

BACKBONE

Volume 12

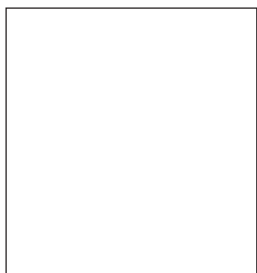
a publication of the Connecticut Orthopedic Society

Winter 2008

President's Corner *Robert Biondino M.D. - President*

How prepared is the State of Connecticut for regional healthcare? Governor Rell recently had a task force address the issues of workforce shortage, liability issues that exist in the State and emergency room deficiencies.

Let's try to address each of these as they impact health care delivery. (Editors' Note: The recent recommendations of the Task Force are available online at www.ct.gov/ohca and all members are urged to review it as many of the recommendations might serve as the legislative springboard for 2008.)



Shortage:

The **AMA News** reports that the U.S. needs 14,000 medical school graduates a year but we produce only 8,000. We can accept a large number of physicians from abroad and at this time, 37% of the physicians in the country are educated outside the United States and 51% of all medical school graduates are women with only 67% of them working full-time. There are only 600 female orthopedists out of 17,000 in the American Academy of Orthopedic Surgeons and the numbers are worse for neurosurgery, urology and cardiothoracic surgery. This shortage is unacceptable in Connecticut. Another critical factor is an aging workforce of physicians (CT ranks in the worst top 8) and we are unable to attract new physicians (we rank in the bottom 10 in "under 40 years of age" recruitment). Why, in a State as attractive as Connecticut? We are not alone in this crises mode, the State of Pennsylvania suffers from low reimbursement and high malpractice rates which also prevents them from attracting young surgeons. In fact, in the last decades, upwards to 70% of the trained orthopedic residents stayed in their state, now only 10% do.

There are partial answers, but the hospitals, insurance companies and the state legislation are clearly major factors. The hospitals cry poverty but are always paid by the state and government for free services. Sadly, the physicians are uncompensated and they are the ones that spend late evening hours caring for the uninsured patients which has a significant impact on their next day's performance. The hospitals eagerly pay physician extenders and

hospitalists to care for their needs, but fail to address private physician needs (particularly in the surgical/trauma arena). This failure by hospitals to enlist physicians has prompted the transfer of many joint replacements from a large facility in Hartford to another in the same community. More importantly, this unwillingness to provide financial assistance to private physician groups has made it impossible for these groups to hire new and younger physicians to replace the aging physician population and Fellowships reduce the potential available pool too. As a result, parts of the State now little to no access to some surgical specialists. Why come to a state where the Certificate of Need process protects hospital income, but fails to compensate physicians who might want to own an MRI machine or invest in a surgicenter? Other states endorse this practice, our State sends our highly-skilled physicians elsewhere. The larger teaching hospitals often have bed issue problems. Patients are actually transferred out of state for medical and surgical care. Compensation is a factor in access to healthcare and it should be because physicians have value, they are not conscripted. They are often asked to balance ethics, law and a third-party regulated medical system - a system which is viewed with wariness when an officer at Aetna reportedly sells 8% of his options for an estimated \$30 million dollars. Hardly a recommendation for a company which profits by selling and buying health and worker compensation insurance plans, which allow for future reductions in payments to physicians.

Liability Issues:

When considering liability issues, value-based medicine is not part of the thought process. Medicare has recent guidelines and is now addressing some of the care issues. Hospitals remain dedicated to operating room utilization and bed turnover with longer surgeries paying more and quicker bed turnovers mean more patients to care for (or less care provided to patients). Where is the balance? The hospitals do not assist private physicians with malpractice insurance but the

(cont. on p. 2)

Reducing Waste In Health Care

As the cost of health care continues to eat away the fruits of our commerce, all the candidates can do is hold up paper models that promise to provide care for the uninsured, free prescription drugs and immediate accessibility for all. Like most campaign promises, those things will never happen. What seems puzzling is that so few dare to address one of the most wasteful parts of our health care - our broken medical litigation system.

