West Virginia Orthopaedic Society

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No Bones About it

Salute to the Unsung Heroes!

by Brett Whitfield, MD
President, WVOS

With the Fourth of July holiday upon us, I would like to recognize a very important group of orthopaedic surgeons in our state. This group is faced with the daunting task of being the last line of treatment for some of the most challenging orthopaedic problems and patients. I am speaking of the many academic orthopaedic surgeons at our university hospitals. The groups of surgeons operating out of the tertiary care hospitals at Marshall and West Virginia Universities are challenged with providing many different types of education to many different people. They wear many hats including clinician, researcher, teacher and mentor, just to name a few.

As clinicians in a university setting, our colleagues are often faced with the difficult task of treating patients that are more difficult to treat, i.e. the proverbial "train wrecks." These patients may be more difficult for many reasons such as medical co-morbities, severe trauma, failed previous surgeries or a culmination of these problems. Many of these patients are sent to the tertiary care centers for the reason that the community doctors or community hospitals lack the resources to effectively treat these difficult patients. Whatever the reason for the transfer, our colleagues at the university hospitals bear the duty of treating these challenging patients. They provide a valuable resource for the community surgeons, and for this they should always have our gratitude.

When not in the clinics or operating room, many of the university physicians participate in innovative orthopeadic research. We all know how time consuming a busy clinic and operative schedule can be and, therefore, it seems daunting to add research

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In This Issue:

By Amy Johns, WVU University News

Sandy Emery Heading AOA in 2017

One of our own now heading the AOA... please congratulate Sandy Emery!

Sanford Emery, M.D., M.B.A., WVU Medicine orthopaedic surgeon, chair of the West Virginia University School of Medicine Department of Orthopaedics, and interim chair of the Department of Surgery, was installed as the 129th president of the American Orthopaedic Association (AOA) at the organization's Annual Meeting June 22-25 in Seattle.

Founded in 1887, the AOA is the oldest orthopaedic association in the world. Members are elected to the AOA based on their leadership qualifications and significant contributions to education, research and the practice of orthopaedic surgery.

The AOA brings together North American orthopaedic leaders from all orthopaedic subspecialties to address critical issues facing orthopaedics and changes to academic orthopaedic residency/fellowship training programs. The AOA also equips orthopaedic surgeons across all career stages with knowledge and skills necessary to lead effectively in the ever-changing landscape of the healthcare environment.

During his one-year term, Emery will oversee the activities for the next year and set the agenda for any new programs or initiatives. Current programs include travelling fellowships for young orthopaedic surgeons, a metabolic bone registry called Own the Bone and leadership training.

Originally from Albany, New York, Emery completed his undergraduate education at Dartmouth College. He received his medical degree from the Duke University School of Medicine before returning to New York to complete his orthopaedic surgery residency at Strong Memorial Hospital in Rochester.

Emery completed a spine fellowship at Case Western Reserve University in Cleveland and became a faculty member there. While at Case Western, he also received his Master of Business Administration (M.B.A.) degree. In 2003, he joined the faculty of WVU as professor and chair of the Department of Orthopaedics and is an ex-officio member of the West Virginia Orthopaedic Society Board of Directors.

From various news reports; photos by Tammy Stuck or Nick Scott

Flood Relief Efforts Haven't Stopped

We are grateful that all of our members are alive. Nearly all have undamaged homes and businesses. However, there is generally only one degree of separation between someone you know and someone who was hurt by the devastating floods last month...someone's mother, friend, neighbor lost everything.

Our churches, friends, members and strangers are helping, but it will take many months for these individuals and communities to recover.

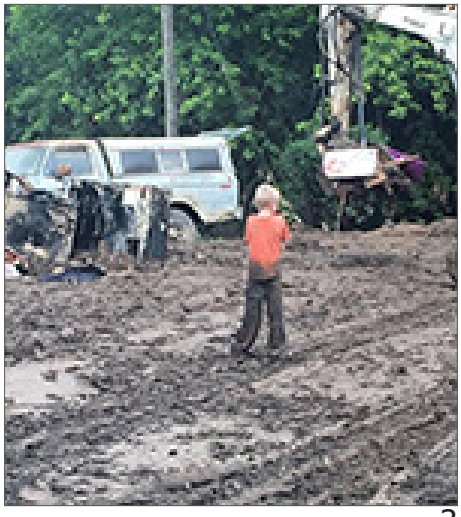
Financially, for some of the local areas hit so hard, you can contribute through national charities such as the American Red Cross, or you can contribute to these local charities;

- "Neighbors Loving Neighbors" program sponsored by The Greenbrier - www.greenbrier.com/neighbors
- Nicholas County Community Foundation - http://nccfwv.com/wordpress/donate-now/

Volunteer your time. We know you don't have much of it to spare, but there are still work crews on the ground in various parts of the state. If you plan to volunteer, you should take with you leather gloves, sturdy thick solid shoes, work clothes (long pants) and a limited number of tools. Please be sure your Tetanus shot is still considered current.

