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No Bones About It

What Does Obamacare Have Cooking for WV?

by **Joe Prud'homme, MD**
President, WVOS

Is it bread and butter for all, or is it stone soup?

We need Governor Earl Ray Tomblin to say "yes" to the Medicaid Expansion. If he says "no," about 120,000 West Virginians will miss out on getting Medicaid coverage under the new Affordable Care Act. The majority of these people are the working poor who now have no insurance and receive most of their medical treatment on an emergency basis by going to the ER. These patients often have their credit ruined and sometimes are forced to file bankruptcy because of their medical bills.

This problem affects more than just patients – it directly affects the hospitals, the clinics, the nursing homes and all the doctors and other providers that care for them. Under the current system, hospitals and clinics

that provide care to a great number of Medicaid and uninsured patients receive extra funding from the federal government called disproportionate share funds. Under "Obamacare", the Affordable Care Act, these disproportionate share funds will cease to exist. The loss of this funding is meant to be offset by new expanded Medicaid coverage. The expanded Medicaid coverage will provide funds to a large number of patients that currently present to the Emergency Department with no insurance and no ability to pay.

This expanded Medicaid coverage will initially be paid for 100% by the federal government. That's right, for the first three years under "Obamacare," the federal government will pay 100% of the cost of the expanded Medicaid coverage. Again **Cooking** Continued on page 10

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The View From K2

We need to be
on the ground
floor of coming
changes.

Last fall I attended the Board of Councilors meeting in Philadelphia. It was an excellent meeting as the Academy informed us of the potential pitfalls in our practice of Orthopaedic Surgery. Here is a summary of what I thought was important.

Accountable Care Organizations (Coordinated Care Organizations in Oregon)

Being a small state, I believe that West Virginia could be a pilot program for an insurance company to experiment in delivering "effective healthcare" on a state level. Oregon already has received an exemption. They have set up 17 Coordinated Care Organizations for their state. As of Jan. 1, 106 ACOs have been created. It is extremely important to be proactive and be on the ground floor of any process that may occur in our state. Remember, WE MUST BE AT THE TABLE, NOT ON THE MENU.

Keeping the WVOS active and vital

This is a major concern not only for the AAOS, but also for the independent orthopaedist. We must remain relevant. With the paradigm shift from private practice to hospital employment by many of

us, the WVOS needs to make sure its serves the entire state membership. We all have one common motive: To deliver the best orthopaedic care to our patients. With all the government, insurance, and hospital bureaucracies trying to make medical decisions, we must not lose sight of our primary responsibility-- the patient.

Nation in Motion.org

Informing the public of the type of work we perform and the outcomes that can be achieved is important. By engaging our patients with the benefits of orthopaedic care, it also helps us to effectively engage our elected representatives. This web site (www.nationinmotion.org) by the AAOS gives us the additional information to inform the public of the importance of orthopaedic care.

Apathy

Our greatest enemy in the upcoming siege of quality orthopaedic care is apathy. The insurance companies, government, and hospitals are counting on this to undermine the physicians' role in taking care of patients. One example is the advent of the EHR. In my experience, most if not all the bureaucratic work is being shifted to the

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2013 "Spring Break" Meeting



This is the second annual spring meeting at the Stonewall Jackson Resort. I anticipate blue skies and hope for many attendees. There are tee times for Friday morning, April 26, available along with a reception Friday evening. The meeting will begin Saturday morning at 8 with national orthopedic updates from our AAOS Councilor Greg Krevchenia. This will be followed by our scientific meeting entitled "Upper Extremity Arthroplasty."

Our featured speaker is Thomas W. Wright, MD, professor of Orthopedic Surgery, Division of Hand and Upper Extremity Surgery at the University of Florida in Gainesville. He completed his orthopedic residency at the University of Florida in 1989 and a hand fellowship at the Mayo Clinic in 1990. He has written extensively on shoulder and elbow arthroplasties and will enlighten us regarding the pitfalls of the procedures. His talks will be preceded by Dr. Kelly Bal from WVU discussing his experience with reverse total shoulder arthroplasties and Dr. Luis Bolano from

Scott Orthopedic Center in Huntington discussing his experience with elbow arthroplasties. Dr. Wright will be present in person at the meeting (no Skype this year).

There will be a 45-minute period for members to present interesting cases involving shoulders and elbows or any other interesting case (trauma, upper or lower extremity, tumor, etc). A CD or (preferably) a thumb drive are the best for projecting purposes on a PC.

