



Volume 4 • Issue 2 • Spring 2014

No Bones About it

Thank You for “Tuning In”

by David E. Ede, MD
President, WVOS

Ahh, Springtime! The time of change. It has been a harsh and very cold winter here in West Virginia and the rest of the country, for that matter. In fact, I cannot remember a colder or lengthier one. Having been a resident here for 17 years I have seen a few, but maybe you all can regale me about other times. But, now it is June and appearances are much different than they were a few short months ago.

I’m sure many of your patients are just like mine. Some are less “in tune” than others, not wanting to embrace change. I always find it comical when a patient tells me that they do not want to get older and lament the “Golden Years.” I always say to them, “You should never complain about getting older. Do you know why?” No one has answered correctly yet. “Because the only people who do not get older are DEAD people.” Sometimes you have to put things into perspective for people. Doctor

actually means teacher in Latin. So as teachers, we owe it to ourselves, our patients and those around us to teach those less knowledgeable about the important issues.

And that brings me to the National Orthopaedic Leadership Conference (NOLC) and your involvement in political action committees (PACs). Very important! From April 30 through May 3rd, our WVOS contingent included me, Greg Krivchenia M.D., Brett Whitfield M.D. (newbie), Joe Prud’homme M.D., and Executive Director Diane Slaughter. We met with Joe Manchin, Shelly Moore Capito, and Nick Joe Rahall. We also discussed issues with staffers from David McKinley’s office. Although there was a time when it seemed that SGR (sustainable growth rate, the LAW that mandates Draconian cuts in Medicare reimbursements on the order of 25% - 29%) was on its way to being removed, it is still around. Despite bicameral AND **Tuning In** Continued on page 13

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The View From K2

“The death of democracy is not likely to be an assassination from ambush. It will be a slow extinction from apathy, indifference, and under-nourishment.”
– Robert Hutchins

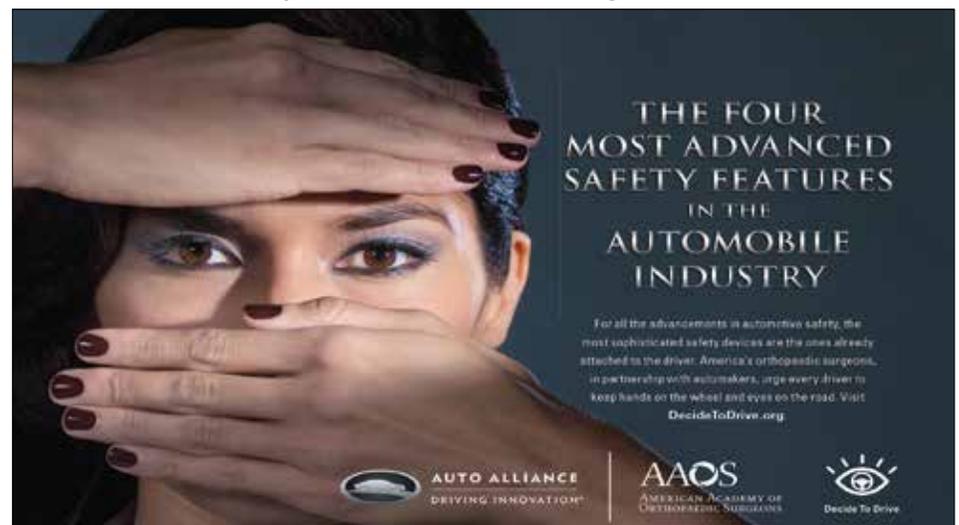
Changes are a-coming, but what exactly what they are is still unclear. There are a flurry of activities by the AAOS pertaining to our practice of orthopaedics. Paradigms are changing which make it difficult to give a clear assessment of this unfolding situation.

With the advent of the internet, patients can now view compliments, complaints and rants about the orthopaedic care you provide to your patients. Today, there are currently 46 sites where patients can view this data. One needs to be aware of the up and down sides of this information. According to studies, social media influences 50% of the issues today.

One idea that will help us with advocacy of orthopaedic issues that affect our patients is to make our waiting rooms a place to inform them with television spots. The AAOS, through “A Nation in Motion,” has an outstanding spot called “Second Firsts.” [Email me](#) and I will send you the

link. This advertisement will encourage patients to contact our elected representatives regarding the importance of not limiting access to orthopaedic primary care. Remember, ORTHOPAEDISTS OWN THE BONE.

