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No Bones About it Ignorance Is the Enemy

by **David E. Ede, MD**
President, WVOS

This will be my last column as President of the West Virginia Orthopaedic Society. As I look back on the past two years and try to come up with some grand insight or understanding of everything I have done, read and experienced, I can only come up with one conclusion. Just one absolute. And that is, "Ignorance is the Enemy." Most of my previous addresses can be summed up to say that PARTICIPATION in the legislative, academic and professional arenas is the most paramount way to shape the future. Your future! Although I still believe this, you just cannot begin to effect change unless you know what's important. Just as understanding the tides is critically important to the fisherman to do his job and secure his future, so is knowing the trends and nuances critically important for you and your future. But the truth is that knowing what is happening AND participating is

the only way to be a powerful force for change. And dare I say preserve those things that are important: quality healthcare and access to it. We as physicians know what is best for our patients' healthcare. The legislators in Charleston and Washington, DC, do not know or understand the complex relationships it takes to practice medicine and do it well. These are the people who will be deciding what rules (insert "laws" here) to support.

For example, did you know that there is a movement in Washington to pull X-Ray equipment out of doctor's offices and limit them to institutions where a licensed radiologist can read them? Can you imagine the impact this single act would have and the difficulties this would impose upon our patients and our practices? I mention this example because I believe that unless you keep yourself informed or plugged into the political system, you would **Ignorance** Continued on page 6

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By Greg Krivchenia, MD

The View From K2...SGR (again)

**"Politics is the art of looking for trouble, finding it whether it exists or not, diagnosing it incorrectly, and applying the wrong remedy."
- Sir Ernest Benn**

SGR, here we go again and again and.....

This is the letter sent to our West Virginia Congressional Delegation in regards to the 'virtual fly-in' to ask Congress to pass legislation repealing the Medicare Sustainable Growth Rate (SGR) before the March 31 expiration.

"I am writing to you as one of your constituents and a healthcare professional to ask for a permanent repeal of the Medicare Sustainable Growth Rate (SGR). The 21 percent cut to physician payments expected in April 2015 is untenable and must not be allowed to take effect. Having practiced in the Mid-Ohio Valley for over 30 years, this threatened decrease in reimbursement would jeopardize the care of many of your constituents.

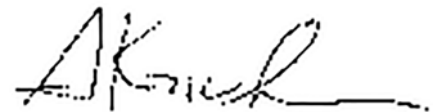
"Medicare reimbursements are already failing to keep pace with the consumer price index. According to the American Academy of Orthopaedic Surgeons, reimbursements for some orthopaedic procedures dropped 30 percent between 1992 and 2010. When adjusted for inflation, this equates to a 62 percent reduction over this 18-year period. The sustainable growth rate, if not permanently fixed, threatens to cut Medicare reimbursements even more.

"A permanent fix to the SGR is the most fiscally responsible option before Congress. Continuation of this failed policy can only serve to hurt some of the most vulnerable

of our population – the elderly – as even more physicians opt out of the program as it becomes increasingly financially unfeasible. The specter of further cuts also adds tremendous uncertainty in business planning within the healthcare community, resulting in delays in needed practice upgrades, capital purchases and the hiring of additional staff. Temporary patches over the past 12 years have cost the Treasury \$160 billion. That is \$16 billion more than a full repeal would cost over ten years.

"The time for action on repeal must be now. I ask that you stand with your constituents in the medical community and support a full repeal of the SGR."

Sincerely,



Greg Krivchenia II, MD
AAOS Board of Councilors



Photo courtesy of
Any NcCallister Ethel.

Marshall University Research Update

Research and scholarly activity are foundational principles at Marshall Orthopaedics with several exciting developments including the successful recruitment of new faculty and expansion of our service line. "We are very proud of our continual development of our research mission that emphasizes evidence based medicine protocols with current NIH funded research and FDA approved clinical trials setting the standard of care for years to come. We are very proud of our team and would like to congratulate Dr. Shuler who received the 2014 Dean's Award for Excellence in Clinical Research which emphasizes our commitment to distinction in this competitive arena" stated Dr. Oliashirazi, Professor and Chairman.

Several of our expert surgeons including Drs. Salava, Cheung, Day, Shuler, Garabekyan and Oliashirazi have worked in conjunction with our research team (Research Fellow Dr. Zain N. Qazi and Research Nurse Linda Morgan, RN) to continue to expand our involvement in the realm of clinical research. "Linda and Zain have done a fantastic job in growing our collaborative research efforts. They have allowed us to recruit more clinical trials and submit more competitive grant applications like HEALTH and IlluminOss," stated Franklin Shuler MD, PhD, Professor and

Vice Chairman for Orthopaedic Research.