There will be multiple vendors present to demonstrate their products and we will have a business meeting immediately following lunch. Following the business meeting will be brief research presentations by the Marshall and WVU residents. They will be vying for cash prizes donated by Stryker Orthopedics.

I am certain this will be an enjoyable way to earn CME credit. I look forward to seeing you there!

Jack Steel, MD

**Don't miss the
fun, fellowship
and learning...**

put

April 26-27

on your

calendar now!

By Sanford Emery, MD, MBA

Remember MOC!! You Can Do It!

Don't let the
MOC process
get ahead of
you!

Every ABOS diplomate with a time limited certificate will need to participate in Maintenance of Certification (MOC) in order to maintain their board certification. My best advice: visit the ABOS website (www.abos.org) – today!!

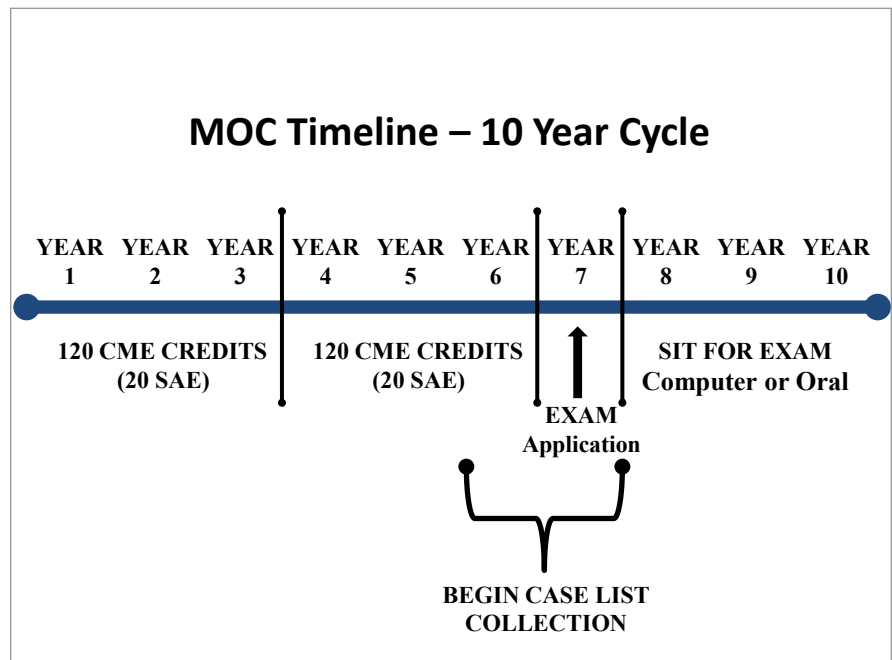
The graphic on this page will help you understand the process.

Here is the written description of the timeline:

120 CME credits with at least 20 self-assessment credits are required in both years 1-3 and years 3-6. A 6-month case list is required for the oral exam

(collected within two years of taking the exam), and a 3-month case list for the written exam (collected in the 6th year). The earliest possible date to apply for the secure examination is three years prior to expiration of certification for time-limited certificate holders, or at any time for lifetime certificate holders. The secure exam is then taken in years 8-10.

For help or questions, do not hesitate to call our MOC point person Brenda Kulp at the ABOS office at 919-929-7103 ext 226 or email at bkulp@abos.org.



Sequestration's Impact on Us

Sequestration—which involves across the board spending cuts to all federal budgets—was originally set to go into effect on December 31st, but Congress stepped in with a two month delay which expired on March 1.

While it is still uncertain how the cuts will affect orthopaedic surgeons and their patients, there are several significant programs that are threatened by sequestration. The most immediate result will be a 2% cut to Medicare reimbursement. This cut is scheduled to take place on April 1, although it is still unclear how the cut will be implemented. It is separate from future cuts that may be imposed by the Sustainable Growth Rate (SGR).

The National Institutes of Health budget will be cut by \$1.6 billion, and the Centers for Disease Control and Prevention is cut by \$323 million, affecting Musculoskeletal research conducted at the National Institutes of Health (NIH) and funding for prevention and public health programs. Other programs that affect research are in jeopardy, including funding for the Peer-Reviewed Orthopaedic Research Program (PRORP), which conducts groundbreaking research in

limb salvage and treatment of wounded military personnel. Also, programs within the Food and Drug Administration, such as medical device approval, may be negatively impacted by a \$206 million cut.

"In order to implement the sequester for Medicare Parts A and B by April, CMS needs to provide 1 to 2 weeks' advance notice to the claims administration contractors to give them enough time to adjust their payment systems," said a CMS spokesperson.