Finally, this is another plea to support our PAC. In West Virginia, we have several key races this fall. Specifically, the third Congressional district where Evan Jenkins needs our support. As the largest physician PAC, your continued, and new, support is essential for us to reach our elected representatives. In May, our West Virginia delegation met directly with four of the five elected officials. This is due to the OrthoPAC and the relationships that our orthopaedic peers have nurtured over the years. If any of you has a close relationship with any of our elected representatives, let me know so I can pass this information onto our legislative staff in Washington, DC.



WVOS Membership Open to Allies

Under the new West Virginia Orthopaedic Society (WVOS) bylaws, approved by the membership in 2013, allied health professionals can now become associate members of the Society.

We are asking all WVOS members to request a copy of the new membership brochure at wvos@frontier.com, print it and share it with licensed health professionals in your office, your referral circle and your community, then offer to sponsor them for WVOS membership.

This opportunity is available to all health professionals who treat musculoskeletal diseases and are duly licensed by their profession's licensing board in West Virginia. Associate members may include chiropractors, nurses, orthopaedic technicians, physical therapists, physician assistants and podiatrists.

Associate members are entitled to all rights and privileges of the society, including discounts at the annual "Spring Break" conference, but can't hold office or vote. Non-orthopaedic associate members will pay dues at half the WVOS active member rate. Associate members must be sponsored for membership by an active member of the West Virginia Orthopaedic Society.

To join the WVOS, allied health professionals should do the following:

Not an
Orthopaedic
Surgeon?



No problem!

The West Virginia
Orthopaedic Society
is now offering
**associate membership to
all licensed licensed
health professionals
treating musculoskeletal
disease in West Virginia.**

- identify an active WVOS member to sponsor you;
- visit www.wvos.org and click the join button;
- select associate member status;
- pay dues through PayPal online or by check; and
- **become active in WVOS.**

We feel that these additional professionals will provide a win-win situation for WVOS members by introducing new voices and sharing our best practices with others treating musculoskeletal disease.

**WVOS is now
open to allied
health
professionals,
so please
request our
brochure and
share it with
others.**

Thoughts on CME, OREF and Politics

**Please consider:
involvement in
WVOS CME;
making an OREF
donation; and
supporting the
political
process.**

A few key points to make heading into summer from your CME person and OREF/AAOS PAC/WV Politics nag.

The 2015 Spring Break meeting will once again take place at Stonewall Jackson Resort in Roanoke, WV. Our topic is tentatively "Trauma and Infections in Orthopaedics." Brett Whitfield from Beckley and the CAMC Trauma Group will be the coordinators. We will also have a speaker from the AAOS Presidential Line, Dr. David Teuscher, from Texas. David will be the AAOS President in 2015-2016. He was on the Board of Counselors during my six-year tenure. He is in private practice in Texas and is an incredible person. He is amazingly energetic, knowledgeable and exceptionally motivated to improve orthopaedic care and the lives of orthopaedists. He will be a great speaker and I suggest you make plans to attend the meeting. We plan to streamline the meeting based upon the feedback from the 2014 meeting.

I encourage all members to consider a contribution to the Orthopaedic Research and Education Fund (OREF). We are slowly increasing the number of donors to the OREF from our state. This is a group that provides money to orthopaedic research for

studies that directly impact the practice of our specialty. No amount is too small. Please consider a donation to OREF as a "payback" to the privilege of practicing orthopaedics.

Lastly, I remind you of the importance of being involved in the political process. We have several big races in West Virginia this year with local and national significance. In Harrison County, Terry Waxman is seeking a seat in the House of Delegates. She has been extremely active in state politics for a number of years and, as the spouse of an orthopaedist, has first-hand knowledge of the problems with practicing medicine in West Virginia. On a national level, Evan Jenkins is challenging long-time incumbent Congressman Nick Rahall for the U.S. House of Representatives seat for the third district. Evan has been a strong advocate for medicine as a state Senator and as Executive Director of the WV Medical Association. I would suggest that donations to their campaigns would be money well spent.

Have a great summer,



Jack Steel, MD

WVOS Takes Capitol Hill in May



West Virginia Orthopaedic Society (WVOS) President Dr. David Ede (left) was

joined by AAOS Councilor Dr. Greg Krivchenia, WVOS Vice President Dr. Brett Whitfield and former WVOS President Joe Prud'homme, as well as Executive Director Diane Slaughter (not pictured) in taking Capitol Hill by storm during the American Academy of Orthopaedic Surgeons' National Orthopaedic Leadership Conference in Washington, DC, on May 1.



