West Virginia Orthopaedic Society

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No Bones About It

Greetings and Thank You for "Tuning In"!!!

by David D. Ede, MD
President, WVOS

I can recall no period of my professional life when so many huge changes in the way physicians practice the art and science of medicine are being affected. And all of them have NOTHING to do with things we were taught in residency or courses we've attended to better ourselves as practicing surgeons. The Affordable Care Act (Obamacare), the Independent Payment Advisory Board (IPAB), Sustainable Growth Rate (SGR), and Meaningful Use are just a few of these changes that we must be prepared for. And now "Coming Soon to a Practice Near You" the new billing system changes known as ICD-10 will be making its appearance. These changes are scheduled to be in effect starting in October of 2014 and its effects are far reaching. For more information about this I will refer you to Dr. Greg Krivchenia and his Board of Councilors address later in this newsletter.

No longer is it good enough to be a skilled orthopedic surgeon to survive in the difficult world of practicing medicine. You must be abreast of the coming changes and knowledgeable in ways of making sure you are compliant. I'm sure most of you have heard about RACs. This is the acronym for Recovery Audit Contractor. RACs have audited billing claims for providers since 2010. The Recovery Audit Program's mission is to identify and correct Medicare improper payments through detection and collection of overpayments made on claims of healthcare services provided to

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Inside:

By AAOS Councilor Greg Krivchenia, MD

The View From K2

ICD-10 really IS rocket science.

ICD-10 is not an asteroid that will hit just north of Spencer on October 1, 2014, but it will feel like one. This is the day that ICD-9 goes away. If we as orthopaedists do not prepare, all hell will break loose.

The government, along with the insurance companies and hospitals, will be forcing much larger documentation burdens on us at our expense. For orthopaedics, it increases the number of codes five-fold. There is no grace period and coding is based on date of service. This really is rocket science now and will lead to opportunities for errors, omissions, and denials. In addition, for most practices there will be additional training of employees, significant practice management updates, and it will require software upgrades. ICD-10 may complicate HIPAA security and there are limited IT skill sets available. Change is coming; we must be ready.

Another topic at the meeting was how quality efforts help advocacy and value-based orthopaedics. The government and insurers are evaluating ways to base reimbursement on performance measures. All of this collection of "data" is being done at the physician's expense. The plan is to link our reimbursement to quality by 2019. This "quality" has yet to be defined.

Orthopaedists can no longer put their heads in the sand hoping it will go away. This is why it is paramount to give to our PAC to help enlighten the bureaucrats that this will not improve patient care. Since the Ortho PAC is the largest medical committee, it has let us be at the table with the regulatory decision makers. This will hopefully help them to make the best decisions for our patients.

Now it is more important than ever to give to our PAC. We lost the battle on the Affordable Care Act in the legislative and judicial process. To win for our patients, we now must be active in the regulatory process We can affect this change only by being proactive through our PAC. The ONLY way to win the war on healthcare is to win elections. Political solutions have no place in healthcare: however, that is the paradigm we live in today. Your patients need your support for the next election cycle so that their concerns are clearly explained to the elected officials in this country.

Go to the AAOS.org website to get a link to our OrthoPAC today and give.

By WVOS Program Chairs Ali Oliashirazi, MD, Steve Lochow, MD, and Jack Steel, MD

2014 "Spring Break" Planning

Plans are underway for the 2014 WV Orthopaedic Society (WVOS)/WV Association of Orthopaedic Eexecutives (WVAOE) Spring Break meeting in conjunction with the WV Physical Therapy Association (WVAPT). The dates are April 4 and 5, 2014, at Stonewall Resort.

Friday will feature a scramble golf tournament for all participants and exhibitors and will include skill competitions as well as some more light-hearted awards.

Friday evening will feature a social event including light refreshments and cash bar from 8:00-10:00 p.m.

The WVAOE will host its practice management conference on Saturday.

Topics for Saturday's WVOS/WVAPT joint programming will include national speakers regarding anterior approach and regional speakers on THA dislocation, leg length discrepancy after THA, hip arthroscopy, and osteoporosis. These talks will include both orthopaedists and PTs. The joint session will conclude at 11:30 a.m., followed by the WVOS/WVAOE lunch with exhibitors.

WVOS will pursue its own meeting in the afternoon, including presentations from both Marshall University and West Virginia University residents.