"CMS is prepared to take sequestration into account when they calculate the April monthly payment for Part C and D plans on March 21 and communicate the amount to plans on March 22," the spokesperson said. "The sequester reductions will result in \$11 billion in lost revenues to Medicare doctors, hospitals, and other providers."

The AAOS will continue to voice our concern to both Congress and the Administration regarding the devastation these cuts could cause and we will continue to work hard to find a way to ensure that our patients get the care they deserve.

Have questions? Please contact AAOS Medical Director William Martin, MD, at martin@aaos.org.

**Sequestration
could have
a major
impact on our
patients.**

Burnout Busters Can Help

Good news
or bad news,
you can bust
burnout!

The good news is that your work ethic, talent, reliability and perfectionist tendencies have enabled you to hold on to your job during the worst job market in a generation. The bad news is that your work ethic, talent, reliability and perfectionist tendencies have gotten you into a vicious cycle. Your superiors, peers and subordinates all feel they can count on you 24/7 to get the job done, take on yet another task and deliver it on time, on budget and with flying colors.

Any of this sounding familiar?

"Employees most prone to burnout tend to be the best workers whom everyone relies on to go the extra mile," observed Jessica Hartung, founder of Integrated Work in Boulder, Colo. "Perfectionists are also prime candidates for burnout."

Experts say there are two types of burnout: short-term and long-term. Short-term burnout is a highly stressful time in your life that has a clear, identifiable endpoint. Long-term stress is more daunting because it has no finite end.

Experts say there are four key phases to burnout:

1. Everything is a top priority, you feel trapped and unable to focus 100

percent.

2. Your energy is diminishing and fear, self-doubt and guilt about not keeping up is sapping your energy.
3. "Going through the motions" phase where family, friends and co-workers are starting to notice your stress, too.
4. Joyless phase where denial is one of the key indicators and is what prevents you from taking action.

Chip Tatum, CEO of the Apartment Association of Greater Orlando (AAGO), is evaluating many of his organization's processes, including employee retention and turnover risk. "We're fortunate to have many high-performing long-term employees, but several are nearing retirement age. They're carrying a huge amount of responsibility, and definitely, there's a very high potential for burnout when their successors come on board."

There are strategies to prevent you from feeling overwhelmed.

1. Narrow your focus and don't spread yourself too thin.
2. Multitask and take every opportunity you can to kill two birds with one stone,

Burnout Continued on page 9

AAOS Collecting Patient Stories

Thanks to your on-going support and inspiring patient stories, the Academy's public awareness campaign "A Nation in Motion" continues to be a tremendous success, reaching more than 27 million people.

Introducing Surgeon Stories, Ortho-pinions!

As we continue to tell the stories of patient successes, it is now time for you to share your stories to illustrate the caring, compassionate, dedicated and interesting people who are behind those scrubs. It is also an opportunity for you to address frequently asked questions. Here is how you can get involved:

1. Share Orthopaedic Surgeon Stories

Help us to create a vivid portrait of orthopaedics and include your practice information. Submit answers to questions like "Why did you become an orthopaedic surgeon?" "What do you do in your free time?"

2. Share Ortho-pinions

Be a surgeon columnist! Ortho-pinions, the Academy's orthopaedic surgeon-authored column, consists of 400-1,000 word essays about various aspects of orthopaedic practice aimed at patient/public audience. Columns narrate common bone and joint scenarios.

Submissions should have a light and friendly tone geared towards a curious patient or neighbor. Columnists should choose a topic that comes up in practice, life or medicine that reiterates the well-roundedness and the different specialties which make up orthopaedics. We want to illustrate the many-dimensions of the people, like you, who make up this specialty.

3. Share Patient Stories

Invite patients whose stories embody "A Nation in Motion" to submit their stories on the campaign website, anationinmotion.org. Or, ask them for permission to use their stories and then submit them on their behalf.

In an era of healthcare change, it is now more important than ever for orthopaedic surgeons to stand out to policymakers and the public as the specialists who provide value. Your stories and Ortho-pinions will be launched at the 2013 Annual Meeting in Chicago.

To participate, visit www.anationinmotion.org.

For questions or comments, contact Sandra Gordon, Public Relations Director at gordon@aaos.org.

Share your
story and
your patients'
stories with
the nation.

Did You Know This About AAOS?

AAOS offers many services for residents and members.

Insurance Products

Protect your and your family's future! Your AAOS Membership gives you access to high quality insurance products -- at affordable and discounted group rates.