From those with "boots on the ground," we're hearing these are the immediate needs at donation centers:

- Donations of delivered hot meals or even cold sandwiches.
- Paper products: paper plates, cups, utensils, paper towels, toilet tissue, flushable wipes, Kleenex
- Water: bottled drinking water and gallons of water for cleaning
- Non-perishable foods: poptarts, cereal, spam, baby food, peanut butter, crackers...the options are endless
- Toiletries: toothpaste, toothbrushes, deodorant, feminine hygiene products, diapers
- Clothing: new underwear, good clean wearable clothing
- Animals: dog food, cat food, cat litter



Please remember the individuals and communities impacted by the June flood. It will take months for them to recover.

By Meg Edison, MD

AMA Policy Opposes MOC Exams

AMA policy now opposes MOC exams, but the information isn't being shared.

Shhh. I think this is supposed to be a secret, but at the super-elite June AMA House of Delegates meeting in Chicago, where only the mostly highly connected and AMA devoted doctors get to attend, they actually stood up for us. It is now AMA policy that the AMA opposes mandatory ABMS recertification exams.

Crazy, right? News of this random act of fortitude trickled out to us on Twitter by the small handful of delegates who very helpfully tweet updates for those of us on the outside. But other than those little tweets, no word from the AMA on this incredibly good news. This is HUGE, folks! The AMA opposes ABMS recertification exams! It's time for celebration, and press releases and emails asking us to rejoin the AMA. And yet, no word from the AMA.

It's not listed in the "Top 10 Stories from the AMA 2016 Meeting." It's not mentioned in the coverage of the MOC resolutions that passed. By looking at the AMA website and news coverage, the only MOC resolutions that passed were the typical mushy kind.

Whoa, Nelly. And the AMA wonders why they're bleeding membership. Nearly every doctor in the real world is saying "STOP MOC." And the AMA flitters about asking for more studies and playing footsie with the ABMS.

So what about that resolution opposing ABMS testing? Well, if you go to the AMA website and create a secure login and scroll through the hundreds of pages of amended resolutions from the nine reference committees, you'll find…. Resolution 309 presented by Florida, California, Georgia, Pennsylvania, Washington, New York and Virginia hidden in Reference Committee C. The language was strong.

Awesome, right? Well, as soon as the committee got hold of it, they butchered it. Funny how that works. The resolution was dead. Gutted.

But between testimony in Reference Committee C on Sunday, and final voting on Wednesday, the Pennsylvania Medical Society melted the meeting down with a blistering two hour exposé on the abuses of the ABIM and the boards in general. It was standing room only, with Dr. Wesby Fisher and Charles Kroll presenting their financial data, Dr. Bonnie Weiner discussing NBPAS, and Dr. Scott Shapiro announcing the PA Medical Society's vote of "no confidence" in the ABIM and plans to pursue legal action against the boards.

With a much needed boost in morale and the data to support strong action, the full house convened on Wednesday and the delegates soundly rejected the Committee's butchering of the resolution, extracted it to a full vote on

By WVOS Executive Director Diane Slaughter, CAE, APR, Fellow PRSA

Survey Results Highlight Advocacy

The West Virginia Orthopaedic Society (WVOS) conducted a survey of its members in June and the results are in!

With over one-third of our members responding, these results can be used as the basis for our revision of the association's strategic plan during the August 26 membership meeting at The Greenbrier.

Survey results showed that the majority of our respondents have been in practice and members of WVOS for more than a decade, although the lack of response from residents may skew this result. Three-quarters of all respondents are employed in private practice or academic hospitals; only 11 percent are employed in non-academic hospitals.

When asked where they see the most value in WVOS membership (with more than one response allowed):

- 72.22% cited legislative engagement and updates;
- 63.89 % cited sharing of ideas and concerns;
- 61.11% cited "belonging" with colleagues at the community and state level; and
- 41.70% cited professional and education updates.

With regard to the WVOS Spring Break Meeting, half of all respondents indicated the best benefit of participating is the ability to network, including sharing ideas and concerns.

The vast majority of respondents recommended maintaining the current format of focusing on a single theme for a day, although there were a number of recommendations to move the annual business meeting away from Saturday's clinical sessions. For those who don't attend the Spring Break Meeting, the predominant reasons given were clinic commitments and the timing of the meeting.

When asked how they would like to be involved in WVOS, the most popular response among participants was community education by hosting students and visitors for "shadowing." The next most popular options for involvement included:

- Presenting at the Spring Break Meeting;
- Assuming a leadership role in the association; and
- State level efforts in advocacy and political issues.

