



Volume 6 • Issue 3 • Fall 2016

No Bones About it

Patient Responsibility: Making it “Standard of Care”

by **Brett Whitfield, MD**
President, WVOS

It seems to be an ever-increasing trend that healthcare providers are not only tasked with making the diagnosis and developing treatment plans, but now micromanaging our patients’ lives to insure that they follow through with these plans. Don’t get me wrong, I do believe that physicians have a certain responsibility to provide support to patients during the medical treatment process as it can be confusing. However, it is also my belief that physicians and patients form a team. Teams are only successful when all team members provide effort toward the common goal.

The legal system has put forth a different impression of our role as physicians. They have put forth in legal precedent that we bear the overwhelming majority of responsibility when it comes to patient care. For example, a surgeon schedules an MRI of the knee on a patient, plus a follow-up appointment to

review the MRI results. The patient fails to show up for the follow-up appointment. Sometime later the patient develops a pathologic fracture in that knee due to a lesion that was present on that MRI. The physician can be deemed liable since he/she ordered the test, even though the patient failed to return to review the results. The main question becomes, “Where did **reasonable** patient responsibility go?” As my NP can attest, I am often reminding my patients that I will be their medical problem investigator, treatment plan supporter and medical information help line, but I am not their parent or legal guardian.

So how can we as physicians help to right the balance of responsibility? I don’t pretend to have all the answers, but I can put forth some of the ways I am trying to balance this in my practice. I encourage patients to care about their own medical health **Responsible** Cont. on page 10

In This Issue:

- **President’s notes: Salute to heroes**
- **MOC 2017 exam changes**
- **View from K2**
- **Marshall Orthopaedics growing**
- **WVOS advocacy going online**
- **Plans underway for 2017 meeting**
- **Avoid 4% Medicare reduction**

MOC Dropping 80 General Questions

**MOC exam
dropping
80 general
questions
beginning in
2017!**

All subspecialty certification examinations for Maintenance of Certification (MOC) will eliminate the 80 General Questions, so only subspecialty specific questions will make up the tests. Yes, it's true! For 2017 this applies to already existing exams in Adult Reconstruction, Hand, Sports and Spine. ABOS is constructing subspecialty examinations in Trauma, Foot/Ankle and Peds that will consist of only specialty specific questions as well, which are to be ready by 2018. This idea has been discussed for years, but the prevailing thought for the board used to be that we were re-certifying in

Orthopaedic Surgery, so some well-rounded knowledge of Orthopaedics should be tested. This is painful for you and me as diplomates who want to be tested on what we all do in our practice, and the evolution of thought on the board that the time has definitely arrived for this change.

Below is a chart from the ABOS office outlining the specifics of the previous and current state of the examinations. Also of note is that Dr. David Martin was chosen to serve as the new Executive Director of the ABOS. Please visit the [ABOS](#) web page for more information and updates.

Exam	Current Format / Item Breakdown	New Format / Item Breakdown	First Year New Format Item Breakdown
General Recertification	200 General Items	150 General Items	2017
Spine - Practice Profiled	80 General Items and 120 Spine Items	150 Spine Items	2017
Adult Recon - Practice Profiled	80 General Items and 120 Adult Recon Items	150 Adult Recon Items	2017
Trauma - Practice Profiled	N/A	150 Trauma Items	2018
Pediatric - Practice Profiled	N/A	150 Pediatric Items	2018
Foot/Ankle - Practice Profiled	N/A	150 Foot/Ankle Items	2018
Combined Sports	80 General Items and 120 Sports Items	175 Sports Items (Starting in 2017, any diplomate with a sports-based practice can take this exam)	2017
Combined Hand	80 General Items and 175 Hand Items	175 Hand Items (Starting in 2017, any diplomate with a hand-based practice can take this exam)	2017
Initial Sports Subspecialty	192 Sports Items	175 Sports Items	2017
Initial Hand Subspecialty	175 Hand Items	175 Hand Items	2017

