West Virginia Orthopaedic Society

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No Bones About it

The Importance of WVOS

President Stanley Tao, MD

Well, the fall is almost over and it is time for my last newsletter of 2017. I hope everyone has had a safe and productive summer and fall. I thought I would use this issue to reinforce why I think our society is still important for an orthopedic surgeon in West Virginia regardless of private practice, hospital employed, or academic.

I want to first review our mission statement. The mission statement of the West Virginia Orthopedic Society (WVOS) is to help West Virginia orthopedists provide the highest quality patient care by (1) offering them continuing education on topics in musculoskeletal care; (2) facilitating communications among them on clinical, political and reimbursement issues; (3) giving them networking opportunities and other ways to foster collegiality; and (4) conducting state and federal political advocacy efforts on their behalf and on the behalf of their patients.

I think all of us are guilty of bearing down on our individual practices on a daily basis. We do not want this society to be just an organization that someone pays dues for out of obligation. The board is trying hard to make this a worthwhile society that will hopefully improve the practicing environment of ALL orthopedists in the state. But we need help from the members.

West Virginia is already a state with a small population. As such. we have the opportunity to have more of a voice as to the change in health care for our state over time. There is always strength in numbers. We would like to have 85% of all West Virginia orthopedists in the membership. Please help

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In This Issue:

By AAOS Councilor Greg Krivchenia, MD

The View From K2

"There is no next time. It's now or never."

- Author unknown

As my term on the Board of Councilors comes to a close, I see the extinction of the general orthopaedist. The rapidly changing paradigms we face as orthopaedists are making this happen. I believe this is not good for our patients. Granted, there will always be a need for specialists in our field, but most of what we see in orthopaedics can be treated by a general orthopaedic surgeon. The AAOS, along with the AOA, is pushing the campaign (which is a good one) for us to "Own the Bone."

As orthopaedists, we take care of over 180 bones and over 220 joints. We are the primary care specialists of the musculoskeletal system. Unfortunately, the majority (and soon to be vast majority) will be unable to perform this task. For example, a shoulder specialist only takes care of six bones and possibly four joints. For this "Own the Bone" campaign to succeed,we all must be willing and able to treat the entire musculoskeletal system if we are to do our part in controlling the costs of healthcare. On a daily basis in my practice, I see an over-utilization of technology and treatment for orthopaedic disorders ordered by non-orthopaedists that has little benefit in patient care. The result is the inefficient and wasteful use of medical resources. Being a general orthopaedist, we are the continuity of patient care, which is lacking in most other aspects of healthcare.

So what can be done to stymie this paradigm shift? Today, the healthcare bureaucracy is more concerned about the Electronic Health Record than the patient. Billions of dollars are going into IT, rather than treating patients. Our time is spent more in front of a computer than face-to-face with our patients. To help control health care costs, there is one simple procedure that could be done: Don't micromanage 100% of the patients and physicians. Only 5% of the population accounts for 50% of the healthcare cost in this country. We need to micromanage these patients and physicians who are outliers.

In closing, today's orthopaedic care is only about data points. Having recently returned from the AAOS Board of Councilors' meeting and the AJRR Board meeting, the take-home message was the continued interference in patient care by the electronic health record and the companies that own them. With the 3000% increase in healthcare administrators since 1970 dictating how physicians treat patients, this has added additional, unnecessary expense to patient care. We no longer have patient-

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By Jack Steel, MD

WVOS Represented in Haiti...Again

I had the pleasure of leading a group of volunteers from the United States on a trip to Milot, Haiti, the first week of October of this year. This is my third year in a row going to Haiti. I was recruited three years ago by Dr. Bill Sale who had been, along with Dr. Dick Sibley, going to this hospital for over 30 years. Our group this year included Dr. Ereny Bishara, a trauma orthopaedist from CAMC, along with Chelsey Walker, orthopaedic physician's assistant from CAMC, Charlie Weese, RN, orthopaedic scrub nurse from CAMC and Marty Henley, a CRNA from CAMC. Additionally, Ann Gensler, a PT from Charleston, was part of our group. We were joined by two anesthesiologists from New York City, Lenox Hill Hospital, and a physical therapist from Seattle, Washington.