Linda has been working tirelessly to help with enrollment and data collection on several research trials for both Orthopaedics and Neurology (Dr. Paul Ferguson, collaborator in Neurology). The Marshall University Research Center has worked with our department on a variety of projects, including several clinical trials. With the help of our Senior Fracture Program Coordinator (Becky Edwards, RN), we are currently #1 in the nation for the rate of patient enrollment in the HEALTH clinical trial – multinational, randomized clinical trial comparing total vs. hemi arthroplasty surgeries for femoral neck fractures.

Drs. Felix Cheung and Shuler have agreed to be the Principal Investigators in the upcoming IlluminOss clinical trial. Dr. Cheung has just completed training with the goal to become the first surgeon in the United States to use this proprietary photodynamic bone stabilization system to percutaneously stabilize pathological fractures of the humerus. The IlluminOss implant is a minimally invasive, patient conforming polymer implant for fracture repair and stabilization. "We are excited to continually expand our portfolio of cutting edge Orthopaedic technology

Marshall Continued on page -

**Marshall
University
continues to
expand its
involvement
in the realm
of clinical
research.**

Donating to OREF Can Be Fun

**Play poker and
donate to the
Orthopedic
Research and
Education
Foundation
at the Spring
Break Meeting!**

I have the dubious, but important, responsibility of soliciting financial support for the Orthopedic Research and Education Foundation (OREF). This is the Academy's Foundation that provides support for important advances in our specialty.

This year, in addition to the traditional donation envelopes, we're giving you an opportunity to contribute to OREF and have a great evening of fun doing it!

The brainchild of President David Ede and Vice President Brett Whitfield, we are hosting a charity Texas Hold 'em tournament at the Spring Break Meeting. For a mere \$50, you can have a evening of fun, knowing your money is going to the OREF.

You don't have to be a great player. You don't even have to know how to play! You just need to be ready to have fun and contribute to a worthy cause.

The opportunity to register for the game is available when you registered for the meeting, either online or on paper. If you forgot to register, but still want to play, don't worry. We'll let you register once you get to Stonewall!

While we won't be playing for money, there will be prizes available for the lucky and the not so lucky! Everyone is a winner when you support OREF and play in our tournament.



West Virginia has primarily been represented over the years by no more than three regular donors. Let's change that this year! Donations are tax deductible and donors are recognized in annual OREF reports and at the Academy Meeting.

If you, like me, appreciate the opportunities our profession has provided us over the years, I would encourage you to join the tournament. In addition, I will have donation envelopes at the registration table, or you can access OREF via the AAOS website.

The money goes for both research and education with a minimal amount used for administrative purposes.

I appreciate your consideration of this worthy cause. I do practice what I preach.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Steel".

Jack Steel, MD

(MOC): Value for Our Profession

Value in the patient care industry has become increasingly important for patients, health care entities, and physicians. As Orthopaedic surgeons we expect value as well in our professional requirements of lifelong learning. Recently the American Board of Internal Medicine (ABIM) pulled back some of their newly instituted requirements for MOC, apologizing to internal medicine diplomates that they “got it wrong” (<http://www.abim.org>). This change was in response to a groundswell of complaints regarding the ABIM’s yearly requirements, reporting, unpopular high stakes tests and new fees that comprised the ABIM’s MOC process. Practice Assessment, Patient Voice and Patient Safety requirements have been removed as part of the ABIM’s MOC requirements.

The concept and acceptance by the healthcare community has made recertification in some form mandatory and the ABOS is proud of the MOC requirements that we have developed. Here is what the ABOS currently requires for MOC in a 10-year cycle, which is virtually unchanged since its inception in 2010. It should be noted that these MOC requirements were developed in a manner that recognized what the majority of current practicing Orthopaedic surgeons were already doing in the maintenance of their

knowledge, skills and abilities:

1. First six years: 120 CME credits which includes 20 credits for self-assessment, apportioned into two three year blocks.
2. Next four years: an application which includes the names of individuals who will serve as professional peer review.
3. An oral or written exam, with a supporting case list for those in active practice.
4. A fee for the application and the exam (NOTE: The ABOS does not require annual fees during the ten year recertification cycle).
5. The ABOS posts on our website the current certification and whether a Diplomate (i.e. Board Certified Orthopaedic surgeon) is participating in MOC or not, and will verify this status to those organizations with a need to know and to the public.

Every specialty board has created their own requirements for MOC in order to try and meet the unique practice requirements of their field of practice. As Orthopaedic surgeons, the ABOS has crafted a MOC process that is substantially different from those required by the ABIM of internal medicine physicians. We have had a purposeful expansion of options in recent years to ensure the process is valid and efficient for our

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MOC Resources

- www.aaos.org
- <http://stream.wsj.com/story/latest-headlines/SS-2-63399/SS-2-430908/>

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“To effect change, a movement has to be enough force to produce a new direction.”

never know this. You would be ignorant of a very important change in the practice of medicine and a change in your professional life. It is the American way (political system) that decides how a government of the people, by the people and for the people serves its people. Don't be ignorant. Learn the things that are important. Apply the same amount of zeal to learning these things as you did to learning your craft. For unless you protect it, others will seek to change it in their favor.