The View From K2

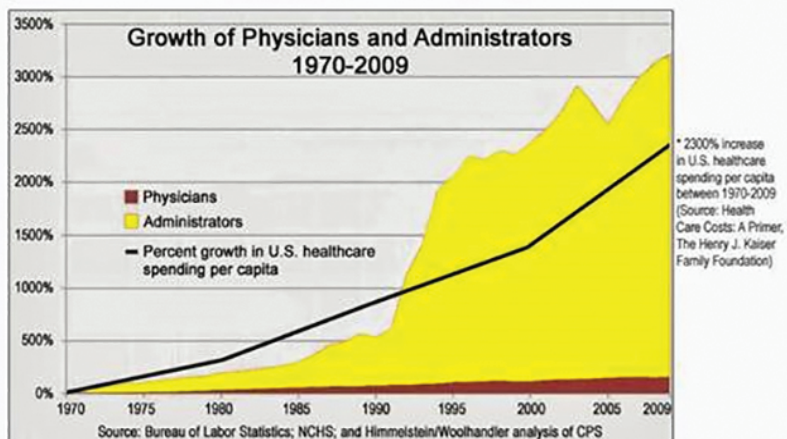
Taking care of patients today is extremely difficult, inefficient and not as enjoyable as it has been in the past. Instead of face-to-face time with people in need, we are now being enslaved to the computer for data input. In hospitals all across this nation, we see nurses spending much of their shift documenting on the computer instead of using their patient care skills. All in the name of "saving" money. Physicians will be next as many of us will be replaced by physician extenders. This is also happening currently with physical therapists and pharmacists.

I began the practice of medicine over thirty years ago. The main hospital where I worked had only three administrators. Today there are about 50 "chiefs" telling healthcare professionals how to take care of patients. Administrators are cost centers and a black hole for the cost of healthcare. According to

the graph on this page, since 1970 the number of physicians has stayed fairly constant, however, administrators have exponentially increased.

To the best of my knowledge, there is no CPT code that reimburses administrators for their "work." This same group of humanity is also heavily involved in the regulatory aspect of healthcare in government. Being on the AJRR Board of Directors, I see firsthand how "important" decisions are being made. Little, if any, decisions are made by the personnel who are in direct contact with the patients. Regulations are being made without any science behind them, causing an unnecessary burden to healthcare providers. The AAOS is working hard to get us more involved. Weekly, there are posted positions through the AAOS looking for physician volunteers to try to make a difference. In dealing with non-healthcare personnel
K2 View Continued on page 7

The distinction between past, present and future is only a stubbornly persistent illusion.
- Albert Einstein



"It is amazing that people who think we cannot afford to pay for doctors, hospitals, and medication, somehow think that we can afford to pay for doctors, hospitals, medication, and a government bureaucracy to administer it." -Thomas Sowell

Marshall Orthopaedics Growing

Marshall
Orthopaedics
seeing
unprecedented
growth.

Marshall Orthopaedics continues to be healthy and on a great trajectory. The department has had unprecedented growth, both geographically and financially.

Clinical Mission:

The department's clinical arm has continued to grow at a rapid pace in virtually all measures of clinical productivity (e.g. charges, wRVUs, patient revenue, etc.). Marshall Orthopaedics currently heads the orthopaedic departments of eight different institutions in OH, KY, and WV, including King's Daughters Medical Center and Holzer. Dr. Felix Cheung, Vice Chair of Operations, was recently named the Chief of Orthopaedic Surgery at KDMC.

This year, the department's Joint Replacement/Adult Reconstruction Division at Cabell Huntington Hospital received HealthGrade's Overall Excellence Award in Joint Replacement Surgery and once again was recognized to be:

- One of America's 100 Best Hospitals for Hip and Knee Replacement Surgery
- The # 1 hospital in WV AND KY for Hip and Knee Replacement Surgery
- The # 1 hospital in Tri-State for Hip and Knee Replacement Surgery
- Top 5% of country in Joint Replacement (highest rating)

With the addition of Dr. Jonathon Salava, this Division

has continued its path toward super-subspecialization, with Dr. Salava focused upon hip arthroplasties and Dr. Oli focused upon knee arthroplasties.

After years of planning, the Marshall Sports Medicine Institute opened during the early portion of FY 2016. This project serves as a unique partnership among four entities – Marshall Health, Cabell Huntington Hospital, the Joan C. Edwards School of Medicine and Marshall University Athletics. Clinical volume has been extraordinary, with demand for Marshall Health's sports medicine providers already outweighing the current throughput capability of the office; plans to convert unused space into additional exam rooms are currently moving forward. With the unique interdisciplinary collaboration fostered within the building (including orthopaedics, pediatrics, family medicine, neurology, therapy, nutrition, etc.) the standard of care provided to patients and Marshall University's student-athletes has been significantly elevated.