How do we know it is broken? Of valid claims for medical errors, only 2-5% make it into the judicial system; 20% of all claims that resulted in no settlement had some basis for negligence and; 40% of all claims that settled had no basis for negligence. That means there is a 25% error rate in distinguishing negligence from non-negligence (Harvard Medical Practice Study of 1990).

Why is it wasteful? For every dollar that moves through the US tort system, only 22 cents goes to the plaintiff for economic losses. Eighteen cents goes to plaintiffs' attorneys, 21 cents to administration, and 14 cents goes to defense attorneys. Twenty-four cents goes for non-economic damages, such as pain and suffering. Litigation typically takes years, jury awards are unpredictable and vary widely, and verdicts provide no practical guidance for physicians as to what the standard of care should be. Every dollar of litigation costs four dollars in unnecessary hospital and laboratory expenses for defensive medicine. Defensive medicine wastes about a billion dollars a year.

Other unintended consequences? Fifty percent of medical students chose their specialty based on malpractice risk. The risk/reward ratio for family practice, for instance, is so high that fewer and fewer students are choosing that field. Thirty nine percent of medical students chose the state in which they will practice based on the state's malpractice policy and experience- so Pennsylvania, with its oppressive med mal environment, cannot retain any of the residents who train there. Accessibility is diminished- so in our orthopedic clinic I can't find any doctors in the Danbury area who will do elective spine surgery on Medicaid or the uninsured patients, all of whom are referred to Yale.

A simple and cost-saving solution that would assure equitable and prompt compensation for medical errors is Health Courts. Health Courts are specialized courts that deal only with health issues. There is plenty of precedent for specialized courts- such as tax courts, patent courts, juvenile courts, and Workers Compensation.

The concept of Health Courts is based on administrative compensation. Compensation and discipline would be

separated, and there would be full-time judges who do nothing other than health care adjudication. The judges would chose from a panel of neutral experts (no hired guns), and once a medical error had been verified, recovery would be automatic and based on a schedule, like Workers Comp. A cap would be set for non-economic damages, legal fees would be capped at 20%, and only 10% would be spent on administration. That means the injured party would recover no less than 70% of the award (as opposed to the 46% he gets now). The health judges would make written rulings of every case, both to create case law precedents and to provide guidance as to the standards of care.

Culpability would be based on "avoidability." Judges will determine if "the best action" was done. A panel of peers, who would be granted the authority to levy fines, confine one's scope of practice, demand educational or psychological remediation, or revoke one's license, would then discipline doctors. Doctors would be allowed to report medical errors and near misses without sanctions. In this way patient safety will be addressed in an open, objective, and analytical way.

While at first glance the candidates' avoiding this issue seems puzzling but, the reason is that tort reform legislation will never be passed and no amount of political contributions will change that. Why, you ask? In Connecticut, there are 43 members of the Judiciary Committee, 19 of whom are lawyers, including both Democratic co-chairmen and both ranking Republican members. There are roughly a hundred Judiciary Committees in the states across this nation, 30% of whose members are attorneys. Sixty percent are chaired by attorneys. On the federal level, the Democratic Party is joined at the hip to the American Trial Lawyers Association in perpetuity. With a 20% cap on legal fees, attorneys are not in favor of Health Courts.

Only when hospitals, employers, and insurers feel the economic pain of a failing health care system will they take steps to improve its cost effectiveness. An unsustainable, unpredictable, and unproductive medical liability process will be an easy target. In an end run around the legislative process, they will encourage employees and subscribers to consider the administrative model of compensation, to bypass the traditional court theatrics and junk science, and to sign contracts agreeing to the Health Court's decisions in the event of a medical error. Harvard School of Public Health, Harvard Medical School, and the University of Denver Sturm School of Law are researching models of Health Courts with a \$1 million grant from the Robert Wood Johnson Foundation in six states, including New York and Massachusetts. Connecticut needs to get on board.