The hospital is in a fairly rural setting, although only about 25 miles from Cap-Haitian, the second largest city in Haiti. This is a referral hospital with a general surgeon, two orthopaedic surgeons, a full staff of obstetricians and gynecologists, internists and pediatricians.

We worked in a large semi-outdoor orthopedic clinic on Sunday, Tuesday and Friday, and additionally I would see patients in consult in the emergency room. Dr. Bishara was our primary surgeon with her team from CAMC. She worked independently in one room while the Haitian surgeon worked with his staff in the other room. I also ran a second or third room on occasion as needed. We dealt primarily with trauma patients, most of which were non-acute several-week-old fractures including ankle fractures, femoral shaft fractures, supracondylar femur fractures and tibial shaft fractures. Additionally, Dr. Bishara treated a femoral nonunion as well as performed an osteotomy for a mal-united distal tibia fracture.

We saw a large array of patients in the clinic with complex problems. These included mal-united fractures, chronic infections and post-traumatic deformities. It is, as always, an enlightening experience as well as a clinically challenging situation. The patients are universally grateful for their care and, interestingly, they are required to pay for their medical care. Hospitalized patients receive food from their families because there is no food service provided to

WVOS in Haiti Continued on pg. 6

The delegation led by Jack Steel to Hopital Sacre Coeur in Haiti included CAMC personnel, New Yorkers and Haitians.

Going to a country such as Haiti gives one a different perspective on patient expectations.

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

WVOS Advocacy Online for 2018

Our political ties are the best way to ensure our interests are maintained.

A 2016 membership survey showed West Virginia Orthopaedic Society (WVOS) members see legislative advocacy as providing the most value to your membership. We listened!

The issues facing young people in West Virginia are complicated by poverty and lack of access to health care. While scoliosis impacts a small percentage of people, early screening and detection can lead to early treatment, which will reduce the long-term severity of the condition for these children. Currently, the West Virginia Council of School Nurses does not recommend mass screening, based on evidence available in 2006. With new evidence on early screening and non-surgical treatment efficacy, we feel this issue should be addressed again in West Virginia.

Therefore, WVOS applied to the AAOS for a legislative advocacy grant to require scoliosis screenings twice for girls and once for boys between the ages of 10 and 15, whether in public or private schools.

Our goals are predicated on a revised report by the U.S. Preventive Services Task Force (USPSTF) that supports scoliosis screening.

We were awarded a $3,000 grant by the AAOS to help defray the cost of hiring a contract lobbyist for the 2018 legislative session. The WVOS will be a model for this legislation nationwide, based on the results of the USPSTF report.

In addition to our direct grant, the AAOS is making available to state societies a grassroots legislative platform known as "EveryAction." This new platform is available at no cost to us, and allows WVOS members to reach legislators in a variety of ways, including phone, fax, mail, email and Twitter.

This system 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 LEGISLATIVE ACTION CENTER houses important calls to action when your voice is needed to express your support or opposition to laws affecting your practice and your patients. Please check this section often.

Your participation in this process will be critical to our legislative success if we're able to introduce the scoliosis screening legislation in the 2018 session.

We look forward to your active participation in the process to help improve the health of West Virginia children!

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

What Topic Will YOU Teach in 2018?

Members of the West Virginia Orthopaedic Society (WVOS) and the West Virginia Association of Orthopaedic Executives (WVAOE) should make plans now to participate in the 2018 Spring Break Meeting on April 13-14 at Stonewall Resort.

The WVOS theme will be "Duct Tape and Gorilla Glue Orthopaedics: Handling Unexpected Intraoperative Occurrences." According to WVOS President Dr. Stan Tao, "This meeting is designed to give practical information that can help any orthopedist in the operating room out of a potentially troubling situation."

