



Volume 1 • Issue 1 • Summer 2009

Welcome to the first WVOS newsletter!

For a number of years, we've been talking about producing a newsletter for members, orthopaedic office staff and potential members.

Welcome to the product of those discussions!

This will no doubt be a living document, one which could use your input and feedback. Please tell us what you'd like to see included in this quarterly publication, tell us what you don't want to see, and feel free to send articles and news of interest to the orthopaedic profession in West Virginia.

Right now, we're planning to cover articles from President Greg Krivchenia, AAOS Councilor Jack Steel, AAOS news, relevant information from the West Virginia State Medical Association, information on state and federal legislative and regulatory issues and news of upcoming meetings.

We want to include the news you want and need to know, so please share that information with us.

For now, we'll be electronic only, but members are free to print the publication and share it with peers, office staff and other colleagues.

Again, please feel free to send your articles, items for a calendar of events, feedback and suggestions for topics to us at admin@wvos.org. This is your publication!

You name it

Can you think of a great name for our new publication? Please submit your suggestions, the board will select the winner, and we'll feature your photo in the next issue! Just send your suggestions to admin@wvos.org by August 1, 2009!

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WVOS President Greg Krivchenia, M.D.

Healthcare, grants top NOLC in DC

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Recently, Drs. Joe Prud'homme, Jack Steel, Brian Hamlin and I spent several days in Washington, DC, lobbying our legislators over healthcare issues. We talked about access to orthopaedic specialty care, funding of President Obama's health initiatives, and how to help pay for them. Also, we stressed the importance of individual responsibility when it comes to living within one's means. To put it bluntly, for proper healthcare reform to be affordable, Congress has to budget in "stupid."

At the National Orthopaedic Leadership Conference in DC, the AAOS announced that our West Virginia Orthopaedic Society has received a \$5,000 grant to conduct a financial benchmarking conference and a survey of our practices in the Mountain State. This grant will be used in conjunction with the West Virginia Association of Orthopaedic Executives. We are planning to complete the survey and the meeting by the first half of 2010, so please participate in both events!

Healthcare reform is the hot topic in DC and around the country. On NPR, a report from the White House indicated that if we did not pass meaningful healthcare

reform this year, by 2040, 34% of our GDP will be taken up with health care. Presently, it stands at 18%. Most major healthcare organizations have come together to say that they can save \$2 trillion if their reforms are part of the solution. Again, there will be no meaningful reform unless individuals are held accountable for their bad decisions and unless we have meaningful end of life care that is not wasteful.

On Friday, August 28, at The Greenbrier, the executive committee will be meeting and we invite all members to attend and help mould our programs for 2010.

Key contacts sought in DC, WV

The West Virginia Orthopaedic Society and the American Academy of Orthopaedics Surgeons are seeking legislative key contacts for members of Congress, as well as for members of the West Virginia Legislature. You needn't be a campaign contributor to be a key contact. If you are interested in serving in this capacity, please contact Diane Slaughter at the WVOS office at 304.984.0308 or admin@wvos.

NOLC Councilor's report given

On Thursday, April 30, 2009, Dr. Greg Krivchenia, Dr. Joe Prudhomme, Dr. Brian Hamlin, and yours truly visited Capitol Hill.

We met with Senator Byrd's Chief Advisor, Chris Gould. He, as always, was very attentive and indicated to us that Senator Byrd was very much aware of the healthcare situation. He is particularly interested in access to care by West Virginians. He also indicated to us that Senator Byrd was "old school" and was not likely to sign on to the proposed AAOS Musculoskeletal Bill. He said he would support it but he was more inclined to support the principle as opposed to put his name on a bill.

We then went to Senator Rockefeller's office. In view of Senator Rockefeller's recent surgery at WVU for a ruptured quad tendon, we anticipated being able to meet with the senator. He, however, was not back in the office. His legislative aide, whom we had not met previously, indicated to us that Senator Rockefeller was not as involved with the healthcare reorganization as he had been in the past. He said it was primarily in the arena of Senator Max Baucus from Montana, Senator Charles Grassely from Iowa, and Ted Kennedy. This

turned out to be a theme that we heard throughout the course of the weekend. We did not feel that we gained much from our visit at Senator Rockefeller's office.

We then met in the afternoon with Congresswoman Shelley Moore Capito. She met with us directly, was well informed, and quite interested in what we had to say about healthcare. She also was happy to support the AAOS Musculoskeletal Bill, which was a budget neutral bill that basically emphasized the importance of orthopedics for the primary care of musculoskeletal problems.