Orthopedic Foundation

The Connecticut Orthopedic Foundation, Inc., is committed to the training and education of orthopedic surgeons and to this end have donated \$50,000.00 over the past few years to both the Yale and University of Connecticut Orthopedic residency programs. Please join your colleagues in making a contribution to the Foundation.

Enclosed is my contribution, payable to the "Connecticut Orthopedic Foundation, Inc." (Please Print)

Name _____

Home Address _____

City _____ Zip _____

Phone _____

Email _____

I am pleased to support the Connecticut Orthopedic Foundation with a gift of (check one)

___\$500.00 ___\$250.00 ___\$125.00 ___\$(other)

Send to the Connecticut Orthopedic Foundation, 26 Riggs Avenue, West Hartford, CT 06107. Your cancelled check is your receipt. **Thank you!**

2008
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President's Corner *(cont. from front page)*

physician remains responsible for their results even though the hospitals control two key factors - the bed space and operative time. Trauma teams may have to wait until the early morning hours to provide care, this waiting exhausts hospital employees as well as the trauma team. In scientific studies time has clearly been designated as a problem. The time available to do emergent surgery and time to close open wounds present problems. Avoidable complications take up bed space or time and frustrate all concerned.

Is tort reform even a possibility? At my last count, the State Judicial Committee had 43 members of which 23 were attorneys who have the majority vote which makes relief from reform seem highly unlikely. Cost control is always someone else's problem. Shouldn't we create new sources to help finance emergency care? Isn't the hospital partially responsible for the costs and a share of the liability? Figures suggest that 65% of all malpractice claims originate through the hospital emergency rooms. Why don't hospitals pay for some of the physician's malpractice expense? Maryland charges an additional \$3.00 to \$4.00 for each driver's license issued with this additional revenue earmarked for uninsured medical care.

Emergency Department Issues:

It is presently estimated (2005) that 16% of all emergency department patients have no insurance. In this state, Medicaid payment have not been adjusted since 1988 (recent legislative action has provided for a slight increase in payments to providers). As for the payers, Anthem shows little interest in upward adjustments. In fact, over the past eight years they have consistently reduced payments to community orthopedists. Is it too much to insist for adequate reimbursement for the cost of care we deliver? The small state of Idaho compensates physicians for emergency department care at the rate of Medicare plus 20%. Orange County hospitals also guarantee physicians the same rate for treating uninsured patients and in Miami, hospitals pay Medicare rates. There are many hospitals in our State that pay a small stipend for emergency department coverage but last year one small hospital refused to pay an orthopedic group's request for financial consideration to cover its emergency department and lost the entire group's coverage. With no current orthopedic coverage, they send patients to a larger, neighboring facility which then calls surrounding hospitals to transfer the patients. Levels of care dictate diversion/transfer for polytrauma, spine trauma, hand trauma and pediatric trauma. Protocols do exist for transfer however it is difficult when one of the State's largest hospitals has only 40% hand surgeon coverage and due to an aging neurosurgical staff requests coverage from a group at another facility.

There is no reason to believe that our hospitals, insurance carriers or legislative lawyers will reverse this trend. The American Academy of Orthopedic Surgeons (AAOS) ad-

dresses standards of professionalism in core orthopedic capabilities, but who ultimately defines the results? Are joint replacement specialists, covering an emergency room, capable of mangled hand procedures that would compare favorably to the outcomes of a specialist? There are no criteria to judge the results of a sports surgeon who is asked in emergency room coverage to do an open pediatric supracondylar fracture. Treatment can not wait with this type of injury and with no pediatric trauma specialist available and urgent surgery required, what parameters do we use? Unfortunately, the "best I could do" response when the specialist from Maryland arrives as the expert witness may not be "good enough." Core recommendations by the AAOS may not fit an occasion where there is simply no transfer availability and no specialty coverage. Physicians can delineate their hospital privileges on what they will and will not treat and their hospital emergency department needs to avoid accepting any and all cases that the coverage for that evening does not exist, this may not occur in a smaller community.