The exhibit hall will be open throughout Saturday. You will have the opportunity to visit with exhibitors during the continental breakfast, morning and afternoon breaks and lunch.

Thanks to our program chairs Dr. Ali Oliashirazi and Dr. Steven Lochow, and CME Chair Dr. Jack Steel for their hard work in making this program a great success. If you would like to be a presenter, please contact wvos@frontier.com.

Mark your calendar and make plans for you and your staff to join us in April for both the WVAOE and WVOS meetings! This would be a great time to include your family in a weekend outing to a beautiful state destination!

Join us for the Spring Break Meeting on April 4-5, 2014, at Stonewall with the WVPTA.

By Dr. William Sale, WVOS Membership Chairman

2013 Orthopedic Demographics

16% of Orthopedic Physicians were new to WV in the past two years.

As membership Chairman of the WVOS, I have tried to keep up with all of you. It has not been easy. Three years ago I put together a spreadsheet survey of the practicing Orthopedic Physicians in our state. At our Greenbrier meeting this past August, I presented an updated version to our WVOS Board and Executive Director Diane Slaughter. This still needed some revisions and has been further updated. My completed survey has been forwarded to Diane. The spreadsheet survey includes each Orthopedic physician's name, office manager, office address, phone number, email, and practice specialty focus.

From my recent survey following is information reflecting the present manpower and demographics of the practice of Orthopedics in West Virginia:

1) 190 total practicing Orthopedic Physicians in WV
   a) 154 fully trained practicing physicians
   b) 36 residents in training
2) 65 total number of Orthopedic offices
3) Office environments of practicing physicians:
   a) 67 private office based (44)%
   b) 50 hospital office based (33%)
   c) 29 university office based (18%)
   d) 8 VA office based (5%)
4) Medical degree of 125 Non-University practicing physicians
   a) 105 MD (84%)
   b) 17 DO (14%)
   c) 3 DPM (2%)
5) New Orthopedic Physicians to WV since 2002 (post liability reform and excluding residents) 76 of 154 or 49%
6) New Orthopedic Physicians to WV in the past 2 years- 25 of 154 or 16%

If any of you want a copy of this spread sheet survey, contact me and I will forward it to you via email (wgsale@gmail.com).

For those of you with new partners or colleagues, please urge them to join the West Virginia Orthopaedic Society TODAY by going to www.wvos.org!

By Anastasia Burpee, Intern

The Move to ICD-10 Is Coming

With the upcoming conversion from ICD-9 to ICD-10, many are concerned with the time and energy that are going to be involved with the change. There is no denying the fact that it will be a hassle, but first let me explain to you the reasoning behind these big, upcoming changes.

What is ICD-10?

The new International Classification of Diseases (ICD)-10 coding system will replace the old, outdated ICD-9 coding system.

Instead of implementing another yearly update, as has been done in the past, an entire new classification system was created in order to enable our healthcare data to be compared to other countries around the world, as well as better track and measure data to insure quality and safety of care, process claims reimbursements and improve overall performance.

ICD-10 is more than 8 times as big as ICD-9, with more than 141,000 codes. The new data system is comprised of 3 to 7 alphanumeric digits that more specifically identify the diagnosis than ever before.

ICD-10 is divided into two parts, one for diagnosis coding and one for inpatient procedure coding:

ICD-10-CM: The Clinical Modification codes are those that healthcare providers assign to all medical diagnoses and description of symptoms.

ICD-10-PCS: The Procedure Coding System is more specific to the United States and is used to identify procedures that are only done in inpatient hospital settings.

How will it affect you as a physician?

According to a study conducted by the American Academy of Orthopaedic Surgeons, the implementation cost is going to be one of the largest impacts on practices of any size. A small practice is likely to spend $83,290 whereas a large practice could pay anywhere up to $2.7 million.

These implementation costs include the staff education and training, changes in health plan contracts, information technology system changes, coverage determinations, increased documentation and the possibility of cash flow disruption.

Training alone is going to be costly, as both clinical and administrative staff will need proper education on the new coding system. Up

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ICD-10 Resources

- cms.gov/ICD10
- aaos.org/pracman
- gatewayedi.com/icd10

By Stanford Isrealsen, MD

Marshall Research Update

Research activity increasing at Marshall!