Educational Mission:

To date, five classes have completed their residency training and all have found great success after completion. The graduating residents have gone on to well-respected fellowships that are often their

MU News Continued on page 8

WVOS Advocacy Going Online

A 2016 membership survey showed WVOS see legislative advocacy as providing the most value to your membership. We listened! Thanks to a grant from the American Academy of Orthopaedic Surgeons, we will be adding "VoterVoice" to our web site in time for the 2017 legislative session.

VoterVoice helps make your participation in the legislative process EASY and EFFECTIVE! Connecting with your elected officials plays an important role in building relationships between decision makers and your practice and your patients, helping us to stay relevant and in the forefront of an elected official's mind and showing our power in numbers.

Our new LEGISLATIVE ACTION CENTER will house important calls to action when your voice is needed to express your support or opposition to laws affecting your practice and your patients.

The action alerts will give you a snapshot of our issue, and in ONE CLICK connect you to a sample letter or talking points to help you craft a more personalized story. Not sure to whom you should write? No problem! The tools will automatically match you to the legislators who serve you. Research shows that constituent perspectives and stories can alert a legislator of our issue and influence how the legislator feels, acts and VOTES!

Be sure to relay your important perspective or story while making your argument or plea. Elected officials get thousands of messages each week; adding your personal story will make your message stand out.

Or, if time is tight, use the provided pre-written message to weigh in on the issue. Numbers matter, too!

The tools are mobile-optimized for your convenience, and there's even a companion MOBILE APP to keep the tools in your pocket and accessible.

Sometime our issues will benefit from a higher volume of voices. In those cases, we hope you'll share the alert with your family, patients, friends and colleagues who have similar concerns. Built-in sharing tools let you share via email, or popular social media sites in seconds.

If you are a social media user, tools are offered to allow you to reach out to elected officials using Facebook, Twitter or by phone. Options will be shown to you on the 'compose your message' page. It is good that our voice be delivered in stereo, via multiple channels.

Reports of the messages sent let us know which legislators are being reached and which need to hear from us in other ways.

We hope this new tool will allow you to become more involved on our issues, using the power at your fingertips.

WVOS advocacy efforts will be revolutionized in time for the 2017 legislative session!

Plans Underway for 2017 Meeting

Mark your
calendar
for 2017's
"bleeding
edge of
orthopaedics."

Our program coordinators from Huntington, Felix Cheung, MD and Adam Dann, DO, are preparing a great schedule for our upcoming meeting at Stonewall Jackson Resort in 2017. The 2017 Spring Break Meeting for both WVAOE and WVOS will take place April 21-22.

While plans are not yet finalized, the WVOS meeting theme will be the "Bleeding Edge of Orthopaedics," and will focus on new and not necessarily proven techniques in a point/counterpoint format. There will be head-to-head ten-minute talks followed by a ten-minute discussion with a provocative moderator for each session. There will be interesting discussion and perhaps a few fireworks.

Speakers are being contacted now and we hope to have the complete schedule available by January 15, 2017.

You will see some familiar activities throughout the weekend, including golf on Friday, a group trip on the excursion boat to tour the lake and evening of fun with a Texas Hold 'em Tournament to benefit the Orthopaedic Research and Education Foundation (OREF).

We did hear your survey responses and will be changing other parts of the weekend to better meet your needs.

We will also have the annual MU/WVU Resident Research presentations with audience-

selected awards for best research.

We will have a large group of industry representatives present for us to peruse their latest advancements. All in all, this meeting should be our best ever and a great way to interact with our colleagues from around the state while obtaining CME credit.

Practice managers and staff will be meeting that weekend, as well. Their schedule, too, will be available in early 2017.

Be sure to make your hotel and golf reservations directly with Stonewall Resort by **March 21** by calling (888) 278-8150. Be sure to tell them you're with WVOS to get our special room rate.

Conference information will be sent electronically in early 2017 to all members of both WVAOE and WVOS, and will be posted online at www.wvos.org.

Bring the family and join us for a great weekend of education, networking, food and fun!



Avoid 4% Medicare Reductions!

On October 14, the Centers for Medicare and Medicaid Services (CMS) released the Final Rule on MACRA. Orthopaedic practice administrators and orthopaedic surgeons are looking for the hidden secrets and consulting words of wisdom to ensure that they can successfully meet the quality reporting requirements that will go into effect on January 1, 2017.