While the WVOS delegation was unable to meet with Sen. Rockefeller, we were able to sit down for conversation with Sen. Joe Manchin. During a wide-ranging discussion, we shared with him our desire for repeal and replacement of the SGR formula, as well as the need to maintain ancillary services in physician practices.

First District Congressman David McKinley's Legislative Director Devon



Seibert understood our focus on the value of orthopaedics to society, as well as emerging issues such as telehealth.



Second District Congresswoman Shelley Capito

understood our concerns over antitrust issues and disparities between hospitals and physicians when working with insurers.

Third District Congressman Nick Rahall considered our



concerns over liability for physicians traveling with athletic teams to states in which they are not licensed, and our desire to eliminate that liability as much as possible. Dr. Whitfield provided examples from his own work with WVU-Tech athletic teams.

In addition to the visits to Capitol Hill, the WVOS delegation enjoyed three days of symposia and meetings with peers from across the country. In addition to a keynote address from U.S. Representative Phil Roe, MD (R – TN), symposia topics included "The Future of the Practice of Orthopaedic Surgery," "The Social and Economic Value of Orthopaedic Surgery: An Update," "The Role of the AAOS in Performance Measurement in Orthopaedic Surgery" and "Federal and State Health Exchanges."

This meeting was an outstanding event for WVOS.

WVOS leaders
heard from
industry experts
and met with
Congress
during the AAOS
National
Orthopaedic
Leadership
Conference.

By Jack Steel, MD

Spring Break Meeting Successful

**2014 Spring
Break Meeting
was very
successful;
planning is
underway for
April 17-18,
2015!**

Our program coordinators from Huntington, Steve Lochow, MD, and Ali Oliasharazi, MD, prepared a great program for the West Virginia Orthopaedic Society (WVOS) 2014 Spring Break Meeting at Stonewall Jackson Resort, co-hosted with the West Virginia Physical Therapy Association (WVPTA).



The meeting opened with a golf outing best suited to ducks and serious golfers. Nearly 50 WVAOE, WVOS and WVPTA members, as well as exhibitors, braved the weather.

Those attending the opening reception that evening were treated to table magic by Magician John Slicer. Everyone was mesmerized by the evening.



Saturday morning, nationally recognized speakers and our own members presented a variety of talks on hip issues.



Simultaneously, two state experts shared information on ICD-10 with members of the West Virginia Association of Orthopaedic Executives (WVAOE).

Throughout the day, members of the WVAOE, WVOS and WVPTA were able

to visit with a wide range of exhibitors and see what's new in a variety of markets.



The afternoon featured resident presentations which are highlighted on page 7.

The speakers and the overall meeting were well rated by those in attendance. For a complete review of the meeting, visit the [2014 Spring Break Meeting Photo Gallery](#).

Planning is already underway for our April 17-18, 2015, meeting at Stonewall Jackson Resort under the leadership of Dr. Brett Whitfield of Beckley and the CAMC Trauma Group in Charleston.

We're planning a full day of ICD-10 instruction Friday for office staff, practice managers and physicians alike. AAOS First Vice President David D. Teuscher, MD, of Texas will be our special invited guest on Saturday. Our presenters will focus on infection and trauma issues. We will not be meeting jointly with the WVPTA in 2015, but the meeting is open to all allied health professionals.

Join Dr. Alvin Jones in making this meeting a family affair with something for everyone: education, fun and networking.



Resident Research Tops Meeting

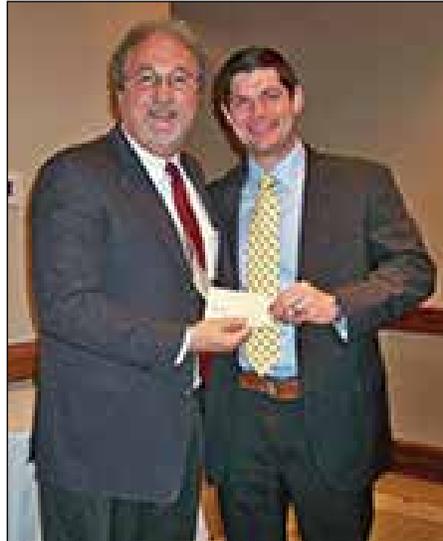
Resident research from both Marshall and West Virginia Universities (MU and WVU) was showcased at the West Virginia Orthopaedic Society (WVOS) 2014 Spring Break Meeting. Eight residents, four each from MU and WVU, gave presentations reviewing projects they had worked on ranging from basic science reviews to a cadaver study. Presentations were given to faculty from both academic centers in the state as well as numerous private practice orthopaedists. Following each presentation was an in-depth discussion about the application of the project to practice.

