



Volume 8 • Issue 4 • Fall 2018

No Bones About It

Critical Current Issues



President Stanley Tao, MD

It is hard to believe the end of the year is approaching. The year has gone quickly and my term is almost half way over!

I would like to report that the fall Orthopaedic Society meeting at The Greenbrier went very well. We were able to meet with and present issues to both Congressman Evan Jenkins and Senator Joe Manchin. We are running very well fiscally with Diane's help and we had very good feedback from the members who attended the 2018 Spring Break Meeting at Stonewall Resort. We hope to take these recommendations, and those of this summer's survey, to make next year's meeting better than ever. As with most meetings, the success of and benefits come from those who

participate. I encourage all to try and make time to meet with your fellow orthopedic surgeons from around the state. As a reminder, the meeting will be April 26-28, 2019.

Also renewals for membership will go out in the next 60 days. We need your continued support to continue our advocacy efforts at the state and national levels. Please renew and support your state Orthopaedic Society. For those who already have, thanks so much!

As many of you are aware, election time is almost upon us. I have taken the liberty of presenting some information from Joe Prudhomme and WESPAC on candidates who would be beneficial for physicians in their respective positions. Please see the information on page 5.

I would like to comment on physician depression and burnout. According to Medscape's Physician Lifestyle & Happiness Report 2018, 32% of orthopedic surgeons rated themselves as very or

Issues

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Your Practice Is About to Change...

The election for
Supreme Court
could decide
your
professional
future;
you **MUST** get
involved!

And it's about to change for the worse!

West Virginia is on the cusp of something unsettling. It is not a good thing. The West Virginia Legislature has voted to impeach all five Justices of the Supreme Court of Appeals, while the fifth resigned. Two are facing criminal charges. All five justices may be replaced at the same time. Why should you care?

If three of those new justices are plaintiff-oriented, or lean that way, they can quickly undo all of the hard-earned tort reforms that make West Virginia a reasonable place to practice. They will **reverse the caps** on liability suits. Currently, the maximum judgement in West Virginia is limited to \$750,000 for all damages (adjusted for inflation since 2004).

The effects of no caps are troubling. Michigan just has a judgement involving one doctor and one patient. It was an orthopaedic surgeon performing a scoliosis surgery. The patient was paralyzed by the operation. The amount awarded? **\$145 million!**

Your insurance can easily double or triple overnight. You could be sued potentially three to five times per year, instead of once every 10-15 years, based on experience of locales with no caps compared with the current situation.

You **must** care about this; **your future depends on it.** You need to participate in the current special election for the

first two of the open Supreme Court seats. It's happening on November 6.

Do you want a seat at the decision-making table? If you are not at the table, then you are on the menu. Call me at 304.282.9211 or email me at jprudhomme@hsc.wvu.edu. I can teach you how to easily get involved and make a difference. Alternatively, send a contribution to WESPAC and it will be put to good use to protect you.

Editor's update: Since this was written on August 24, Justices Ketchum and Davis have resigned. Justice Ketchum has pleaded guilty to charges and Justice Loughry has been indicted on 25 counts in federal court, three of which have been dropped. Justice Walker withstood the first impeachment trial and was censured. Governor Justice appointed House Speaker Tim Armstead to fill the Ketchum vacancy, and Congressman Evan Jenkins to fill the Davis vacancy. Both must run for election on November 6.



2019 Meeting: Good Things Coming

Mark your calendars for the April 26-28, 2019, for the WVOS Annual Spring Break Meeting at Stonewall Jackson Resort. The WVU and Morgantown contingent will be in charge of the meeting content this year, with assistance from panhandle practitioners, and it will be enlightening.

“The Future of Orthopaedics in a Changing Profession” will be our theme and possible talks include: system growth and development; employment models – is private practice dying; physician-owned entities; myths and realities of the millennial generation; what is preop-optimization and is it relevant for us; payment reform- are bundled payments really the future; use of APP’s in your practice; is your practice social media savvy; stem cells and PRP – hype or science; is 3-D printing a useful technology or a fad; robotic surgery – marketing tool vs true advancement; grading of physicians and outcomes; telemedicine; an opioid talk; infection control in joint



arthroplasty; and the role of clinician scientists in academic medicine. If you have topic or speaker suggestions, please contact [Dr. Sandy Emery](#).

We have moved to a Saturday and Sunday format in an effort to improve attendance and facilitate recreation for families, as well as golfers. We will keep you updated as the schedule develops.