The California Orthopaedic Association sponsored a complimentary webinar on Friday, December 2, to help practices identify the core decisions that have to be made and provide simple and straightforward guidance in

how to implement orthopaedic quality measures and practice improvements to help ensure success. They are graciously allowing us to share it with YOU!

Karen R. Clark, MBA, CPHIMS, FHIMSS, Chief Information Officer from OrthoTennessee led the webinar. Karen recently made a presentation to the AAOS Fall Meeting and did a great job of simplifying the requirements.

This complimentary webinar, great for both physicians and practice managers, can be found at www.wvos.org, near the bottom of the page under the calendar icon labeled "upcoming events."

Visit wvos.org
to learn how to
avoid the 4%
reduction in
Medicare
payments.

K2 View

Continued from page 3

making these decisions, doctors are on the menu, not at the table.

As I see it, we have a nearly impossible task to solve this problem. As one graduates from medical school, most students are burdened with a significant debt. This responsibility makes it difficult for them to be actively involved with the entire scope of care for patients, since most are employed. Not being independent may make it very difficult to place patients first. Now young physicians not only

have to take care of patients, but paying back this burden can interfere with the decision making in healthcare. For example, patient satisfaction based on pain relief has caused a healthcare crisis. This is not good medicine.

This paradigm will continue as long as there is physician inactivity and apathy. Unity throughout the house of medicine and being vocal for putting patients first is the only way to solve this daunting task. Our work has now begun.....

**Marshall has
three new
incoming
residents.**

MU News

Continued from page 4

#1 or #2 choice. The residents that went straight into practice report that their resident experience has left them feeling comfortable accepting a comprehensive scope of referrals.

Community service continues to be a point of emphasis and our yearly "Joints Jog: Throw a Bone to Charity" 5k fundraiser continues to grow each year and raise money for local charities and organizations.

From an academic standpoint, each year the residents' OITE scores have consistently ranked them as one of the best programs in the country. On the 2013 exam, the Marshall Orthopaedics' residency program scored in the 94th percentile, increasing to the 96th percentile overall on the 2015 exam.

The Department's First Annual Diversity conference, with LeeAnne Torres, MD, PGY-II serving as Director and Felix Cheung, MD serving as Co-Director, was a great success. Orthopaedic surgeons from WV and PA spoke on their perspective on dealing with various social hurdles along their path to orthopaedics. The audience was filled by undergraduate, graduate and medical students, residents and community members from the region. The conference was both deeply moving and educational and will be held on an annual basis moving forward.

The department continues to do well in the match, with about 500 students annually applying for our three positions. Our incoming residents are:

- Adam Kopiec, M.D.
Undergraduate Education: Wesleyan University
Medical Education: Chicago Medical School Rosalind Franklin University
- Sohaib Malik, M.D.
Undergraduate Education: College of William and Mary
Medical Education: Eastern Virginia Medical School
- Thomas Schmicker, M.D.
Undergraduate Education: Cornell University
Medical Education: Drexel University College of Medicine

Research Mission:

With Frank Shuler, MD, PhD serving as the Vice Chair of Research, the Department's research endeavors continue to blossom, with over 10% of the medical school's scholarly activity coming from the orthopaedic department.

Some of the FY 2016 highlights are as follows:

- Successful publication of 17 peer-reviewed manuscripts, 19 national/international presentations and four book chapters;
- Successful year-over-year increased integration of faculty into the research process;
- Successful participation in multi-centered clinical trials including HEALTH (Hip

MU News Continued on page 9

- Fracture Evaluation with Alternatives of Total Hip Arthroplasty Versus Hemi-Arthroplasty), IlluminOss, and KADIS with successful FDA audit completion;
- Successful mentorship in the JCESOM summer research program with 11 medical students rotating with 5 Orthopaedic faculty;
- Successful Marshall University collaborations with the School of Physical Therapy, School of Engineering and the School of Medicine;
- Successful inter-institutional collaborations with WVU and University of Nebraska with one patent application, two book chapters and seven PMID papers;
- Successful participation in the review process for fellows and residents with continued reviews for the Journal of Orthopaedic Trauma, Orthopedics, Sports Health, Journal of Science and Medicine in Sport, European Journal of Sports Science, Clinical Orthopedics Clinic of North America, Journal of the American Aging Association, and Nursing: Research and Reviews;
- Successful community involvement with over 1,000 FRAX osteoporosis screenings completed with over 30 presentations at community / local events;
- Successful match of our fellow Dr. Grant Buchanan

into the University of Chicago Illinois Orthopaedic Residency Program.

