



Volume 6 • Issue 1 • Spring 2016

# No Bones About it

## Keeping Up with WVOS

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

Springtime has been a very busy time for the West Virginia Orthopaedic Society. The month of April saw the annual spring meeting at Stonewall Jackson Resort and the National Orthopaedic Leadership Conference (NOLC) in Washington D.C. These meetings present significant opportunities to society members to advance our knowledge, as well as advancing our say in the future direction of orthopaedic surgery in the state as well as the country.

The annual spring break meeting took place at Stonewall Jackson Resort in Roanoke West Virginia on April 15th and 16th. Friday's program was a seminar on "Clinician-Patient Communication to Enhance Health Outcomes." In the ever changing world of orthopaedic surgery, it is becoming even more critical that we as physicians "connect with our patients." A disconnect can

lead to a lack of understanding by our patients with regards to treatment programs which can lead to less than successful outcomes. In addition, there is a new push by insurance providers to link physician reimbursement to patient satisfaction scores. Improving our interaction with patients can lead to important increases in how patients view us and, therefore, rate us as providers. I, like many of you, don't believe that we should be rated by subjective measures such as patient satisfaction scores but, instead, by objective measures of our treatment outcomes. Unfortunately, this is the new trend that is being advocated by the "rule makers."

The second annual Texas Hold 'em tournament highlighted Friday night. It was well attended and raised \$1,350 for the Orthopaedic Research and Education Foundation. Tremendous fun was had by all participants until 1:00 a.m. at which time a new champion

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# Electronic Health Record Morass

Please  
contact your  
Senators and  
Congressmen to  
get these laws  
enacted.

Since we began using electronic health records within the past 18 years, little has been accomplished in delivering better patient care. Today, across this nation, many trees have been sacrificed while using this "paperless chart." For many practices (fewer now than when we started), notes are still being duplicated as the EHR has not made taking care of patients easier. This inefficiency has cost shifted much of the expense to hospitals and physicians. The EMR has taken us away from the care of our patients. Granted, there has been much improvement in the EMR over the years, but still it has done little in improving our delivery of care. The ease of communicating between institutions has yet to materialize. The ability to become "fully integrated" has yet to happen and causes health care providers to be frustrated. Also, the medical documents being produced make it difficult to care for patients.

In response to these shortcomings, our Academy has made the following recommendations for the standardization of the EHR:

- Establish the EHR standards by the collective wisdom of physicians actively caring for patients;
- Establish a comprehensive set of certification standards, including the interoperability standards for all EHR systems;

- Establish implementation thresholds rather than requiring implementation of all meaningless use criteria as an all or nothing requirement that will serve to discourage, not encourage, adoption of EHR; and
- Recognize the different needs and uses of EHR by disparate medical specialties, especially the differences between surgical specialties and primary care specialties.

At the time of this writing, two bills are going through the U.S. House and Senate that need our support, HR.5001 and S.2282. Passage of these bills will give health care providers more flexibility to succeed in trying to fully integrate the EHR nationwide with folding in the Meaningless Use program into the Merit-based Incentive Payment System (MIPS) by 2018 rather than 2017. This hopefully will give us enough time to work out the bugs in the system. Most importantly, it will hopefully minimize

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# WVOS Takes Capitol Hill in May



The West Virginia Orthopaedic Society (WVOS) took Capitol Hill by storm during the American Academy of Orthopaedic Surgeons' National Orthopaedic Leadership Conference in Washington, DC, in May.

Shown above, WVOS President Brett Whitfield (from left) met with Geoffrey Hempelmann, health legislative aide for Congressman Evan Jenkins. Joining in that meeting were AAOS Councilor Greg Krivchenia and Resident Board Member Phillip Bostian. The delegation asked for Congressman Jenkins' support on H.R. 4848, the Healthy Inpatient Procedures Act. The legislation would extend to Jan. 1, 2018, implementation of the Comprehensive Care for Joint Replacement (CJR) payment model, since the April 1, 2016, deadline was unrealistic.