Research activity is increasing rapidly at Marshall Orthopaedics with the addition of an Orthopaedic Research Fellow -- **Timothy Wilson-Byrne, MD** and a Clinical Research Nurse -- **Linda Morgan, RN**. "The addition of Linda and Timothy has been fantastic. They have allowed us to recruit more clinical trials and submit more competitive grant applications," stated Franklin Shuler MD, PhD, Vice Chairman for Orthopaedic Research. Even in the time of budgetary cutbacks, we have just received NIH funding in support of a rotator cuff project with one of our Clinical Assistant Professors – Dr. Jingwei Xie of the Marshall Institute for Interdisciplinary Research with Co-Principal Investigator Dr. Shuler. In addition, we have expanded our clinical trials to include the FDA, multi-center HEALTH clinical trial and the EMSI Bone Growth Stimulator clinical trial that are described below. Our staff, residents and medical students interested in Orthopaedics have presented over 38 podiums and posters at national and international meetings in 2013 and we are on track to have double digit PubMed publications again this year. We most recently presented at 2013 the WV Rural Health Conference on our grant funded "Improving Rural Bone Health" project.

Marshall Orthopaedics was selected as a study site for the HEALTH trial -- Hip Fracture Evaluation with Alternatives of Total Hip Arthroplasty versus Hemi Arthroplasty (HEALTH): A Multi-Centre Randomized Trial Comparing Total Hips Arthroplasty and Hemi-Arthroplasty on Revision Surgery and Quality of Life in Patients with Displaced Femoral Neck Fractures. We have received IRB approval for this study and are actively recruiting patients. This project directly supports the research component of the Cabell Huntington Hospital's Senior Fracture Program. Please call our research nurse with any questions on the HEALTH Clinical Trial – Linda Morgan, RN 304-691-1213.

Marshall Orthopaedics selected for the EMSI healthy volunteer study and the EMSI Clinical Trial -- The purpose of the EMSI Bone Growth Stimulator (BGS) clinical trial is evaluate the effectiveness of a new type of bone stimulator for long-bone nonunion healing in a

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to 16 hours of training is expected for coding staff, 8 for administrative staff and 12 for providers.

Though there will be a short term spike in training and education programs, there will also be a permanent increase in time spent on documentation for ICD-10. According to the same study conducted by AAOS, documentation activities will increase from 15 percent to 20 percent, and actual physician time spent on documentation will increase from 3 percent to 4 percent.

Why prepare now?

Though complete implementation of ICD-10 is not scheduled until Oct. 1, 2014, complete compliance after that date is required. This means that after the October deadline no ICD-9 will be accepted and anything that is submitted in the old code will not be processed.

Deadlines have a way of creeping up so it is important that preparation begins immediately. Don't worry though if you haven't planned for the changes yet! According to a survey conducted by Gateway EDI (affiliated with AAOS), only two thirds of respondents had even begun to think about the coding system change.

It is important to take the time to analyze how your practice will be affected by the new coding system and to plan accordingly. Even though the final rule will not be published until a later date, it is important to take the time to get organized now and take advantage of the head start you could have.

Another thing to keep in mind in the preplanning process is to keep track of current coding productivity, backlog and accuracy in order to compare and see the difference after the new system is implemented.

After 30 years of using ICD-9, this change to a more advanced coding system may seem a little intimidating. The number of codes has multiplied by more than 8 and both numbers and letters are included in the code, but all of this is to improve healthcare data entry and make it easier in the long run.

WVAOE/WVOS help!

WVAOE and WVOS are working with Zupko Associates to schedule a six-hour training session in early summer 2014. You'll get information as soon as it's available, so plan early to join us for this important course.

How to prepare:

- review resources
- determine impact
- develop plan & budget
- assess readiness
- review documentation
- train

Marshall gets new staff, new trials, new approvals.