- The Department had 9 presentations including a PODIUM involving 7 of orthopaedic residents, 5 orthopaedic faculty and 6 medical students; Dr Buchanan, last year's orthopaedic research fellow, was an author on 7 presentations.
- Extensive scholarly activity has been demonstrated in the Marshall Journal of Medicine since its first issue in FY 2016. Dr. Frank Shuler is on the editorial board and this publication is on the fast track for PubMed (PMID) listing.

On a personal level, 2015 was an exceptional year for Dr. Shuler's productivity with several milestones hit:

1. Publication of 50th paper since arriving here in 2011;
2. Presentation of 30th podium since arriving here in 2011;
3. Presentation of 52nd poster since arriving here in 2011;
4. 1000th download on bepress in 2015

Given such robust activity, the Department has increased the number of research fellows to three, with two already having boots on the ground and the third scheduled to start in early 2017.

In closing, we ask for everyone to keep Dr. Shuler in your thoughts and prayers as he continues to recuperate from illness.

**Research
activities seeing
great success at
Marshall.**

President

Brett Whitfield, MD
Beckley, WV
304.253.1077

Vice President

Stanley Tao, MD
Huntington, WV
304.525.6905

Secretary-Treasurer

Felix Cheung, MD
Huntington, WV
304.691.1262

Immediate Past President

David Ede, MD
Charleston, WV
304.343.4691

At-large Members

Vivek Neginhal, MD
Huntington, WV
304.525.6905
Robert Santrock, MD
Morgantown, WV
304.293.1317
Shafic Sraaj, MD
Weston, WV
shaficsraajmd@gmail.com

AAOS Councilor

Greg B. Krivchenia, MD
New Martinsville, WV
740.373.8756

Membership Chairman

William G. Sale, III, MD
Charleston, WV
304.343.4583

Legislative Chairman

David L. Waxman, MD
Clarksburg, WV
304.623.5000

Program Chairman

Jack Steel, MD
Huntington, WV
304.525.6905

Ex Officio Members

Sanford Emery, MD, MBA
Morgantown, WV
304.293.1170
Ali Oliashirazi, MD
Huntington, WV
304.697.7114
Phillip Bostian, MD
Morgantown, WV
304.293.1168
Dana Lycans, MD
Huntington, WV
304.631.1262

Executive Director

Diane Slaughter, APR, CAE
PO Box 13604
Charleston, WV 25360
304.984.0308
wvos@frontier.com

Responsible Continued from page 1

issues. There is research and practical experience to show increases in surgical complications with elevated HA1C values and morbid obesity. I have set an upper limit value of HA1C and BMI for which patients are a candidate for surgery. I discuss this with patients as early in the treatment process as possible so they know ahead of time and can work toward that goal.

Next I give the patient a financial "stake in the game." All too often, patients fail to show for clinic appointments. This can increase physician liability as discussed earlier, but also can cause pressure to overbook clinic hours, making patients disgruntled about long waits. My office has a "no show" policy that patients sign on their first appointment that specifies a \$50 charge for missed appointments. This tends to give patients a reason to remember their appointments. As this becomes more standard across medical practices, it has become more

accepted by patients. We also require a deposit for all patients scheduled for surgery. This deposit can be lost if a patient fails to show for their surgery or has to be canceled for failing to adhere to pre-surgical guidelines discussed in their pre-operative evaluation. Patients sign a sheet outlining these instructions at their pre-operative meeting, so there is no question that they were discussed. With each of these situations, it is prudent that there should be a certain degree of understanding for emergencies or circumstances where absences are forgiven.

These options may not be possible for every physician in every practice location, but it is my belief that patients will continue to be "back seat" participants in the health care process until we require otherwise. We need to remain empathetic to the circumstances of our patients, but cease to be enablers of patients' neutrality in their own healthcare.

No Bones About It
is published four times a year by the
West Virginia Orthopaedic Society (WVOS).
Brett Whitfield, MD, President
Diane Slaughter CAE, APR, Executive Director
Sara Hays, Intern

WVOS reserves the right to determine suitability of advertisements and content. Correspondence regarding subscriptions and changes of address should be directed to:

WVOS • PO Box 13604 • Charleston, WV 25360
(304) 984-0308 • wvos@frontier.com

No Bones About It
is a member service of the WVOS and may not be reproduced without permission. **WVOS © 2016.**