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# No Bones About it Be a Force for Change

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

January 1, 2014. We all know it as New Year's Day. It is a milestone for beginning a new year. A new chance at New Year's resolutions. A reason to strive for goals that you'd like to attain. A new chance to work at self-improvement.

It is also the day that the provisions under the Affordable Care Act (ACA) took effect. "Obamacare," as it is called in some circles. We are all familiar with the lack of planning with the Web site's roll out and the troubles it produced. The congressional hearings that took place to uncover the causes for difficulties with the website were broadcast by the networks every day. I'm sure DHHR Secretary Kathleen Sebelius could have produced a diamond as hard as she was squeezing the graphite in her pencil with all of the pressure she was under.

But here we are and PPACA (Patient Protection & Affordable Care Act) is now the law of the land. One of

the most frightening segments of the news coverage of this roll out for me was during interviews of the public, broadcast by the networks. On one particular segment people were asked if they were for the Affordable Care Act. Most of the respondents said "yes." Yet, when asked if they were for Obamacare, they responded "no." If this doesn't frighten the socks off of you, then maybe you should check your pulse, because this means that members of the public, who are casting votes to place representatives of their views into public office, actually do not understand what those views are. All last Fall I was asked by my patients daily, "What do you think of Obamacare?" Many times I was at a loss, because in theory, not being penalized for pre-existing conditions, keeping your own insurance and broader care for those without insurance sure seemed like winners to me. In theory, they are winners. Unfortunately, in practice,

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# The View From K2

**“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,  
2nd Baronet.**

This year will no doubt be the most trying year in healthcare. Unfortunately, it really will have nothing to do with treating patients. I am writing about the upcoming perfect storm; the continued implementation of the Affordable Healthcare Act, the meaningless use criteria for the Electronic Health Record, and finally, the beginning of ICD-10. Involvement by all healthcare providers is crucial to understanding and beating the bureaucrats at their own game. The powers to be (the government, insurers, and hospitals) are counting on physicians not to get involved--apathy.

Now more than ever, doctors need to take an active role in helping to mold these parts of the perfect storm into something that truly may help us in taking care of patients.

Involvement comes in two parts: one needs to question (and hopefully obtain good answers) about how the implementation of these new policies will help us in taking care of patients and improving outcomes (show me the beef or a Level One study). To the best of my knowledge, none have improved patient outcomes (i.e., wrong site surgery). The other way to get involved is to give to our OrthoPac.

This is the largest doctor political action committee in DC. Our PAC is there at the national level trying to be at the table when bureaucrats are making

nonmedical decisions. Also, we must be involved on the state level as needed. Therefore it is important to stay involved with the West Virginia State Medical Association.

The following is from the January 22nd edition of the Douglass Report, 1/22/14 about ICD-10:

- Docs spend almost as much time on paperwork (or the computer version of paperwork) as they do with patients — and it’s about to get worse, as later this year docs will be forced to switch to a kooky new coding system devised by the World Health Organization. And this thing is straight out of a Kafka novel.
- It contains more than 150,000 codes your doctor will be expected to use to describe your diagnoses and treatments. These include 48 codes related to injuries from spacecraft — codes such as V95.45XA, or “spacecraft explosion injuring occupant, initial encounter.”
- You’ll also find 19 different codes for injuries inflicted by orcas. I don’t know if you could find 19 different people injured by orcas...but now we have 19 different codes.
- There are also codes for “bizarre personal appearance” (R46.1) and “passenger in heavy transport vehicle in-

# Spring Break: Hips and ICD-10



Our program coordinators from Huntington Steve Lochow, MD, and Ali Oliasharazi, MD, have prepared a great slate for our upcoming meeting at Stonewall Jackson Resort next month. We have two nationally recognized speakers in Joel Moskal and Robert Meneghini speaking on anterior total hips, pro and con. Dr. Moskal will also present a talk on "Cementing Hips, Why Now," which he will be presenting at the AAOS Meeting in New Orleans.

We have local experts speaking on hip dislocations (Dr. Benjamin Frye from WVU), osteoporosis (Dr. Frank Shuler from Marshall University), hip arthroscopy (Dr. Will McCormick from Charleston), and what's new in hip fracture treatment (Dr. David Hubbard from WVU). We will also have the annual MU/WVU Resident Research presentations with audience-selected awards for best research.

There will be time for interesting case presentations by the membership in the afternoon and our annual business meeting will be included in the day.

There will be a golf outing on Friday, which should be

quite entertaining. 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 learning to live with ICD-10, presented by a member of the West Virginia Health Information Management Association. This meeting is open to all staff.

Both meetings are taking place in conjunction with the West Virginia Physical Therapy Association.

Be sure to make your hotel and golf reservations directly with Stonewall Resort by **March 12** by calling (888) 278-8150. Be sure to tell them you're with WVOS to get our special room rate.