This has all led to the growing reluctance to take emergency department call. Hospitals in our State need to eliminate call nights for senior staff members. In addition, many specialists have shifted their focus to non-hospital based surgicenters and as a result need hospitals less for admitting patients or patient referrals. Nationally, 73% of emergency departments have inadequate specialist on-call coverage and 36% of all hospitals paid a specialist to take call (*ACEP, April 2006 and JBJS, Volume 88A, June 2006*).

In closing, two quotes from William Osler come to mind. Osler stated, "the practice of medicine is not a business and can never be one." To which I say, "maybe reasonable in 1903 but it is what has allowed the hospitals and insurance companies to play their games over the past two decades." As physicians, we still struggle with Ronald MacKenzie's ethical priorities. We still want to advance the well-being and dignity of our patients, improve accessibility, encourage principled physician behavior and perhaps move society to equitable positions in distributing health resources. It is presently too hard to do in the State of Connecticut. "Influences gone and the true light of your life is dimmed." (*Reference articles available upon request.*)

*The Backbone is a publication of the **Connecticut Orthopedic Society**. Comments and suggestions should be directed to:*

Susan Schaffman, Executive Director
26 Riggs Avenue, West Hartford, CT 06107
(860) 561-5205 phone
email: sasshops@aol.com

Membership Dues 2008

The 2008 Dues Membership information has been mailed to your office. Membership dues for 2008 remain at \$250.00 which includes admission to the Annual Meeting with CME credits, reduced rates for coding workshops, legislative representation and members' directory listing for patient referrals on www.ctortho.org. Please complete the form at right and mail with dues payment (for your convenience, we accept MasterCard or VISA – earn miles). This year, with your support, your Society will:

Lobbying – Continue working with the Society's lobbyist, Halloran & Sage, to guarantee that the Society has a seat at the legislative table with upcoming debates and decisions in Legislative 2008. In addition, we continue to safeguard the practice of medicine and assist the Society's members with presentations at public hearing, bill tracking and meetings with key legislators. **Please consider an additional contribution to the Society for political activities (*see invoice).**

Scope of Practice and Practice Preservation - Work to protect the standards of care of emergency room patients and ensure adequate physician coverage and reimbursement, continue our representation on **Worker's Compensation** to the Chairman of the Commission and open dialogue with key legislators to discuss health care coverage for the citizens of Connecticut.

Coding & Other Programs for Your Practice - Offer educational seminars at reduced rates with CEU accreditation. Don't miss the Karen Zupko & Associates 2008 **Coding Workshop** scheduled for March 13, 2008, at St. Francis Hospital and Medical Center. This workshop will cost members and their staff only \$225.00 per attendee – half the cost of similar programs. - SEE REGISTRATION FORM IN THIS ISSUE. This year we will also offer a **Communications Workshop** for members to help you enhance effective communications with your patients staff and colleagues. This program offers 4 CME credits and will be led by trained physician presenters from your orthopedic community (see page 9 for details). Come learn the 4 Es of effective communication and put them to work for you in your practice.

Annual Meeting & CMEs - Provide educational opportunities and CME credits at the Society's Annual Meeting. This year's event will be held on May 16, 2008, at the Farmington Marriott Hotel and will offer informative clinical sessions from renowned speakers and more. **YOU WON'T WANT TO MISS IT!**

Communicate and update members using the Society's website (www.ctortho.org), "Backbone", the Society's newsletter and email.

Save The Date
2008 Annual Meeting
May 16, 2008
Farmington, CT

2008 Membership Dues Invoice

2008 CT Orthopedic Society Membership	\$250.00
Political Activities Contribution (<i>optional</i>)	\$ 50.00*
Total Due	\$300.00

Please complete the information below and mail with payment payable to the Connecticut Orthopedic Society. (*not tax deductible*) (Please print/type)

Name _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Physician Email Address _____

Practice Manager's Name _____

Email Address _____

I will ___ will not ___ be attending the Society's Annual Meeting on May 16, 2008 at the Farmington Marriott.