During the meeting with Congressman McKinley's health aide, Margie Almanza (shown at bottom of previous column), we asked Rep. McKinley to support H.R.2513, the PACE Act, to protect access, competition and equity for physician-owned hospitals, although West Virginia is a certificate of need state.



WVOS Executive Director Diane Slaughter caught the state's NOLC delegation after they left Congressman Mooney's office. Again, the issues surrounding opioids were address with his health care legislative aide, Michelle Seger.



On the Senate side, the delegation met with Kate Cassling, health legislative aide for Senator Joe Manchin. We thanked her for his support  
**WVOSinDC** Continued on page 10

WVOS leaders  
heard from  
industry experts  
and met with  
Congress  
during the AAOS  
National  
Orthopaedic  
Leadership  
Conference.

# Donating to OREF Was Easy, Fun

You played  
poker,  
won prizes and  
donated \$1350  
to the  
Orthopedic  
Research and  
Education  
Foundation  
at the Spring  
Break Meeting!

You made my dubious, but important, responsibility of soliciting financial support for the Orthopedic Research and Education Foundation (OREF) easy this spring.

This is the Academy's Foundation that provides support for important advances in our specialty. The money goes for both research and education with a minimal amount used for administrative purposes.

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

The brainchild of Immediate Past President David Ede and President Brett Whitfield, we hosted our second annual charity Texas Hold 'em tournament at the Spring Break Meeting. For a mere \$50, participants has an evening of fun, knowing your money was going to the OREF.

You didn't have to be a great player. Some participants didn't even know how to play! Everyone was just ready to have fun and contribute to a worthy cause.

While we didn't play for money, there were a few



small prizes available for the lucky and the not so lucky! Everyone was a winner during our tournament, whether they played or not! Although, from her grin, you can tell that Stephanie Crum, shown below, won the event!



West Virginia has primarily been represented over the years by no more than three regular donors. We changed that this year, so let's keep the momentum going! Donations at the Spring Break Meeting tournament and throughout the year are tax deductible and donors are recognized in annual OREF reports and at the Academy Meeting.

Sincerely,

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

Jack Steel, MD



# WVOS Membership Open to Allies

Under the new West Virginia Orthopaedic Society (WVOS) bylaws, approved by the membership in 2013, allied health professionals can now become associate members of the Society.


We are asking all WVOS members to request a copy of the new membership brochure at [wvos@frontier.com](mailto:wvos@frontier.com), print it and share it with licensed health professionals in your office, your referral circle and your community, then offer to sponsor them for WVOS membership.

This opportunity is available to all health professionals who treat musculoskeletal diseases and are duly licensed by their profession's licensing board in West Virginia. Associate members may include chiropractors, nurses, orthopaedic technicians, physical therapists, physician assistants and podiatrists.

Associate members are entitled to all rights and privileges of the society, including discounts at the annual "Spring Break" conference, but can't hold office or vote. Non-orthopaedic associate members will pay dues at half the WVOS active member rate. Associate members must be sponsored for membership by an active member of the West Virginia Orthopaedic Society.

To join the WVOS, allied health professionals should do the following:

Not an  
Orthopaedic  
Surgeon?



No problem!

The West Virginia  
Orthopaedic Society  
is now offering  
**associate membership to  
all licensed licensed  
health professionals  
treating musculoskeletal  
disease in West Virginia.**

- identify an active WVOS member to sponsor you;
- visit [www.wvos.org](http://www.wvos.org) and click the join button;
- select associate member status;
- pay dues through PayPal online or by check; and
- **become active in WVOS.**

We feel that these additional professionals will provide a win-win situation for WVOS members by introducing new voices and sharing our best practices with others treating musculoskeletal disease.

WVOS is now  
open to allied  
health  
professionals,  
so please  
request our  
brochure and  
share it with  
others.

# Spring Break Meeting Successful

**2016 Spring  
Break Meeting  
was very  
successful;  
planning is  
underway for  
April 14-15,  
2017!**

Our Morgantown coordinators, Drs. Michelle Bramer and Matthew Dietz, prepared a great program for the West Virginia Orthopaedic Society (WVOS) 2016 Spring Break Meeting at Stonewall Jackson Resort, co-hosted with the West Virginia Association of Orthopaedic Executives (WVAOE).