Conference information has been sent electronically to all members of both WVAOE and WVOS, and can be found online at [www.wvos.org](http://www.wvos.org).

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

**Make hotel  
and golf  
reservations  
by March 12  
with Stonewall  
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888.278.8150.  
Mention WVOS!**

By Jack Steel, MD

# OREF, OrthoPAC and WV Politics

**Donate to the  
Orthopedic  
Research and  
Education  
Foundation!**

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. West Virginia has primarily been represented over the years by no more than three regular donors. 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 donate. I will have donation envelopes at the meeting in April, but 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.

I would also like to pitch the Orthopedic PAC. West Virginia Orthopedists have ranked in the top three states for donations at about 18%, but we've recently lost our position. A \$25.00 donation, although somewhat conservative, would make you a member of the PAC and count toward our state's percentage. We have the largest medical PAC now and it has been very effective over the last several years under the direction of Dr. Stuart

Weinstein. I would encourage you to join the PAC. It is not tax deductible.

Lastly, we have two major Congressional races in our state this year. Jay Rockefeller is retiring and Shelley Moore Capito is facing Natalie Tennant (WV Secretary of State) for the six-year term. Shelley has always been available to meet with us when we have gone to DC to visit our representatives and their staff. She has an excellent chance for election. The second race is for the House of Representatives with Evan Jenkins opposing Nick Rahall. Evan is a strong supporter of medicine and has been instrumental in the caps on MedMal in West Virginia as well as repealing the provider tax.

Our PAC donated \$2500.00 to his campaign and Scott Orthopedic docs and a spouse added \$4400.00 to that. I would encourage you to consider supporting his campaign.

I appreciate your consideration of these worthy causes. I do practice what I preach.

Sincerely,



Jack Steel, MD

# MOC Keeps You Qualified

Medical boards across the country are asking doctors to keep up to date in their field of practice by performing maintenance-of-certification requirements.

Maintenance-of-certification requirement programs are similar, but vary among medical boards. Doctors can earn points toward maintenance of certification by choosing to take open-book tests or undertake projects to evaluate how well their practice is performing in certain areas.

The American Board of Internal Medicine, one of the largest medical boards, asks doctors to choose from a variety of activities at intervals of two to five years to maintain certification aside from the 10-year retesting requirement. Doctors are also required to conduct patient surveys to assess their communication skills every five years.

In a Jan. 20, 2014, Wall Street Journal article, Richard J. Baron, the American Board of Internal Medicine's chief executive, said that maintenance of certification gives doctors a structured way to stay knowledgeable in their field of study, listen to their patients and improve their practice.

Maintenance-of-certification fees include practice

assessment tools and open-book tests and start at \$194 a year for internal-medicine doctors.

This number varies depending on how many certifications a doctor maintains.

Studies show that clinical skills decline over time and doctors' overconfidence can lead to diagnostic errors. According to a 2006 review of the American Medical Association, doctors are not great at evaluating their own skills. By performing maintenance certification, doctors' skills and knowledge of their practice can be assessed more regularly.

Erik Stratman, a dermatologist at Marshfield Clinic in Wisconsin, undertook a project to meet board requirements which he said essentially helped him improve his medical practice.

As stated by the American Board of Medical Specialties, about 450,000 of the 800,000 board certified doctors have met the new requirements, which is a 20% increase from last year. Participating in maintenance-of-certification activities can help doctors earn incentive payments from Medicare and also earn credit for the state-required courses.

## MOC Resources

- [www.aaos.org](http://www.aaos.org)

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

# Internal Joint Stabilizer Device Study



I am currently involved in an FDA approved investigational study for an internal joint stabilizer device specifically indicated for complex fracture dislocations of the elbow. This device was developed by Dr. Jorge Orbay and the Skeletal Dynamics company. The most ideal indication for this device is the so called terrible triad injury where there is both skeletal and ligamentous instability involving LCL, MCL, radial head and coronoid.

Post traumatic instabilities of other varieties are also part of the study protocol. The goal of the device is to allow early motion without risk of recurrent instability. The device protocol requires removal after 12 weeks maximum.

We are continuing to enroll patients and there are now 12 centers in the U.S.

that currently that have IRB and FDA approval to perform clinical trials. Nine cases have been done. We have done the first case in our center and the implant functioned as advertised.

These injuries are not common and thus I am trying to obtain a larger pool of patients by informing our state orthopedists of the availability of this trial.

I am available to consult by phone or email/text if you have a patient that you think may benefit from this treatment. This is the first case in our center.

I appreciate greatly any contribution you might provide to this study.

You can reach me at Scott Orthopedic Center by phone at 304.525.6905 or by email at [leb003@aol.com](mailto:leb003@aol.com).