CREDIT CARD PAYMENT Type of Card(circle one)
MasterCard VISA

Name _____

Account Number: _____

Expiration Date: _____(month) _____(year)

Signature _____

___ **Yes**, charge my credit card each year (January) for the membership dues to the Connecticut Orthopedic Society until I notify otherwise.

___ **No**, do not charge my credit card each year for membership dues in the Connecticut Orthopedic Society. I will issue a new credit card authorization each year.

Remit payment to:

Connecticut Orthopedic Society
c/o Susan Schaffman

26 Riggs Avenue, West Hartford, CT 06107

Payment by credit card - fax completed form to (860)561-5514.

For questions or comments, please contact Susan Schaffman, Executive Director at (860)561-5205, email sasshops@aol.com.

2008 Coding & Reimbursement for Orthopedic Practices

Sponsored by the Connecticut Orthopedic Society

Revised for 2008, this workshop will provide updates and new information for orthopedic surgeons and their practice.

Topics of Discussion will include:

- Coding and Reimbursement Rules
- Orthopedic Reimbursement Tool
- Medicare Updates
- CPT & Diagnosis Coding Update
- E & M Categories and Levels of Service
- Definition of Global Surgical Package
- Office & Surgical Coding with Modifiers

The workshop is conducted by **Karen Zupko & Associates, Inc.**, a nationally-recognized practice management consulting firm, that teaches national coding and reimbursement workshops for the American Academy of Orthopaedic Surgeons. **Back by popular demand is speaker, Ms. Mary LeGrand, R.N., M.A.** Mary LeGrand has twenty-five years of professional nursing and administrative experience. Previously, she held various clinical and administrative positions at the Washington University School of Medicine affiliated Barnes-Jewish Hospital in St. Louis, Missouri. Mary has a Bachelor's of Science Degree in Nursing and a Master of Arts in Health Services Management from Webster University in St. Louis.

This program has been approved for CEU credits to the American Academy of Professional Coders.

Questions? Call Susan Schaffman (860)561-5205 or email: sasshops@aol.com.

Don't Delay, Register Today!

Thursday, March 13, 2008

9:00 a.m. Registration and Coffee

9:30 a.m. - 3:30 p.m. Program and Lunch

St. Francis Hospital and Medical Center
Gengras Center
114 Woodland Street
Hartford, CT 06105

Special thanks to Robert Green, M.D., Connecticut Orthopedic Society Past-President, for his planning assistance and to St. Francis Hospital & Medical Center for providing the workshop location.

The Connecticut Orthopedic Society is pleased to offer this workshop at a **reduced rate of \$225.00** per attendee to its 2008 dues paying members and their office staff. For your convenience, on page 3 is a dues invoice form if you have not yet submitted dues for 2008. Complete the form below and return with fee to :

COS Administrative Office c/o Susan Schaffman
26 Riggs Avenue, West Hartford, CT 06107

Please register me(us) for the coding workshop, payment is enclosed. (checks payable to Connecticut Orthopedic Society or use your credit card.)

YES, I am a 2008 Dues Paying Member of the Society
Enclosed is payment of \$225.00 per participant, to cover the cost of the workbook and lunch.

I am NOT a Society Member. Enclosed is payment of \$375.00 per participant, to cover the cost of the workbook and lunch.