Following all presentations, audience members voted to determine 2014 resident prizes, sponsored by Stryker Three Rivers and presented by WVOS President Dr. David Ede.



- First prize went to MU residents Drs. Dana Lycans (PGY-1) and Thomas Gill (PGY-2) for their project on physical education in West

Virginia and its potential impact on peak bone mass and osteoporosis (PubMed ID 23930566).



- Second prize was awarded to WVU resident Dr. Jesse Lewis for his cadaver study on dorsal plate positioning in the foot.



- Third place went to WVU resident Dr. Jonathan Karnes for his project discussing orthopaedic match competitiveness over time.

Residents from Marshall and West Virginia Universities gave great talks to outstanding reviews.

Lessons Come From Two Physicians

Lessons learned
from a
hospital
employee
and a
private
practitioner
can be shared.

Dr. Sven Jonsson, a primary care physician in the rural community of Taylorsville, Ky., is seeing a steady tide of new patients under President Obama's health care law, the Affordable Care Act. And so far, it is working out for him. His employer, a big hospital system, provides expensive equipment, takes care of bureaucratic chores and has buffered him from the turmoil of his rapidly changing business.

"This is just a much saner place for me right now," said Dr. Jonsson, 52, who left private practice to work for Baptist Health in 2012. "I'm probably going to live another five years."

About 25 miles away in the more affluent suburb of Crestwood, Dr. Tracy Ragland, 46, an independent primary care physician, is more anxious about the future of her small practice. The law is bringing new regulations and payment rates that she says squeeze self-employed doctors. She cherishes the autonomy of private practice and speaks darkly of the rush of independent physicians into hospital networks, which she sees as growing monopolies.

"The possibility of not being able to survive in a private practice, especially primary care, is very real," she said.

The doctors represent two poles of that primary care system. Both live and work on the outskirts of Louisville, with

the patience required of family practitioners who spend long days troubleshooting routine problems like back pain and acid reflux. But the similarities in their practices end there.

About 265,000 residents of Kentucky have signed up for insurance through the Affordable Care Act, and most have been found eligible for Medicaid, which the state expanded under the law.

As an independent physician, Dr. Ragland must carefully devise strategies to keep her three-person practice afloat amid rising overhead, flat or dropping reimbursement rates, and new federal rules, many of them related to the health care law.

She said that she embraced the goal of extending health coverage to far more Americans, but that Medicaid paid too poorly for her to treat any of the new enrollees. And while she is accepting some of the private plans sold through Kentucky's new online insurance exchange, she has rejected others — again, because she considers the payment too low.

Only about 40 percent of family doctors and pediatricians remain independent, according to the American Medical Association — and many, including Dr. Ragland, feel that harsh economic winds that were already pushing against them have been accelerated by

Lessons Continued on page 10

Mark Your Calendars for Meetings

We're looking for your participation at upcoming meetings for both orthopaedic practice managers and orthopaedic surgeons at the national and state levels. Please mark your calendar, invite a friend and plan to join us at the upcoming events:

2014

August 22
WVAOE Summer Board and Member Meeting
The Greenbrier
White Sulphur Springs, WV

August 22
WVOS Summer Board and Member Meeting
The Greenbrier
White Sulphur Springs, WV

2015

March 24-28
AAOS Annual Meeting
Las Vegas, NV

April 17-18
WVAOE/WVOS Spring Break Meeting
Stonewall Resort
Roanoke, WV

April 26-28
AAOE Annual Meeting
Hilton Chicago
Chicago, IL

April 29-May 2
National Orthopaedic Leadership Conference
J.W. Marriott Hotel
Washington, DC

August 21
WVAOE Summer Board and Member Meeting
The Greenbrier
White Sulphur Springs, WV

August 21
WVOS Summer Board and Member Meeting
The Greenbrier
White Sulphur Springs, WV

2016

March 1-5
AAOS Annual Meeting
New Orleans, LA

April 14-16, 2016
WVAOE/WVOS Spring Break Meeting
Stonewall Resort
Roanoke, WV

May 4-7
National Orthopaedic Leadership Conference
J.W. Marriott Hotel
Washington, DC

June 9-11
AAOE Annual Meeting
San Francisco Hilton
San Francisco, CA

Please join us
for these
upcoming
meetings.
YOU make a
difference!