As we’ve done for the past few years, we will be having a fundraiser for the Orthopaedic Research and Education Foundation (OREF) that, according to this summer’s survey, may be a contribution option.

Handwritten signature of Jack Steel

Theme:
**The Future of
Orthopaedics in
a Changing
Profession**



Disposing of Unused Prescriptions

WVOS wants to help you help your patients and their families deal with unused prescriptions.

Many people don't know how to dispose of unused medications, whether they just forget about an unfinished prescription, or whether they are cleaning out medications for a family member who must leave the home. Proper disposal can avoid problems with people using medications not prescribed to them or the theft of unfinished medications by family, friends or strangers.

As members of the WV Orthopaedic Society or the WV Association of Orthopaedic Executives, you know how opioids and other pain medications can impact your patients and their families. In an effort to help you help your patients and their families, we have made some additions to our web site. We have added an "opioids" tab to the navigation bar that has drop-down links to information for [physicians](#) and for [patients](#).

As part of our effort to address the opioid issue, we are making available to you information that you can share with your patients at the time prescriptions are written. We


have this information on our web site and you can download the card shown below and substitute your practice logo and address for the WV Orthopaedic Society information currently shown. These can be printed on Avery or other brand business cards that contain 10 cards per page.

For patients, we have information on the card and on the web site that lets people know how to safely dispose of unused prescription medications. There are options for home disposal or pharmacy and law enforcement locations that accept unused medications.

We have addresses for Walgreen's pharmacies in Charles Town, Charleston, Martinsburg and Morgantown. We are adding more chains and locations as they become available.

We have names, addresses and hours of acceptance for ten law enforcement agencies across the state, in addition to a link to the DEA program.

For just pennies a patient, you can be part of the solution!

		PO Box 13604 Charleston, WV 25360 www.wvos.org Dispose of Unused Meds
Drop-off Locations	In Home Method	
Visit www.wvos.org for a list of pharmacies and police stations to drop off unused medications	MIX pills with trash (used coffee grounds, kitty litter, dirt) or ground charcoal PLACE in sealed bag THROW bag in trash	

Endorsements Announced for Nov.

WESPAC is a voluntary, bi-partisan, unincorporated organization composed of physicians, residents medical students and their spouses and is a separate segregated fund established by the West Virginia State Medical Association (WVSMA). They work throughout the year with elected officials to make sure they understand the many facets of our healthcare system. Their goal is to organize the

physician community into a powerful voice for quality healthcare in West Virginia. They seek to preserve the vital relationship between you and your patients by educating our legislators about issues important to our members.

WESPAC Chairman and WVOS' AAOS Councilor Joe Prud'homme, MD, has announced the organization's endorsements for the Nov. 6 election:

Please study the candidates and
VOTE
on Nov. 6!

Supreme Court of Appeals

<u>Division</u>	<u>Recommendation</u>
2	Evan Jenkins

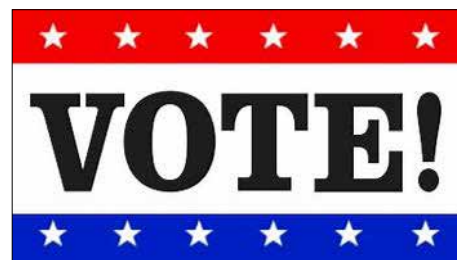
WV Senate

<u>District</u>	<u>Recommendation</u>
2	Charlie Clements
4	Eric Tarr
7	Ron Stollings, MD
8	Ed Gaunch
10	Stephen Baldwin
11	Bill Hamilton
13	Mike Oliverio
15	Charlie Trump
17	Tom Takubo, MD

WV House of Delegates

<u>District</u>	<u>Recommendation</u>
1	Mark Zatezalo
5	Dave Pethel
6	Dave Kelly
8	Bill Anderson
10	Frank Deem
11	Rick Atkinson
12	Steve Westfall
13	Scott Cadle
14	Jim Butler
16	Matt Spurlock
17	Matt Rorhbach
18	Karen Nance
23	Rodney Miller

<u>District</u>	<u>Recommendation</u>
24	Ralph Rodigherio
27	Joe Ellington
27	John Shott
30	Mick Bates
31	Rick Snuffer
32	Kayla Kessinger
33	Roger Hanshaw
35	Moore Capito
35	Charlotte Lane
35	Eric Nelson
42	Cindy Lavendar-Bowe
43	Bill Hartman
48	Terry Waxman
48	Ben Queen
49	Amy Summers
51	Joe Statler
52	Debbie Warner
58	Daryl Cowles
64	Eric Householder
66	Paul Espinosa
67	Riley Moore