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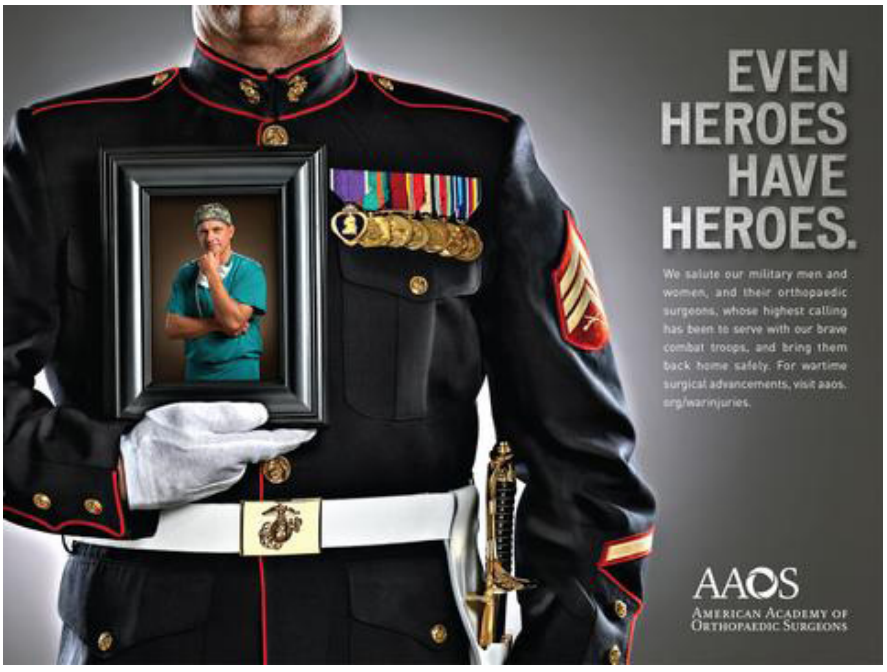
randomized format (placebo unit versus active device). We have completed the testing required by the FDA for use of this device and are IRB approved to recruit patients with long-bone nonunions of over 90 days duration. If you have a patient interested in non-surgical options for a non-infected nonunion, please call our research nurse for assistance or questions regarding the EMSI Clinical Trial – Linda Morgan, RN 304-691-1213.

Marshall Orthopaedics was selected as one of 13 centers nationally to study the use of CT scans to predict fracture risk in patients with metastatic bone disease. We have enrolled over 25 patients from the Tri-State area, and articles based on the multicenter data have been submitted to Lancet Oncology and JBJS for publication. We are continuing to enroll patients; please contact Dr. Felix Cheung, MD (304-691-1262) for details.

Marshall Orthopaedics has received Humanitarian Device Approval for Avanta -- Avanta is a prosthetic proximal interphalageal joint prosthesis used by our hand/upper extremity specialists (Dr. Koester and Novotny). Please call our research nurse for assistance or questions regarding Avanta Humanitarian Use – Linda Morgan, RN 304-691-1213.



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Medicare beneficiaries and the identification of underpayments to providers so that CMS can implement actions that will prevent future improper payments in all 50 states. (Ref: cms.gov) It is an interesting website and looks fairly benign when you review it. What is not mentioned is that STATUTES were passed to give CMS the authority to pay RACs on a contingency fee basis. Meaning that the more claims that are reversed or denied translates into more income for their contractor group. Not only that, if a RAC shows up at your office and requests to review your records on a specific day and you ask them for a few days to gather your records, they can deem you "noncompliant" and come a few days later with law enforcement and take those records from you.

The point to be made in all of this is: KNOWLEDGE IS POWER and SURVIVAL OF THE FITTEST are really important axioms to pay attention to. It is no longer good enough to be skilled and fix things as they come up. We must become proactive just to survive. With dwindling reimbursements and regulatory changes occurring simultaneously, we cannot afford to keep our heads in the sand and hope for the best. Your West Virginia Orthopedic Society is already at work to help you with some of this. We are currently working to bring an expert next year to specifically discuss ICD-10 and its impact on us. With October one year away, you would be well served to be abreast of these changes BEFORE they are implemented. For this reason, you should make it a point to attend this special session.

Additionally, the focus of the 2014 Spring Break Meeting will be on the hip and pelvis. Even if you are a hand surgeon, you will gain from attending the meeting. Networking with other physicians is always a worthwhile endeavor. If you cannot attend, I would implore you to keep up with the coming changes AND if you have not already, please contribute to your AAOS Orthopedic Political Action Committee (PAC). West Virginia has just dropped from 4th in the nation for percentage of surgeons as members of the PAC. A strong PAC can be your voice in Washington fighting for the issues that are important to YOU. Please help them.
Sincerely,

David E. Ede, M.D.

Knowledge is power in today's changing environment!

Consider contributing to Ortho PAC to help make your voice heard on issues of importance to orthopaedic medicine and your patients!

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