Lessons Continued from page 8

People know
they can get a
certain salary.
The hospital's
not going
anywhere.

the Affordable Care Act.

"We're in an unknown time," she said.

Dr. Jonsson is less mired in the daily worries of running a medical business. His hospital system, with far more bargaining power than a private practice, negotiates with insurers on his behalf, pays his overhead and malpractice insurance, and handles much of the ever-expanding paperwork. It provides him with an X-ray machine and a costly system for keeping digital patient records, a move encouraged by the new law. He has been able to take his first long vacations in years, including a recent month in his native South Africa.

"It's that stability factor," Dr. Jonsson said. "People know they can get a certain amount of salary, and the hospital's not going anywhere, you know?"

Since the passage of the act in 2010, hospital systems have been acquiring physician practices to shore up their market positions and form networks to take advantage of incentives under the new law. For now, Baptist is taking a financial hit by putting so many doctors on staff: Moody's Investors Service downgraded its credit rating in September, citing "increased losses from an aggressive and rapid physician employment strategy."

"We all have to sort of dig in and work hard and see what happens," Dr. Jonsson said.

Unhurried visits

Dr. Ragland is both a general internist and a pediatrician, treating infants to patients in their 90's. Her office is on a winding road lined with horse pastures and upscale subdivisions, with a big sun-splashed waiting room and a Pilates studio next door. She grew up on a farm and does not bother wearing a white coat.

One Monday this month, she saw 15 patients at an unhurried pace, partly because she had some no-shows because of bitterly cold weather.

Dr. Ragland has seen a handful of newly insured patients since Jan. 1, but most of her adult patients have insurance through their jobs or Medicare. Some have switched to the new private exchange plans that her office takes — all except those offered by Humana, a large insurer based in Louisville, which she said would have reimbursed 20 percent less than what her office gets for Humana plans outside the exchange. Still, she does not hesitate to recommend the exchange to her patients if she thinks it could help them.

Halfway through her day, Dr. Ragland walked into an exam room and found Aline Burgin, 61, waiting for her. "I haven't seen you in a while!" she said, noting that Ms. Burgin's last visit was two years earlier.

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Lessons

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Ms. Burgin, who works the overnight shift at a nursing home, said she had temporarily dropped her employer-sponsored insurance because it was too expensive.

Ms. Burgin agreed to take the phone number for Kynect, the state exchange. Then she lingered in the exam room, telling Dr. Ragland about her sister's recent death from emphysema and the guilt she felt about not being with her that day. Dr. Ragland listened for nearly 10 minutes, nodding her head and saying, "Mm-hmm."

By the time they were finished, 30 minutes had passed — 10 minutes longer than the usual appointment time. It is that kind of flexibility that Dr. Ragland said she treasured about private practice.

"Some patients need five minutes; some patients need all kinds of time and follow-up," she said. "I never want to be in a situation where my employer tells me I need to be more productive or I'm going to have a severe cut in my pay."

The next morning, Dr. Ragland and her partners had their monthly meeting with a private consultant they hired recently to take over their billing and help them maximize reimbursements. They talked about their effort to recruit a fourth partner, which has stalled partly because so many young doctors now prefer to work for hospitals. And

they examined spreadsheets showing their productivity over the previous month, including how many patients each doctor had seen and how much they had billed for each visit. Productivity was down because of harsh weather.

"I want to rent a truck and pick up patients and say, 'Go to the doctor!' " said the consultant, January Taylor-Mills.

One investment Dr. Ragland has delayed making is in a sophisticated electronic records system; for now the doctors are using what Ms. Taylor-Mills called a "very basic" model that is essentially free but not as comprehensive as those used by hospital systems.

As a survival tactic, the practice has joined an "accountable care organization" — a network of physicians, in this case independent, who coordinate care for a group of patients. These networks, encouraged by the new law, reap financial rewards if they improve patients' health and spend less doing it. Dr. Ragland said her accountable care organization is eager to prove that it can succeed "at probably lower cost than a lot of the hospital systems."

Ms. Taylor-Mills asked the partners if they were aware that under the Affordable Care Act, primary care doctors could temporarily get reimbursed for seeing Medicaid patients at

Private practice
can give a type
of flexibility to
be treasured.