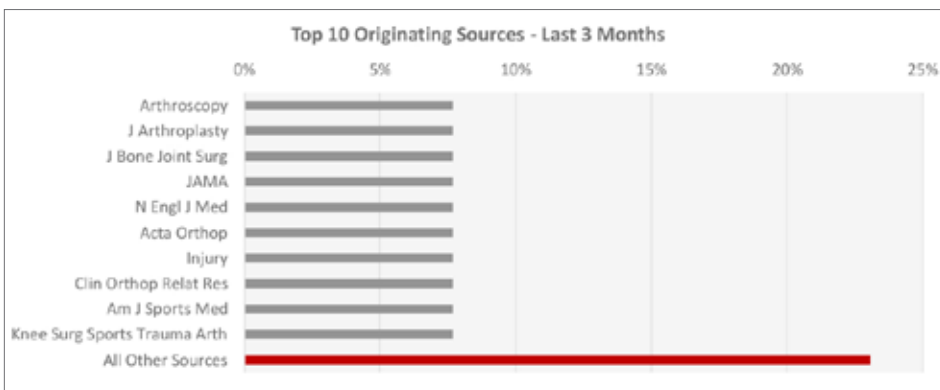
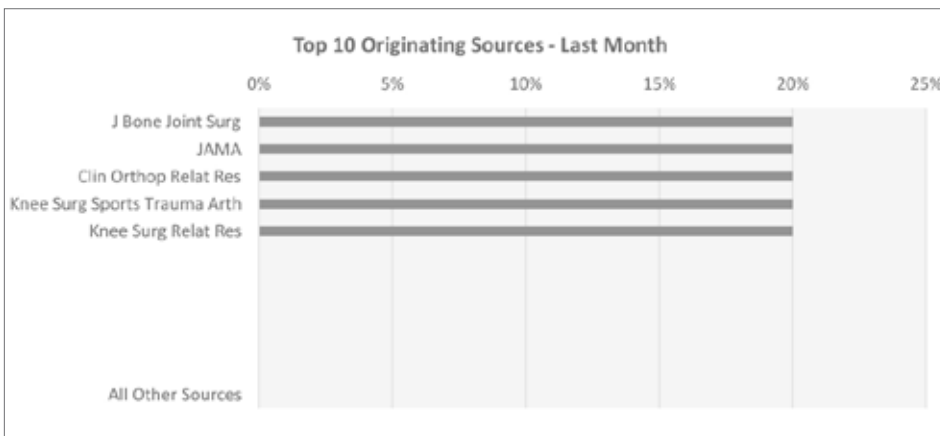
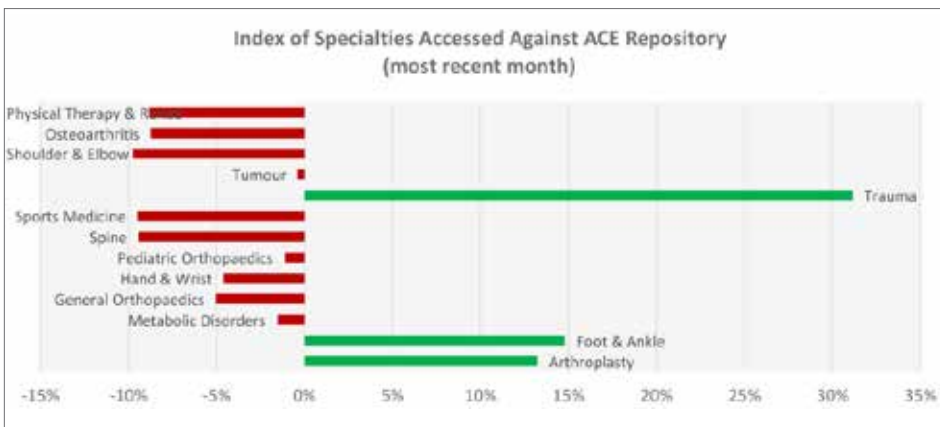
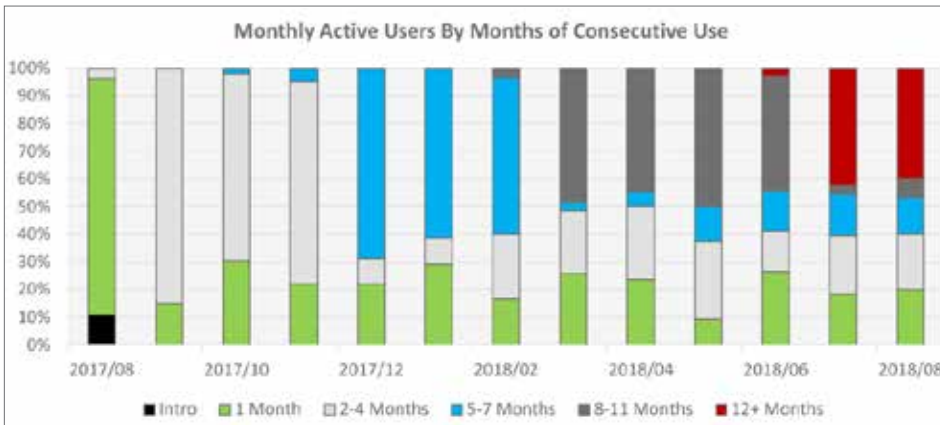
2018 Physicians Foundation Survey