The meeting is being coordinated by CME Chairman Dr. Jack Steel with the assistance of Drs. Aaron Sop, Brett Whitfield and Manny Molina. Talks will be divided by body part. Current speakers are: Dr. Shafic Sraj (hand), external fixator; Dr. Felix Cheung (tumor), misdiagnosed tumors and avoiding complications; Dr. Stan Tao (knee), ACL and Dr. David Ede; and Dr. Joe Prud'homme (overall), oops, I cut the nerve.

To let us know what topic you want to discuss for 15 minutes, please contact the WVOS office at wvos@frontier.com or 304.984.0308 by Dec. 15.

Friday's program may include a presentation on physician legal and regulatory issues, a discussion of lifestyle issues and a session for residents and others on contract review.

The WVAOE potential program topics include: using www.orthoconnect.com and OrthoForum; benckmarking; mid-level productivity and how to get them off the ground; managing the slow-down to physician retirement; and asset protection programs.

All WVOS and WVAOE members are encouraged to invite pharmaceutical, device and service representatives to exhibit at the 2018 Spring Break Meeting. Ask them to contact the WVAOE/WVOS office at 304.984.0308 for details and forms. We need to **approach exhibitors now**.

In an effort to promote a family-friendly atmosphere, while still raising money for the Orthopaedic Research and Education Foundation (OREF), we will be hosting bingo and a silent auction, with prizes and items available for "children of all ages." All members are encouraged to contribute prizes for bingo or items for the silent auction that will appeal to a variety of ages.

In addition to a Friday night bingo and silent auction event, there will be golf tee times available, a boat excursion and more.

Complete details will be available shortly after the first of the year, but make plans now to attend. Bring the family, your practice management staff and your surgical team; in other words...EVERYONE!

WVOS Members: Let us know what topic you want to discuss for 15 minutes (by Dec. 15).

WVOS in Haiti

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in-atients. Hospital wards are basically small cots side-by-side with an occasional fan to help with air circulation. Generally, patients' families are at the bedside providing most of the care.

Going to a Third World country such as Haiti certainly gives one a different perspective on patient expectations and requirements. There are no narcotics outside of the hospital and in the hospital there is a very limited supply. Patients are more than happy to take ibuprofen or Tylenol. Post-op pain medication for most of our fractures was Tylenol or Tramadol. It's interesting to see patients with femur fractures in long leg splints awaiting surgery who have been there for a few weeks sitting up in bed eating and not complaining of pain. Acute femur fractures likewise in the emergency room are placed in long leg splints and there was very little complaining of pain.

In summary, this is my fourth trip overall to Haiti and I find it to be a rewarding experience each time. The accommodations are pretty basic and it certainly helps one appreciate how good we have it in the United States.

Dr. Bishara treated a femoral nonunion as well as performed an osteotomy for a mal-united distal tibia fracture.