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Lessons Continued from page 11

Some
Medicare rates
were raised for
2013/2014, but
could go back
down.

much higher Medicare rates. The doctors were unmoved; the law raised the rates only for 2013 and 2014.

"It'll go back down," said one, Dr. Tony Karem. "It's all a big game, I think."

An influx of patients

In his Baptist Medical Associates office across from a drab shopping center in Taylorsville, Dr. Jonsson chugged through 30 patient visits one Wednesday in January. He hustled between exam rooms carrying a laptop equipped with voice recognition software, provided by Baptist, that allows him to dictate notes into patients' digital records.

"There's no question I have more time," he said, comparing his life now to when he owned a private practice. But, he added, "I work hard when I'm here."

For now, hospitals generally provide doctors like him with a baseline salary and potential bonuses tied to productivity — a system likely to change as the Affordable Care Act calls for basing payment on results instead of volume.

His office is utilitarian: a single long hallway lined with exam rooms that Dr. Jonsson, a nurse practitioner and a physician assistant shuttle between. In the waiting room, fliers for other Baptist services — weight-loss surgery, addiction treatment, home health aides — share rack space with magazines like

"Field and Stream."

Dr. Jonsson, a competitive kayaker who advocates a plant-based diet to anyone who will listen, quickly dispensed with a back pain case and a follow-up visit for chest pain that seemed to be acid reflux. There were also patients with leg cramps, obsessive compulsive disorder, pneumonia and rheumatoid arthritis, most of whom had followed Dr. Jonsson when he went to work for Baptist — or as Steven Pippin, the chest pain patient, put it, "when Obamacare came along."

Down the hall, Melissa Thomas, the physician assistant, was examining Craig Dooley, a newly insured patient who had limped into Dr. Jonsson's office with a catalog of ailments, including pain in his knees and shoulders. A physical exam, his first in more than six years, turned up other concerns: possible heart and prostate problems that called for referrals to specialists. He had traveled about 20 miles from Louisville, he said, because he could not find a doctor who would take his newly acquired Medicaid closer to home.

Dr. Jonsson is accepting new Medicaid patients under the Affordable Care Act because his rural practice has room to grow, said Donna Ghobadi, an assistant vice president at Baptist.

Dr. Jonsson owned his
Lessons Continued on page 14

Tuning In Continued from page 1

bipartisan support for its repeal, it is still the law of the land! Hard to imagine, right? But, it is true. Since Congress could not come up with a way to pay for its repeal, they instead opted to come up with a 17th patch. A temporary fix to, in effect, buy time until a better solution avails itself. So, to continue on the progress we have seen so far to repeal SGR, we need to help find ways to support its repeal. One of the measures gaining interest is to tie reimbursements to performance measures. This has never been done before, but I believe this will be a part of the change in the future that you can expect to see.

That's where you and I come in. Support! We need your support! Since we know that change is inevitable, it is even more important to understand that being in on the ground floor of change is crucial to not being left behind. You must get involved. You must join AND support your

PAC. As painful or distasteful as it is to write that first check to the PAC, you should hold your nose and do it! While only about 20% or so of physicians support their political action committees, 95% of attorneys support theirs. So, if you have ever wondered why it would be so tough to remove things like contingency fees and the like, you now know why. We need a balanced playing field. Fairness only gets represented when someone represents it. (Hint: insert PAC where it says someone.)

To those who would like to hang on to the past, I wish you the best of luck. But for those of us who would like to forge the future, hold your nose and write that check.

As you know, the only constant in life IS change.

Sincerely,



David E. Ede, M.D.

**We need YOUR
support!**

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practice in Louisville for a decade — and did not accept Medicaid, for the same reasons that Dr. Ragland generally does not — but sold it in 2010, months after the Affordable Care Act passed. He did so, he said, expressly out of concern that the law and related requirements were about to ratchet up the pressures and expense of private practice. In particular, he dreaded having to buy and learn how to use an electronic records system, not only because such systems are expensive but because doctors' productivity slows down while they are learning the computerized systems, threatening tight margins.

"I'm not sure how I could have done it," Dr. Jonsson said.

When he is done seeing patients, he tends to the grapevines he recently planted on his property with plans to make wine.

"I don't have to go look at anything related to the finances of the office," he said. "I can actually go dig a hole on my farm.

"I don't know where I'll be in 10 years," he said, acknowledging that the uncertainty pervading his profession may lead him down yet another path. "Hopefully I'll be here and hopefully I'll be happy, right?"

No Bones About It
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Diane Slaughter CAE, APR, Executive Director

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