Key findings:
Fewer indeen-
dent physicians,
fewer drug
prescriptions,
more quality
payments,
telemedicine,
the impact of
poverty and
struggles with
burnout and
morale.

The 2018 Survey of America's Physicians reveals an evolving medical profession that continues to struggle with issues of burnout and low morale. Key findings include:

- Only 31% of physicians identify as independent practice owners/partners, down from 33% in 2016 and down from 48.5% in 2012.
- Physicians are working fewer hours and are seeing fewer patients.
- Employed physicians work more hours yet see fewer patients than practice owners.
- 80% of physicians are at full capacity or are overextended.
- 62% are pessimistic about the future of medicine.
- 69% are prescribing fewer pain medications in light of the opioid crisis.
- 55% describe their morale as somewhat or very negative, consistent with findings in previous years.
- 78% sometimes, often or always experience feelings of burnout.
- 23% of physician time is spent on non-clinical paperwork.
- 46% plan to change career paths.
- 17% plan to retire (up from 14% in 2016) while 12% plan to find a non-clinical job or position.
- 18.5% now practice some form of telemedicine.
- 31% of physicians' patients do not consistently adhere to their treatment plans.
- 26% of physicians favor a single payer health system, 35.5% favor single payer with a private insurance option and 27% favor a market-driven system.
- 22% of physicians do not see Medicare patients or limit the number they see.
- 32% of physicians do not see Medicaid patients or limit the number they see.
- 47% of physicians have their compensation tied to quality/value, but only 18% believe quality/value payments will improve care or reduce costs.
- 49% would not recommend medicine as a career to their children
- 88% of physicians indicate that some, many or all of their patients have a social situation (poverty, unemployment, etc.) that poses a serious impediment to their health. Only 1% of physicians indicate that none of their patients have such a situation.
- 46% of physicians indicate relations between physicians and hospitals are somewhat or mostly negative.
- Physicians indicate patient relationships are their greatest source of professional satisfaction, while electronic health records (EHR) are their greatest source of professional dissatisfaction.

OrthoEvidence Usage by WVOS



OrthoEvidence proving to be a popular WVOS member benefit.

7 Things to Know for Ortho EMR

“So what’s next after you select your orthopaedic software system?”

You did it! You decided on a new orthopedic electronic health record (EHR) system for your practice. So what’s next? Whether you are making the transition from paper charting to an orthopedic EHR system for the first time or switching between systems, implementation takes time, planning and a strong relationship with your EHR vendor. Based on my experience as both an orthopedic surgeon and on-staff physician at Modernizing Medicine, I compiled some tips to help ensure a smooth transition as you implement your new orthopedic EHR.

1. Work with your EHR vendor to create an implementation plan.

Your EHR vendor will help assess your workflow within your practice to understand how to use your new orthopedic EHR effectively. They should help you identify the functionality and features important for your practice and provide users the needed education. Together you’ll set a feasible timeline for implementation tasks and set goals to monitor progress and measure success.

Identify implementation champions, which we like to call “superusers,” within the practice that will provide support and encouragement during the process. Depending on your practice size you may want to have both an implementation

lead and a lead physician. Your implementation lead will serve as the main contact with the EHR vendor and monitor progress. A lead physician will have intimate experience with the clinical applications of your new EHR and can provide unique insight on exam workflow.