Attorneys know this all too well. That's why 95% of attorneys contribute to their political action committees, while less than 20% of physicians do. I remember cutting my first check to the Ortho-PAC. I had to hold my nose while I was writing and signing. It was painful. But after I mailed it, I felt a great sense of accomplishment and wellbeing. And now it doesn't hurt like it used to and I still get that same great feeling. Without knowing WHY I was spending my hard-earned dollars to support my PAC,

writing that check would still be just as painful.

It has been an honor and a privilege to serve you as your WVOS President for the past two years. I have benefited more from being your "commander in chief" than the countless hours I have put into it, mostly because it opened my eyes about things which I had no clue. Sure, I had heard some things about SGR and IAPB and the like. But I did not fully understand them and their significance. I was definitely not one who made it his mission to be involved. Now I am plugged in and switched on.

I leave this office in the very caring hands of Dr Brett Whitfield. I am excited knowing he will benefit as I have from running this office. I know he will do a great job.

Knowledge really is power and ignorance is your enemy! Now go get it and participate.

Sincerely,



David E. Ede, M.D.

Marshall **Continued from page 3**

with Marshall Orthopaedics as the first clinical site for this FDA approved clinical trial”, stated Dr. Shuler. To refer a patient for this study (pathological or impending pathological humeral fracture, please contact Linda Morgan, RN @ 304-691-1213 or Dr. Felix Cheung 304-691-1262.

Dr. James B. Day MD, PhD has worked diligently to establish a biomechanics lab that will provide us with the facilities to expand our translational research efforts. He has also coordinated with our basic science researchers (Dr. Pierre Claudio and Dr. Walter Neto) in the Marshall University Research Center to explore innovative and cost effective stem cell differentiation methods.

Another exciting research development has been the expansion of our clinical and research footprints to the surrounding Marshall Health Community. Dr. Marlene DeMaio has been instrumental in obtaining a commitment from the VA for an Orthopaedic Resident Research Rotation with her energy contagious for expanding our research and collaborative missions centered at the VA. Drs. Mehta, Kroll and Karim from the new Marshall University School of Physical Therapy have been working with our Hand Specialists (Dr. Steven Novotny and Dr. Alan Koester) on a project looking to optimize outcomes following distal

radius fractures and to track outcomes following total joint arthroplasty. Our collaboration with the Anatomy Department and Dr. Maria Serrat is strong with a recent ORS Podium and accepted publication on “Unilateral Heat Accelerates Bone Elongation and Lengthens Extremities of Growing Mice” done in collaboration with Dr. Shuler.

Marshall Orthopaedics will now have a comprehensive Bone Health Clinic that incorporates a new DEXA scanner with Body Composition capabilities to optimize our patients’ outcomes with staffing provided by Dr. Shuler and the Endocrinology section. “This is a critical development for our region because the surrounding four counties do not have a free standing DEXA and bone health issues plague our state and surrounding areas,” stated Dr. Shuler. We will use this resource and center to help with the recruitment of additional clinical trials to address the major health issues of our state including osteoporosis, arthritis, diabetes and obesity.

This update has just scratched the surface of our 25 active IRB projects that highlights our vertically integrated and translational approach to expansion of Orthopaedic Research at Marshall University. Just call us at (research) 304-691-1213 or (patient referral) 304-691-1262.

**This has just
scratched the
surface of
Marshall’s
25 active
IRB projects.**

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MOC

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Diplomates, while conscientious to not overburden Orthopaedic surgeons who are busy, committed practitioners. There is no question the effort to remain certified is work. But does MOC have value?

Let's consider now the bigger picture. One goal of a Maintenance of Certification program is to ensure continuous learning as a professional. (Great Britain calls their process "Continuous Professional Development or CPD – perhaps a better term.) A second goal is to promote practice improvement, i.e. not staying as good or as bad as we are, but getting better as physicians and surgeons. As a patient, I expect these two efforts from my physicians and surgeons. This is the value of MOC, CPD, or whatever you choose to label the effort.

Today there is value recognized in MOC according to many important stakeholders-hospitals, credentialing organizations, licensing boards, private payers and the CMS.

The ABOS will continuously look for ways to improve MOC, decrease the workload on our Diplomates, and re-examine the purpose for the public and the healthcare community. As Orthopaedic surgeons our continuous professional development should be robust, relevant, reasonably priced and patient focused. As a profession held in high esteem by the public, Orthopedics has the ability and responsibility to regulate ourselves. Maintenance of Certification should and will evolve as we collectively aim for excellence and improvement as professionals.

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