The efforts mirror what our members are doing in other professional organizations:

- Community education
- Conference presenter
- Leadership role
- Community engagement
- State level advocacy

We will be discussing these results in August, and look forward to your participation! We are seeking ways to survey nonmembers of WVOS to see how we can engage them, as well.

WVOS members see legislative advocacy as providing the most membership value.

By Eric Eyre, Charleston Gazette-Mail

WV Considers Prescriber Rankings

This is an educational program and results won't be made public.

A new way to curb the proliferation of prescription painkillers in West Virginia is in the works: "Prescriber report cards."

The state Board of Pharmacy is developing a system that will rank doctors by specialty based on the number of prescriptions they write for pain medications.

"We're going to categorize prescribers, and then send notifications of how they rank among their peers with their prescribing practices," said Michael Goff, a pharmacy board administrator.

It would be unfair to compare all doctors based on their prescription numbers, Goff said. For instance, an orthopaedic surgeon who fixes broken bones and torn tendons would presumably write many more prescriptions for pain than, say, a pediatrician who cares for children.

"We can come up with a list of who writes the most prescriptions, but that doesn't really mean anything," Goff said. "This is an educational component. It's not for disciplinary reasons."

One drawback: The report cards won't be made public. State law requires such information to be kept confidential. Doctors would only see their own numerical ranking, not a complete list of rankings by specialty. The pharmacy board also hopes to alert doctors about the overall strength of their patients' prescription opioids. The drug-monitoring program would analyze a person's medications and calculate a "morphine milligram equivalent." Doctors would see the score when they examined a patient's prescription history.

"They take all the drugs they're on and equate them to morphine," Goff said. "Doctors will have some idea, with all the drugs they're on, here's the level they're at."

Three states — Maine, Washington and Massachusetts — have laws that set a cap on the daily strength of opioid medications that doctors can prescribe. Such laws exempt cancer patients, people with terminal diseases and those receiving end-of-life care. The U.S. Centers for Disease Control and Prevention recommends that opioids be restricted to 90 morphine milligram equivalents per day. West Virginia lawmakers have not discussed a cap on prescription painkillers.

"It is a very well-conceived plan and could benefit West Virginia," said Delegate Don Perdue, D-Wayne. "However, one needs to be very careful when considering terminal and intractable pain patient requirements."

Goff said the board also is exploring setting up a system that notifies doctors about "high-risk" patients who could

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By WVOS Executive Director Diane Slaughter, CAE, APR, Fellow PRSA

August Meeting Has Busy Schedule

Please join us for meetings of the West Virginia Association of Orthopaedic Executives (WVAOE) and the West Virginia Orthopaedic Society (WVOS) on Friday, August 26, at The Greenbrier.

Both organizations will be focusing on organizational issues. WVAOE will be deciding on revisions to the organization's bylaws, while WVOS will be working on an updated strategic plan. Both associations will be formulating plans for the 2017 Spring Break Meeting on April 14-15, 2017, at Stonewall Resort.

While WVAOE has not yet developed a meeting theme, WVOS will be focusing on "the bleeding edge of orthopaedics" to include topics on tumors, fragility fractures, stem cell use, medical credit cards, subchondroplasty and employed vs private practice physicians. A speaker might be invited, as well, for Friday to discuss physician burnout.

Our August meeting is taking place in conjunction with the West Virginia State Medical Association (WVSMA) Healtcare Summit. This year, in order to reserve a sleeping room in the WVSMA block at the discounted rate, you will have to be a confirmed/paid registrant of the 2016 WVSMA Healthcare Summit. This status will have to be verified with WVSMA before booking your room. The room deadline is July 18!

To make a room reservation, contact The Greenbrier directly at (877) 394-4137. To verify your registration status, please contact WVSMA Director, Operations & Conference Services Karie Sharp at (304) 925-0342 ext. 12.

The WVOS meeting will take place from 9:00 to 11:30 a.m., while the WVAOE meeting will take place from 1:00 to 4:00 p.m. Locations will be announced shortly.

For those attending the Healthcare Summit Program, Friday's activities include a luncheon with the deans from 11:30 to 1:00 p.m., followed by a plenary session on contracting. Afternoon sessions will focus on reducing the impact of cancer in West Virginia, a PEIA update on how the opioid program is working and policy updates and a Medicaid update. Evening activities include a legislative reception and gala inaugural celebration and gala dinner.

There will be a full day of presentations on Saturday, August 27, including an AMA update, presentations by state gubernatorial candidates, a visiting state president's panel and a WV Congressional and Senate Panel.

We urge all members of both the WVAOE and the WVOS to make plans to attend this meeting. This is your opportunity to shape the future of YOUR association.

WVSMA now requires you to register for the Summit to get a room in their block at The Greenbrier.