2. Get to know your EHR vendor’s implementation and orthopedic training team.

Implementing a new orthopedic EHR system requires a team effort and support from both the vendor and stakeholders in your practice. During the implementation process, the EHR vendor’s implementation team should help you every step of the way. They will provide a wealth of knowledge and should be your go-to source for any questions to be answered.

At Modernizing Medicine each new practice works with a team of software educators and client advisors during the implementation process. After initial implementation, each orthopedic practice is transitioned to a dedicated client services team to provide ongoing support and education to ensure you get the most out of your new orthopedic software.

3. Invest in EHR training and education.

Take advantage of the training opportunities the **Seven Things** Cont. on pg. 9

Seven Things

Continued from page 8

vendor offers. People learn in different ways and a virtual training format may prove more useful for some, while an onsite training and practice session may work better for others. You'll want to account for travel and time away from the practice and patients to fully master your new EHR system. Investing upfront in training and education for your practice can pay off in the long run with higher user satisfaction and increased overall practice efficiency.

Cortney Hill, billing manager at Connecticut Family Orthopedics, said, "We utilized the onsite training program Modernizing Medicine provides and the transition was seamless. We came prepared to learn, and the Modernizing Medicine trainers were patient with us as we worked through the learning curve together. Our providers were comfortable with the system after the first training session because it's that easy to use."

4. Identify hardware needs.

If you make the transition from paper charts to an EHR, you'll want to include an assessment of hardware to understand the necessary technological devices. Do you need to purchase laptops, desktops or more tablets? Since EMA™ is a native iPad application, you'll probably want to purchase more tablets. A mobile EHR can allow you to freely move around the exam room and better engage with

patients without turning your back and facing a desktop computer.

You'll want to understand the technical aspects of your new orthopedic EHR system too. Server-based EHR systems can require expensive additional storage devices and IT maintenance. Cloud-based — or software as a service (SaaS) — EHRs require less onsite storage hardware, increase mobility and accessibility and help decrease IT costs.

5. Keep the lines of communication open.

Change can be difficult even if it's a change in the right direction. Implementing a new orthopedic EHR system doesn't have to be scary, especially if it improves the clinical, operational and financial outcomes of your practice. By fostering an environment of open dialogue and interaction, you may be able to replace uncertainty with optimism. Regularly gather feedback from users to help address any challenges early on and identify best practices to share with colleagues. Share feedback with the vendor's implementation team to help uncover unmet needs, identify training opportunities or propose future product enhancements.

6. Measure your EHR system success.

Throughout the implementation process, tracking goals is important to understand how well the new orthopedic EHR system works and can help identify areas to improve. Some examples

"Change can be difficult, even if it's change in the right direction."

Seven Things Cont. on pg. 10

“By working with a skilled implementation team, your practice will hit the ground running.”

Seven Things

Continued from page 9

of goals to help measure the progress and success of your new EHR system implementation may include:

- Less time spent documenting exam notes
- Reduction in clicking and typing during patient exams
- Reduction in documentation errors
- Fewer calls and faxes to labs or physical therapy offices
- Reduction in manual processes for the office staff
- Increase in patients seen in a day
- Increase in patient satisfaction scores

7. Patience is a virtue.

The amount of time needed to fully implement your new EHR will vary based on the size of your practice, office workflow and intuitive nature of the software. It is very beneficial to have a superuser on site. A user-friendly system and adaptive learning can equate to a shorter learning curve helping your practice resume to full speed with minimal downtime. Many of our orthopedic clients have experienced a smooth implementation process.

Tara Salsman, office manager at Illinois Valley Community Hospital Medical Group, shared, “Our transition to EMA went smoothly. We participated in online and onsite trainings provided by Modernizing Medicine over a ten-week period. We then did a soft go live, seeing a couple of patients a day in EMA to familiarize ourselves with the system. Within a few weeks, we

were seeing 100 percent of our patients in EMA and we kept up our usual pace.”

Another client, Patsy Smith, the practice manager at South Palm Orthopedics noted, “The implementation process went smoothly, and the Modernizing Medicine educators were significant to our success. Initially, we lowered our patient schedule to accommodate the small learning curve, but we quickly ramped up to normal volume once we got the hang of EMA.”

By working with a skilled implementation team, your practice will hit the ground running with your new orthopedic EHR and you may soon reap the clinical, operational and financial benefits of an even more efficient practice.