The meeting opened Friday with a half-day session

on *Clinician-Patient Communication to Enhance Health Outcomes*. Led by Dr. Michael Marks, MBA, this session gave physicians insight into how to use verbal and nonverbal communication techniques to understand patient concerns. One participant said, "Good program with good suggestions on working on doctor's "Four E's."

Following Friday's class, attendees and their guests enjoyed lunch, a round of golf or a relaxing afternoon. Following dinner, a number of members, exhibitors and guests gathered to raise funds for the Orthopaedic Research and Education Foundation at the charity Texas Hold 'em Tournament (see page 4).



Saturday morning, Third District Congressman Evan Jenkins was our keynote speaker. This is the first time in WVOS history that a Congressman has attended our annual meeting.



In addition to Congressman Jenkins, our own members and guests presented a variety of talks on perioperative care in orthopaedics. During the WVOS clinical sessions, members of the WV Association of Orthopaedic Executives (WVAOE) shared programs geared to "Enhancing Practice Health."

Throughout the weekend, members of the WVAOE and WVOS were able to visit with a wide range of exhibitors and see what's new in a variety of markets.

The speakers and the overall meetings were well rated by those in attendance. For a complete review of the meeting, visit the [2016 Spring Break Meeting Photo Gallery](#).

Planning is already underway for our April 14-15, 2017, meeting at Stonewall Jackson Resort under the leadership of physicians from Huntington.

# Resident Research Tops Meeting

Resident research from both Marshall and West Virginia Universities (MU and WVU) was showcased at the West Virginia Orthopaedic Society (WVOS) 2016 Spring Break Meeting. Six residents, three each from MU and WVU, gave presentations.

The presentations and presenters included:

- “Distal Radius Fractures: Does obesity affect fracture pattern, treatment, and outcome?”  
Michael Montague, MD  
WVU Resident
- “Dementia and Hip Fracture Inpatient Outcomes – analysis of over 662,000 patients using CMS data”  
Grant Buchanan, MD  
MU Resident
- “Are we playing in a dirty field? Contamination of surgical surfaces during revision of infected total knee arthroplasty”  
Jonathan Karnes, MD  
WVU Resident
- “Geriatric Trauma: Are the Elderly Under-triaged?”  
Richard Boe, MD  
MU Resident
- “The cost of applying to orthopaedic surgery fellowship”  
Phillip Bostian, MD  
WVU Resident
- “Pyomyositis confused with septic arthritis: report of two recent cases/lessons learned”  
Brock Johnson, MD  
MU Resident



Presentations were given to faculty from both academic centers in the state, employed physicians and numerous private practice orthopaedists. Following each presentation was an in-depth discussion about the application of the project to practice.

Following all presentations, audience members voted to determine 2016 resident prizes, sponsored by Stryker Three Rivers and presented by WVOS President Dr. Brett Whitfield.

- First prize went to WVU resident Dr. Karnes (the talk was given by Dr. Bostian, since Dr. Karnes was becoming a father!).
- Second prize was awarded to MU resident Dr. Buchanan.
- Third place went to MU resident Dr. Boe.



We would like to thank our residents and their academic programs for making these presentations possible.

This has become an event anticipated by residents and physicians alike.

Residents from  
Marshall and  
West Virginia  
Universities  
gave great talks  
to outstanding  
reviews.

The Spring  
Break Meeting  
highlighted  
critical issues  
impacting  
reimbursement.

## EHR Morass Continued from page 1

was crowned - Stephanie Crum. The Saturday conference was centered on perioperative care in orthopaedic surgery. The conference co-chairs were Drs. Michelle Bramer and Matthew Dietz. The lectures proved to be very insightful and relevant for orthopaedic specialists as well as for the general orthopaedic surgery. As with the topic of Friday's seminar, this topic was chosen as it is becoming clear that more attention is being given to surgeon complication rate and patient re-admission rate. Very soon, our reimbursement rate will be adversely affected by our complication rate. Since our patients seem to be getting healthier, it is important for surgeons to be able to control those factors that are within our control to lower complication rates.