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to the schedule. The field of orthopeadics depends on research that is generated in the university setting to provide improvements in our treatment of patients. It is clear that without research there would be no clear course to progress. Over the last decade the American Academy of Orthopaedic Surgeons has made it a priority to establish treatment recommendations based on level one scientific data rather than opinion and case report. We have seen changes in preferred treatment paradigms based on this new data. Without the academic studies emerging from the universities, these advancements would not be possible.

Without the academic studies emerging from universities, our profession could not advance.

One of the most important duties undertaken by our university colleagues is that of teacher and mentor. As a community orthopaedist, I am only tasked with the responsibility of keeping myself educated and my surgical skills up to date. It is difficult to imagine adding the responsibility of teaching residents to an already busy operative and clinical schedule. I believe it takes a very dedicated individual to exude the type of patience it would take to teach residents in an operative setting. This is a critical task for, without resident training, there can be no future in medicine. But the job doesn't end with teaching; they also provide mentoring to the residents. There are many facets of orthopaedics that are not addressed in the textbooks and the clinics. Where to practice, what type of practice to join, and negotiating employment terms can be difficult questions to answer without the experience of a mentor. As a mentor, they provide guidance during a challenging time for the residents. Like many of you, I developed strong friendships with many of my mentors in residency and continue to reach out to them even today.

The changing of the medical arena in today's time is asserting greater and greater loads on all physicians and all hospitals. Although this encumbrance is felt by all health care providers, I believe a larger burden will be placed on the university hospitals and tertiary care centers. The reason for this trend is multifactorial. Firstly there seems to be population trend toward increasingly unhealthy lifestyles and obesity. On the surface this would not seem to have an effect but in the near future insurance payers will begin linking payments with complication rates. Therefore, if you are charged with taking care of sicker patients, it would stand to reason that you will have a higher complication rate and re-admission rate. Secondly, there will more non-insured and uninsured patients. The "Obama care"

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which was theorized to reduce the number of uninsured, has only placed a greater burden on the state's Medicaid system and on insurance companies. The insurance companies are passing this burden on to the population in the form of steadily rising premiums and deductibles. People who once were able to afford healthcare are finding themselves unable to afford it now. This situation is especially true in West Virginia as we see more unemployment in the coal industry. Lastly, malpractice litigation fears have caused many surgeons to narrow the scope of their practices in an attempt to decrease "perceived unfavorable outcomes." In the past, orthopaedic surgeons who were on-call for the emergency room would treat the majority of orthopaedic injuries seen in their ER. In today's environment of the "expert witness for hire," physicians are forced to stay within a more narrowed focus of their expertise. All of these factors will lead to more referrals to the university and a greater percentage of patient care occurring at the tertiary care centers. For all of these reasons, it will become increasingly important for the community surgeons to support those in the trenches any way we can.

Sincerely,
Brett Whitfield, MD
President

It's important for community surgeons to support those in academic centers.

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be an overdose risk and secure pain-pill prescriptions from multiple doctors. Tennessee identifies such patients with "red" and "yellow" alerts.

In the coming months, West Virginia doctors will be able to check a patient's prescription history in about 20 additional states. West Virginia physicians already can access patient prescription information from all neighboring states except Pennsylvania.

Goff praised Kroger supermarket pharmacies for setting up a new program that automatically pulls up a customer's prescription history on a computer screen each time a prescription is filled.

"It's a hard stop at the pharmacy level," Goff said. "A lot of times, they may be suspicious, but they don't want to take the time to log into the system. This way, they have to acknowledge they looked at the patient's prescription history."

The pharmacy board also is looking at ways to link its controlled substances database to patient electronic medical records. Doctors now have to exit the electronic health record to log onto the database.

Reach Eric Eyre at ericeyre@wvgazettemail.com, 304-348-4869 or follow @ericeyre on Twitter.

MOC

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the house floor, and restored the strong language of the first resolved. It passed easily.

"RESOLVED,That our American Medical Association call for the immediate end of any mandatory, secured recertifying examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination."

Boom. This is amazing! So why isn't the AMA announcing this from the rooftops? Why is this hiding in hundreds of pages of resolution verbiage, only accessible via secure login?

Because they're hoping you don't know. If you don't know, then they can ignore this policy exists and they won't have to fight their friends at the ABMS on your behalf. But now you do know. You know that your colleagues from Florida, California, Georgia, Pennsylvania, Washington, New York and Virginia wrote a strong resolution and fought it to the end. Now their resolution is policy. Bravo to Texas and Michigan standing strong as well.

Obviously, I'm not good at keeping secrets, and I hope the rest of my physician colleagues spread this secret policy far and wide. While I'm not yet ready to jump on the AMA bandwagon, I am warming to the realization that the AMA is made up of individual doctors. If we fill the AMA with the right physician delegates who will fight for us, we might actually win a few battles.

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