Our next visit was with Congressman Alan Mollohan. This was the first time we had officially met with him during all of our visits to The Hill. He was very well-informed, was engaged, asked good questions and was, in short, very impressive.

Our last visit was with Congressman Rahall. He sat quietly and listened to what we had to say and then stood up for a picture and left. There was very little interaction between the congressman, Dr. Prudhomme and myself.

In summary of The Hill visits, we had access to

We offered to provide any information regarding healthcare in West Virginia for our Congressional delegation.

Healthcare is a huge problem. In terms of outcomes, the United States ranks 37th. Families are paying roughly \$24,000 a year for healthcare.

NOLC *Continued from page 3*

congress people that we had not had in the past. This was primarily related to Dr. Prudhomme's contacts with staff people and friends of Congressman Mollohan and Rahall. We left information with each of the offices regarding the orthopedic aspect of our visits. Dr. Prudhomme also provided his number for production of research studies that they may need. We also volunteered to provide any information regarding healthcare in West Virginia for them.

Friday was spent listening to talks from various members of Congress and their aides. The bottom line of these discussions was that healthcare is a huge problem. In terms of outcomes, the United States ranks 37th in outcomes but families are paying roughly \$24,000 a year for healthcare. By 2030, 70% of the budget will be healthcare if the situation goes on unchecked. Legislation is guaranteed to be here by late summer, definitely passed by October the 1st. This is going to be brought in under reconciliation, which means that only 51% of the Senate has to vote to pass the bill. Normally it would be 60%. This reconciliation is the way the budget gets passed and healthcare has been placed on the reconciliation docket.

Senator Baucus, Senator Grassley and Senator Kennedy are the prime movers in the healthcare reform. We were told by at least a couple of senators that this is to be Ted Kennedy's legacy. Full universal healthcare for children in the form of the SCHIP as well as full universal health coverage of some form for all Americans.

The bottom line; the number one priority of President Obama and the Congress is get health reform done this year. There is no clear-cut indication of what this is going to be as of yet. Our plea as orthopedists was to be involved in the planning. We emphasized the fact that we are the primary care providers for musculoskeletal problems. On numerous occasions we pointed out the fallacy of primary care providers being the gate keepers actually providing appropriate care and saving money when it comes to musculoskeletal problems.

Additional statistics that were thrown our way include healthcare being 17% of the GDP with it predicted to be 25% by 2015. Every two minutes, there is a health-related bankruptcy. There is no evidence to support that all of this money going into healthcare is providing improved quality of

NOLC *Continued on page 5*

NOLC *Continued from page 4*

healthcare. Of dollars paid for care of Medicare, the hospital gets 30%, physicians 21%. The bureaucrats describe the government overhead for Medicare and Medicaid to be 5%, whereas private insurance is 20 to 20%. It was subsequently pointed out by an orthopedist that the overhead for Medicare and Medicaid does not include cost of building rental, cost of postage, etc., so once all of the other costs are added in, roughly the overhead is close to that of private insurance.

Another long segment was devoted to health information technology. This is also something that is coming and coming quickly. There is no one electronic medical record system that is fool-proof. A significant problem has been communication between the systems. At this point I would suggest not being in a hurry to convert to an electronic medical record until sometime after October when we see what is coming down the pike for healthcare in general. Money has been appropriated for IT but where that is going as of yet is not known.

The afternoon of May the 1st was devoted to information technology and orthopedic surgery. The Kaiser Permanente group, which has over 8 million

patients, has a tremendous IT program. The physicians are able to communicate with their patients via secure e-mail. They can refer them on to appropriate web pages with a back ground on total joints and so forth. They can also actually avoid multiple followup visits by being able to answer patient questions and provide direction for further activities. They even showed pictures of a patient wound that had a postop hematoma. This was transmitted by the patient over the internet to the physician who then had the patient come in for evacuation of a hematoma. This was a multi-million dollar operation and it was state-of-the-art. I don't know that anybody in West Virginia has a large enough operation that they could progress to that. If you were so inclined, however, I would suggest that you contact Kaiser Permanente for suggestions.

Saturday's meeting discussed The Orthopedic PAC. This is overseen by Stuart Weinstein. This is truly an example of a success story. Our PAC financing has grown exponentially over the last several years. Our goal is 50% member participation but currently it is only at 25%. It is important to note that there is no minimum contribution. If you want to give \$10, that is fine. The

NOLC *Continued on page 6*

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NOLC *Continued from page 5*

big issue is the number of involved physicians. The AAOS website has a link to the PAC and also the *Orthopedics Now* publication has information whereby you can make donations. I cannot emphasize enough the importance of doing this as it does help to get our voice at the table. We have reached a point where we are essentially at the top of the medical specialties in terms of financial resources. This is definitely a good investment. The average donation is \$792 but, again, even a \$10 to \$25 donation is excellent and it makes you a part of the PAC.