# AAOS Resource Center Delivers

More valuable information on AAOS programs and initiatives, more new AAOS publications and eBooks, more self-assessment and CME programs, more interactive multimedia programs, and more ways to save with on-site discounts and package deals. These are just some of reasons to visit the AAOS Resource Center while at the AAOS Annual Meeting.

**It's all in Academy Hall E, immediately through the doors to the Technical Exhibits from Registration. Best yet, we are open from 8:00 am to 6:00 pm on Tuesday, 7:00 am to 6:00 pm on Wednesday – Friday, and from 7:00 am to 3:00 pm on Saturday,** so there is plenty of time to see more of what we've developed for you.

Your best opportunity to see more and save more!

A visit to AAOS Resource Center is your best opportunity to view new clinical publications and try out the latest interactive, multimedia programs first-hand before you buy. Headlining this year's new products is Orthopaedic Knowledge Update 11 – available as a text, eBook or DVD-ROM. OKU 11 delivers more knowledge to power your clinical practice and MOC preparation.

Chat with some of OKU 11's medical editors on the issues and developments shaping orthopaedics today. Dr. Lisa

Cannada and her colleagues are on hand in the AAOS Resource Center each day to answer questions, talk about the new edition, and even sign your copy when you purchase OKU 11.

Instructional Course Lectures Volume 63 and the Atlas of Essential Orthopaedic Procedures also make their Annual Meeting debut, along with more new interactive multimedia, print and eBook titles. Make sure you have the most recent self-assessment examinations. Available exclusively online, these exams deliver more content and challenging patient care scenarios for a complete, hands-on learning experience.

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**Save 10% when you spend \$300 or more on AAOS products onsite at the AAOS Resource Center.**

## Be a Force Continued from page 1

**“To effect  
change, a move-  
ment has to be  
enough force to  
produce a new  
direction”**

everything has a price. And there are large price tags to pay for implementing Obamacare.

From an actuarial standpoint, you simply cannot provide the additional coverage promised through Obamacare without increasing the cost to you, the consumer. On a personal note, my family healthcare coverage that I have had for years got cancelled. Got that? Cancelled! I obtained an interim healthcare coverage through the Healthcare Exchange but it is scheduled to terminate on March 31 of this year.

So now I am reviewing different family plans for healthcare and the cheapest ones are 40% or more expensive than what I was paying initially and this is for less healthcare coverage. It would appear to me that the promise of keeping the insurance I currently have was not a very well thought out promise. Or dare I say somewhat misleading.

From your studies in physics, you know that one of Newton's Laws is that an object in motion will stay in motion unless acted upon by another force. To effect change, a movement has to have enough force to produce a new direction. You, my friends, can have that force to make that change in direction. It can be obtained through the political action committee (PAC). I will be calling on each of you to make a donation. As a state, West Virginia used to be in the top ten percent of PAC contributors across the country. Connecticut, for example, made a 10% increase in their contributors from 2012 to 2013 and became the most improved state recently. Let us "be that force."

Sincerely,



David E. Ede, M.D.



## The View from K2 Continued from page 2

jured in collision with pedal cycle in traffic accident” (V.61.6). Yes, this is funny. But if anyone’s not laughing, it’s your doctor — because if he doesn’t get the code right, he doesn’t get paid.

- “It’s going to put a lot of doctors out of business,” Dr. W. Jeff Terry, a urologist in Mobile, Ala., predicted in a recent New York Times report.
- This is not an exaggeration. Beth Israel hospital in Boston told the paper

its’ spending \$5 million this year to put the new coding system into place — plus \$7 million implementing ObamaCare rules, \$2 million on electronic health records and \$3 million to meet new privacy laws.

- That’s just one hospital, mind you, spending an extra \$17 million on paperwork and bureaucracy.

In closing, orthopaedists have a lot to do in 2014 to do our utmost to put patient care first.

**Doctors spend almost as much time on paperwork as they do with patients.**

## AAOS Resource Center Continued from page 7

Mobile Tech Support station in the Resource Center.

Get your Membership questions answered at the new Membership counter staffed by the friendly AAOS staff you talk with year round! Ask us about a new referral program for current and prospective International Affiliate Members.

AAOS works hard on your behalf all year on programs initiatives and services that impact your practice, your profession, and your future. Your colleagues and AAOS staff are available in the Resource Center to answer questions about Patient Safety, Standards Development for Orthopaedic Devices, Evidence-based Clinical Practice Guidelines,

Appropriate Use Criteria, the Orthopaedic Surgeon Census, AAOS Member Advantage Programs, OrthoInfo, and your AAOS periodicals including JAAOS, AAOS Now, and Orthopaedic Knowledge Online Journal.

Enjoy a richer and more informative shopping experience at the AAOS Resource Center. Where else can you see surgical video presentations from world-renowned authors; get the latest information on Maintenance of Certification; find out how to streamline your coding and prepare for ICD-10. All this, and much more at the AAOS Resource Center, in Academy Hall E.

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