Issues

Continued from page 1

extremely happy at work, and 54% rated themselves as very or extremely happy outside of work. Overall 30% of physicians will acknowledge burnout. Traditionally orthopedic surgeons are the least likely of all specialties to seek professional treatment for burnout, depression or both. Emotional exhaustion and depersonalization (two of the three components of the Maslach Burnout Inventory) result from chronic mental stress and emotional injury. The other is lack of personal achievement. Many of us deal with patients during very

Issues Continued on page 12



RESIDENT PAC PARTICIPATION

WHAT IS THE ORTHO PAC?



\$3.5M

The strength of the Orthopaedic PAC gives AAOS crucial access to advocate on behalf of orthopaedic surgeons in Washington, DC and in the states. We are the only national PAC representing your interests before Congress.

The Orthopaedic PAC is one of the strongest medical PACs in the US, raising over \$3.5 million last cycle. Residents played a large role in this, as resident participation increased by 300% in just 3 years.

BENEFITS OF INVOLVEMENT

- Leadership
- Networking
- Personal and Professional Growth
- Opportunities to create relationships with your elected officials



WHY WE NEED RESIDENT INVOLVEMENT

- Residents are the future of the orthopaedic profession
- Ever changing field
- Residents offer new perspectives
- Others will see your efforts and want to get involved
- No one knows the issues that you face better than YOU

WHY ADVOCACY IS IMPORTANT

When the Orthopaedic PAC makes a contribution, it sends a loud, clear message from orthopaedic surgeons to the beneficiary. As the PAC grows, that message resonates louder. By supporting the PAC, you are helping us advocate for you to Congress on issues like graduate medical education, medical liability reform, Medicare reimbursement, and more.

Chances are...If you don't have a seat at the table, you are on the menu!

HOW TO GET INVOLVED



You can give **MONEY**:
Text AAOS to 41444

You can give **TIME**:
Email pac@aaos.org for ways to get involved

Or you can give BOTH!

There are many current non-medical issues of critical importance to our profession.

Issues

Continued from page 12

trying times in their lives. It can be difficult to maintain our own mental and emotional health. Other factors can be bullying, harassment and sleep deprivation.

According to Medscape, the most frequent factors that contribute to burnout among orthopedic surgeons are:

1. Too many bureaucratic tasks (58%)
2. Spending too many hours at work (34%)
3. Increasing computerization of practice (29%)
4. Decreasing reimbursements (25%)
5. Lack of control/autonomy (25%)
6. Insufficient compensation (22%)
7. Government regulation (20%)
8. Lack of respect from administration , colleagues, staff (20%)
9. Lack of respect from patients (17%)
10. Maintenance of certification requirements (13%)
11. Feeling like a cog in the wheel (13%)
12. Emphasis on profits over patients (9%)

How can we as orthopedic surgeons and as an organization address depression and burnout among ourselves and our colleagues? Consider doing one or more of the following:


- * **Lessen the stigma.** Encourage open discussion, participate in medical education and share stories.

- * **Lobby** against credentialing and licensing that requires reporting of private health information for physicians.
- * **Intervene.** Be willing to have conversations, take next steps and assist a colleague.
- * **Make it easier for your colleagues to speak up** and seek help earlier, as well as limit the repercussions to their jobs or careers.
- * **Create organizational resources,** set up links or outsource assistance to trusted people or groups.

Lastly the next topic has been hot in the media. It is also pertinent to our profession. And the topic is sexual harassment. The #MeToo movement has gained forceful momentum as men in prominent positions in government, entertainment, and corporate industry were called upon to account for incidents of inappropriate behavior toward women. As a society, women continue to face barriers and threats to safety. In medicine, as in other professions that long were male-dominated, progress toward fair and equal treatment has been a slow but real process. In orthopedic surgery, women remain a decided minority. Those of us who work with female orthopedic colleagues should always keep this in mind.

See you next year!





I AM MODERNIZING ORTHOPEDICS

WITH A SMARTER EHR

It's so advanced, it actually learns from you. Modernizing Medicine's all-in-one platform was designed by practicing orthopedists to streamline treatment and help improve workflow. From the moment you first log in, it begins learning how you practice, diagnose and treat patients, customizing itself to help give your practice greater efficiency.

So you can see more patients, while seeing more of your patients. It's time to demand more from your EHR.

[VIEW OUR 2-MINUTE DEMO](#)

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to help make your voice
heard on issues of
importance to
orthopaedic medicine and
your patients!**

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