The NOLC took place May 4 -7 with myself, Greg Krivchenia, Phillip Bostian and Diane Slaughter in attendance. Congress was in recess, therefore we had the opportunity to talk to congressional staff members. The pending bills that were discussed were well received by the staffers. The Sports Medicine Licensure Clarity Act is a bill that would allow team physicians to have liability coverage when they travel out of state to cover events. The bill has overwhelming support in both the House and Senate but seems to be stalled because "it is not a stand-alone

bill." You may be wondering what that means. In layman's terms, that means that it is not important enough for the congressmen to waste their time coming to the floor to vote on it. The bundled payment bill for total joint surgery, also termed the Healthy Inpatient Procedures Act, delays the implementation of the new Medicare payment model for total joint surgery. The model pays a lump sum to the hospital for all care administered for joint replacement and hip fracture surgery. The physician would then have to get their surgeon fee from the hospital. The Flexibility in Electronic Health Record Reporting Act bill seeks to reduce the meaningful use (MIPS, APMS, and MACRA) reporting period from the full 365 days a year to just 90 days. If physicians are required to report every day of the year, it would likely mean hiring more support staff in the office, thus driving up overhead costs or facing penalties for lack of documentation. The last issue we discussed was the rising rate of opioid addiction. This appears to be the hottest topic on Capitol Hill. There will certainly be many pieces of legislation coming forward to deal with this serious problem. It is important that we make sure that we, as physicians, are not held completely responsible for this problem, but instead, that a team approach of responsibility be

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put forth that develops a team approach incorporating the patients, patients' family and physicians in the responsibility paradigm. For the first time an orthopaedic resident, Phillip Bostian, came as a team member. The WVOS feels that it is important to incorporate residents in the NOLC program as they provide a different perspective than surgeons already established in practice. In addition, residents represent the future of orthopaedic surgery; therefore, it is important to make sure they are just as informed as we are.

There are many changes that are coming down the line

that will affect all current and future orthopaedic surgeons alike. WVOS strives to keep its members informed and updated on these changes. We encourage our members to spread this information and encourage participation in the membership of this society. As orthopaedic surgeons we have a significant voice in Washington, but it only stays significant with the number of members that support our state societies and the PAC.

Sincerely,  
Brett Whitfield, MD  
President

**We're working  
to involve our  
residents in  
advocacy and  
included WVU's  
Phillip Bostian  
in this year's  
NOLC.**

THE MOST ADVANCED  
SAFETY FEATURE  
THIS CAR HAS IS  
THE DRIVER  
STANDING NEXT TO IT.

• • •

AMERICA'S ORTHOPAEDIC  
SURGEONS, IN PARTNERSHIP WITH  
AUTOMAKERS, URGE ALL DRIVERS  
TO KEEP THEIR MOST SOPHISTICATED  
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TIMES. EYES ON THE ROAD AND HANDS  
ON THE WHEEL. JOIN THE EFFORT  
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# EHR Morass Continued from page 2

the burden that it places on delivering outstanding patient care. Please contact our Senators and Congressmen to get these laws enacted.

Sincerely,

Greg Krivchenia II, MD  
AAOS Board of Councilors

# WVOS in DC Continued from page 3

of S.689/H.R.921, the Sports Medicine Licensure Clarity Act. The issue of opioids was raised, as well, based on the Senator's support of Jessie's Law and the conundrum faced by orthopaedic surgeons in prescribing opioids.

During a meeting with Senator Capito's health aide, Dana Richter, the WVOS delegation asked her support of S.689/H.R.921, the Sports Medicine Licensure Clarity Act to provide legal protection for traveling sports medicine professional and to allow them to practice in secondary states.



In addition to the visits to Capitol Hill, the WVOS delegation participated in three days of symposia and meetings with peers from across the country.

This meeting was an outstanding event for WVOS.

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