand has twenty-five years of professional nursing and administrative experience. Previously, she held various clinical and administrative positions at the Washington University School of Medicine affiliated Barnes-Jewish Hospital 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.

Questions? Call Susan Schaffman (860)561-5205 or email: sasshops@aol.com.

Thursday, March 9, 2006

9:30 a.m. Registration and Coffee
10:00 a.m. - 4:00 p.m. Program and Lunch

St. Francis Hospital and Medical Center
Gengras Center
114 Woodland Street
Hartford, CT 06105

Special thanks to Robert Green, M.D., Connecticut Orthopedic Society President, for his planning assistance and to St. Francis Hospital & Medical Center for providing the workshop location.

The Connecticut Orthopedic Society is pleased to offer this workshop at a **reduced rate of \$175.00** per attendee to its 2006 dues paying members and their office staff. For your convenience, enclosed is a dues invoice form if you have not yet submitted dues for 2006. Complete the form below and return with fee to :

COS Administrative Office c/o Susan Schaffman
26 Riggs Avenue, West Hartford, CT 06107

Please register me(us) for the coding workshop, payment is enclosed. (checks payable to Connecticut Orthopedic Society or use your credit card.)

YES, I am a 2006 Dues Paying Member of the Society
Enclosed is payment of \$175.00 per participant, to cover the cost of the workbook and lunch.

I am NOT a Society Member. Enclosed is payment of \$275.00 per participant, to cover the cost of the workbook and lunch.

Name _____

Name _____

Practice _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Payment by Credit Card - fax (860) 561-5514

Cardholder Name _____

Type of Card (circle) MasterCard Visa

Account No. _____

Expiration Date _____

Signature _____