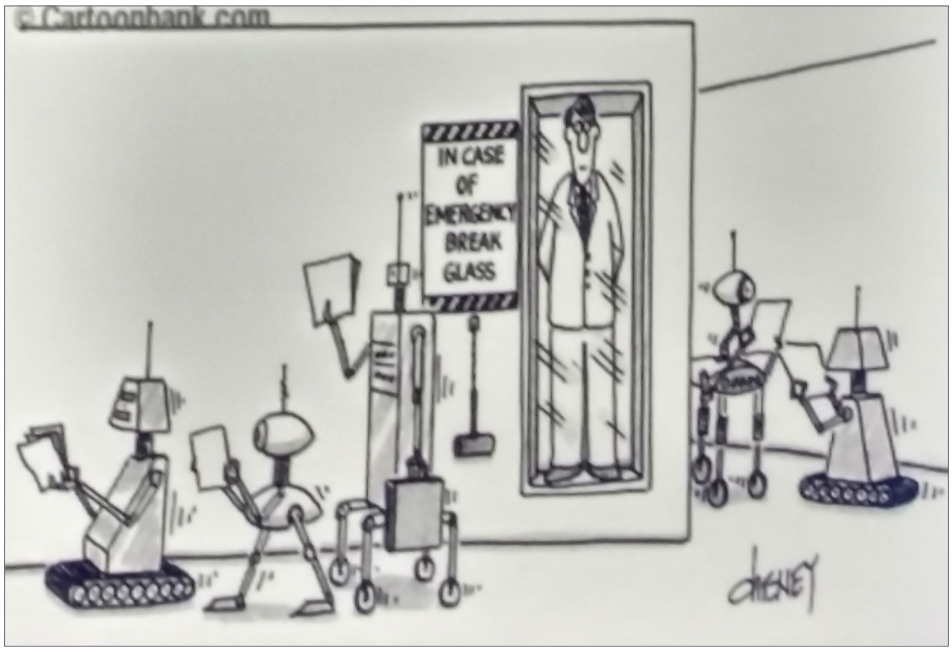
Above, WVOS member Dr. Jack Steel (right), led a delegation of orthopaedic medical specialists to Haiti. At left is the view from an open window of the clinic...certainly not the view which most WVOS members are accustomed to seeing out their clinic windows!

"I find going to Haiti to be a rewarding experience each time."

- Jack Steel, MD

Extinction Continued from page 2

centered care. Today, medicine is extremely complicated due to both the rapid expansion of medical knowledge and, more importantly, the intrusion of regulators, insurance companies and hospital administrators dictating how we spend our time with patients (mostly in front of a computer screen inputting data.). This is not how to take care of patients.



Don't let general orthopaedists become extinct.

Importance Continued from page 1

us maintain an accurate and current list of orthopedists in the state. We have very good political ties to local and state legislators to ensure our voice is heard in government. This is the single best way to ensure our interests are maintained at the governmental level.

This leads me to comment on our next scheduled society meeting on April 13-14, 2018 at Stonewall Resort. The topic is going to be "Duct Tape and Gorilla Glue Orthopaedics: Handling Unexpected Intraoperative Occurrences." Over the years I have had to read or see a lot to learn a little. Many of our CME conferences are research-based and not practical for most of us on a daily basis. This meeting is designed to give practical information that can help any orthopedist in the operating room out of a potentially troubling situation. To quote some of my mentors, "No matter how well trained you are, there is no substitute for experience…." We will have the benefit of the experience of many fellowship trained orthopedic surgeons giving pearls about how they get out of trouble when it hit. Please see additional information on page 5 of this issue. I encourage you to make plans to attend this event and bring the family!

Our political ties are the best way to ensure our interests are maintained.

Being an AAOS Congressional Ambassador is easy as ABC...

Alert

Alert your Member of Congress

Surveys show that what breaks through the noise is a message from a trusted constituent and community member. Send alerts from AAOS that are brief and informative.

Bond

Bond with your Member of Congress

You have more in common than you may realize. You both care about the people in your area and good public policy. Use that.

- Develop a relationship with staff.
- Meet with them in person in the district or DC.
- Get their cell phone number.
- Volunteer to be on their campaign committee.
- Attend or host a fundraiser (the AAOS PAC can help).
- Write an op-ed or letter to the editor supportive of their positions.

Be Consistent

Be **Consistent** with your Member of Congress

Regular and consistent contact is the key to relationship building with a Member of Congress.

- Get on their e-newsletter list.
- Participate in a tele-town hall.
- Participate in an in-person town hall or campaign rally.
- Like them on Facebook.
- Follow them on twitter.
- Tweet comments, photos or quotes from them.

I WANT YOU
For AAOS Congressional Ambassador

If you're ready to make your voice heard in Washington, sign up to be an AAOS Congressional Ambassador! To learn more contact Jordan Vivian, AAOS Manager of Government Relations at vivian@aaos.org.

AAOS
American Association of Orthopaedic Surgeons

http://advocacy.aaos.org

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