- 10-Year Term Life Insurance benefits include: coverage up to \$1,000,000 for AAOS Members and \$500,000 for spouses or Domestic Partner; an accelerated death benefit; and portable coverage – coverage you can keep, even if you change employers; and more!
- Individual Disability Income Insurance benefits include: up to \$15,000/month based on your income; and Own Occupation Policy – that protects you if you are unable to work in your occupation(s), even if you elect to work in another occupation.
- Long Term Care Insurance benefits include: special discounted rates for AAOS Members; plans available to spouses/domestic partners and children, as well as adult children and parents.

Three convenient ways to get complete details and

informative downloads:

- Visit www.aosinsurance.com;
- Speak with an AAOS Member Insurance Program Representative directly at 866.679.0888, OR
- Email aaos@aosinsurance.com to ask questions.

ResStudy

Gain access to upcoming 2013 exams in addition to 7 other AAOS Special Interest Self-Assessment Examinations—over 1,000 questions—with ResStudy, an online program promoting research and reading through a testing format. Each examination question includes a discussion of the preferred response and distractors; a direct hyperlink to the Pub Med abstract, a printable copy, and possible video clips. Access ResStudy at any time, as many times as you wish during the annual license period!

Urge your residency program to order this important new study tool for only \$96 per resident. Order today and lock-in this annual fee for 3 years. Simply call AAOS Customer Service toll-free at 1-800-626-6726.

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physician. This shifts doctors away from taking care of patients to taking care of charts. It is paramount for us to be engaged at all levels. Remember the only **NONRENEWABLE RESOURCE IS OUR TIME.**

Camaraderie

To overcome the problems of apathy, ACO's, and treating patients, we need to come together and work to place the patient first. To achieve

camaraderie I implore you to attend state and national conferences, such as the AAOS meeting the third week in March or the AOA meeting in October, and the WVOS meeting at the end of April. It will take time but remember, "united we stand, divided we fall."

"Winning is overrated. The only time it is really important is in surgery and war."

—Al McGuire

Burnout Continued from page 6

even if the end result is not 100 percent perfect.

3. Outsource, ask for and get help ASAP. Delegate wherever possible and tap into volunteers, co-workers, interns and your professional network for help.
4. Focus on what's important. You can't do everything well all the time. Narrow your focus on what absolutely must get done today.

Some folks meditate or do yoga to cope with stress. Some run or take long walks. Others hit the heavy bag or go a few rounds in the batting cage. Whatever it is, recognize the earliest signs of burnout and understand

the coping mechanism that works best for you. Experts say stress management is a "personal journey" that neither your human resource department nor your trusted co-workers can really help you with.

Whatever your work setting, experts recommend taking lots of short mental health breaks throughout the day—and not feeling guilty about doing so. It's essential to "re-energize and recharge" regularly. The biggest issue is recognizing the problem early on, and how you respond to stress is different for every person.

Congratulations for reading this far; now turn off the computer and go play!

**The only
nonrenewable
resource is our
time.**

**There are
strategies to
avoid burnout.**

**Tell Gov.
Tomblin that
Medicaid
expansion
seems like a
no-brainer.**

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this would provide coverage for approximately 120,000 West Virginians. It seems like a no brainer.

So why might the governor say "no"? Supposedly there is concern that we may have difficulty finding the funds to pay for the state's contribution for this expanded coverage beginning in year four. How much is that? West Virginia will be expected to come up with 10% of the cost for this expanded Medicaid coverage beginning in year four. The federal government will continue to pay 90% of the cost ongoing. It still sounds like a no brainer to me.

What's the other objection? The other objection is that we may offer these people Medicaid coverage creating an expectation that we someday might not be able to fulfill. The federal government might then say they cannot afford it and change the rules. Well, that might happen. If it does and they change the rules, we may have to disappoint some people and change our rules, too. At that point West Virginia still has the ability to opt out and drop the expanded Medicaid coverage. Of course that would cause disappointment and anger.

Still, it seems like a no brainer to me that coverage for 120,000 people for three years for free is worth the risk. If we say no, we lose a lot of money. The patients will not be helped. The hospitals, clinics and nursing homes that depend on the disproportionate share funds will have severe budgetary difficulties. It seems in this case that we better take the bird in hand. There are not two more in the bush. We would be able to enjoy the benefits for three years and help a lot of people, and it would cost us nothing.

Saying no to the Medicaid expansion will cost approximately 120,000 people to lose their chance for medical coverage. It will also cost some health care workers their jobs. It may threaten the ability of some hospitals and rural health clinics to survive. Therefore I urge you to write, call or personally ask Governor Earl Ray Tomblin to say "yes" to the Medicaid Expansion program.

Sincerely,



Joe Prudhomme, MD