Lastly, there is still a big push for medical liability reform. We emphasized that with our representatives that part of a healthcare package should include medical liability reform. Since we are responsible for providing uncompensated care, it would certainly be helpful to have some protection from

lawsuits associated with trauma. Some of the Congress people agreed with this but a few admitted that there was absolutely no push for this. One actually cited the power of the plaintiff/attorney lobby.

In summary, this was a very interesting meeting but somewhat scary. The healthcare situation is going to change dramatically in the next several months. This is a change that will remain in effect for several years. As information becomes available, you can access it from the AAOS website by following the links to the PAC, and there will also be updates from the Advocacy Council.

I hope everyone has a good summer and look forward to the mid winter meeting.

Sincerely,
Jack R. Steel, M.D.
WV Councilor
AAOS Board of Councilors



Low-risk template on FTC web site

Do you know your practice's risk for identity theft? Are you ready to implement the Red Flags Rule on August 1?

To help entities that have a low risk of identity theft, such as businesses that know their customers personally, the Federal Trade Commission (FTC) has created a template for use in developing a written identity theft prevention program to comply with the Red Flags Rule. The guided four-step process is available at <http://www.ftc.gov/bcp/edu/microsites/redflagsrule/get-started.shtm>. Recall that **the FTC has delayed enforcement of the Red Flags provisions until August 1, 2009**. This simple template can save you numerous headaches in trying to develop a policy. You can type in the information and print out a copy for your office files.

"Given the ongoing debate about whether Congress wrote this provision too broadly, delaying enforcement of the Red Flags Rule will allow industries and associations to share guidance with their members, provide low-risk entities an opportunity to use the template in developing their programs, and give Congress time to consider the issue further," FTC

Chairman Jon Leibowitz said.

During outreach efforts last year, the FTC staff learned that some industries and entities within the agency's jurisdiction were uncertain about their coverage under the Red Flags Rule. During this time, FTC staff developed and published materials to help explain what types of entities are covered, and how they might develop their identity theft prevention programs. Among these materials were an alert on the Rule's requirements, www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm, and a Web site with more resources to help covered entities design and implement identity theft prevention programs, www.ftc.gov/redflagsrule. The compliance template is available on this Web site.

The Fair and Accurate Credit Transactions Act of 2003 (FACTA) directed the FTC to promulgate rules requiring "creditors" and others with covered accounts to implement programs to identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft.

Accepting credit cards as a form of payment does not, by itself, make an entity a creditor. Some examples of

Red Flags *Continued on page 8*

The information in this article should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances.

Red Flags *Continued from page 7*

creditors are businesses that provide services and bill later, including doctors and other professionals.

Physicians who are out-of-network with the patient's health insurance are generally allowed to "balance bill" or charge their patient later for the difference between the physician's rate and what the patient's explanation of benefits (EOB) indicates that the insurance will pay - typically a percentage of what the insurer identifies as the usual, customary and reasonable rate (UCR).

A practitioner sometimes does not know the co-pay amount or the UCR until the EOB is received. In a balance billing situation, the practitioner will often collect

a co-pay at the time of the visit, bill the insurer, and upon receiving the patient's EOB will bill the patient for whatever the insurer doesn't pay. In that way, the practitioner is billing the patient at a later date after the services have been rendered, and thereby becomes a "creditor." By contrast, practitioners who are in-network usually are contractually obligated to accept the insurer's payment as payment in full and are prohibited from subsequently "balance billing" the patient. In those situations, there is no later billing that could make a practitioner a "creditor." Simply submitting a bill to the insurance company will not do so.

New AMA resources for patient education

Medicare and Medicare Advantage

The American Medical Association (AMA) has created two new educational resources for current and potential Medicare Advantage beneficiaries. AMA members can use these patient educational resources to help educate their patients and staff on the benefits and problems associated with participation in Medicare Advantage plans. The first resource, "[What you need to know about Medicare Advantage](#)," provides basic information on the program, including what to expect in terms of benefits, enrollment and health insurer marketing of these plans. The second resource, "[Which plan is right for you](#)," provides a brief overview of the different types of Medicare Advantage plans, including HMOs, PPOs and private-fee-for-service plans.

Visit the AMA Practice Management Center Web site at www.ama-assn.org/go/psa to view and download these patient resources. AMA members can download these patient educational resources as member benefits.