Name _____

Name _____

Practice _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Payment by Credit Card - fax (860) 561-5514

Cardholder Name _____

Type of Card (circle) MasterCard Visa

Account No. _____

Expiration Date _____

Signature _____

2008 Medicare Physician Rates: What to Expect In Your Practice

In the waning hours of the 2007 legislative session, the U.S. Congress passed a law that postponed for six months the 10 percent cut in the Medicare conversion factor that was slated to occur on Jan. 1, 2008. **This law provides for a 0.5 percent increase in the conversion factor from January through June 2008.**

The conversion factor change is not the only change affecting 2008 Medicare payment rates, however, payment changes will vary by service, specialty and locality based on the following factors:

- This year will be the second of a four-year transition to **revised practice expense relative value units**.
- A number of services have revised **relative value units for physician work**. This change particularly affects anesthesiology, home health and eye exam services, which increase significantly.
- The **budget neutrality adjustment** created last year to adjust for changes from the 5-year review of work values has been increased, which will decrease payments for most services by about one percent.
- The **geographic adjustment factors have been updated**, as they are every three years. The magnitude of the geographic changes is generally small but it affects many payment localities. In addition, the law just passed by Congress continued the floor on the work GPCI and the physician scarcity area bonuses until June 2008.
- **Some services have been added to those that are subject to imaging payment cuts stemming from** the Deficit Reduction Act of 2005 which limits payments to no more than the comparable payment in hospital outpatient departments.

The combined impact of these various payment changes on your practice depends on your specialty, location and service mix. When all of the changes are averaged out across all physicians, there should be a slightly positive increase in rates, but many physicians will see net decreases in payments.

Many other payers as well as Medicare Advantage plans link their rates to the Medicare rates in some way. **No information is available about how other payers plan to adjust their rates in response to the six-month intervention by Congress.**

Physician Quality Reporting Initiative (PQRI)

During July through December 2007, physicians who reported on quality measures included in the PQRI became eligible to receive a bonus of 1.5 percent of their total Medicare allowed charges for that six-month period. The bonus payments will be made as a lump sum payment sometime after February 2008.

The law just passed by Congress extends this program for an additional year. Physicians who participate in the PQRI from January through December 2008 will be eligible to receive a bonus of 1.5 percent of their total Medicare allowed charges for the year 2008 as a lump sum payment sometime after February 2009. Visit www.ama-assn.org for more information about the measures used in the PQRI program and how to report them.

Participation options For 45 days at the end of each year, physicians have an opportunity to notify Medicare whether they will be a “participating” or a “non-participating” physician in the coming year. Participating physicians agree to accept assignment on all their Medicare claims. Non-participating physicians can make assignment decisions on a claim-by-claim basis. Medicare payment rates for non-participating physicians are 5 percent lower than payment rates for participating physicians, but non-participating physicians can balance bill patients for more than the Medicare rate, up to a “limiting charge” amount. Physicians also have the ability to “opt out” of Medicare and privately contract with their patients, but neither they nor their patients can submit any claims to Medicare for their services for a two-year period.

Because Congress acted very late in the session to prevent a 10 percent Medicare pay cut, Medicare has indicated that it will be reopening the participation decision period for an additional 45 days. **With a 10 percent cut looming in the middle of the year, the participation decision is more complicated.** While it is possible that the participation period decision will be reopened at that time, there is no guarantee. Visit www.ama-assn.org for a document that describes the various Medicare participation options.

Future outlook By providing just a temporary six-month reprieve from the 10 percent pay cut, the legislation passed by Congress leaves the outlook beyond the next six months highly uncertain. An aggressive effort will be mounted in coming weeks to secure a longer-term solution to this continuing Medicare crisis.

Save Connecticut Orthopedic Society Annual Meeting The Friday, May 16, 2008 Date

Registration 8:00 a.m. Program 8:15 a.m. - 3:30 p.m.
Farmington Marriott Hotel, 15 Farm Springs Road, Farmington, Connecticut

Michael Kaplan, M.D., Program Director, has assembled an impressive educational program for the Society's 2008 Annual Meeting. **You won't want to miss this event which will provide you with important clinical information, updates and an opportunity to earn CME Credits.**

All Society physician members and physician assistant affiliate members (2008 dues paid), medical interns and residents are invited to attend this event free of charge. Emeritus Members can attend for \$40.00. Physician assistants(non-members), physical and occupational therapists will be charged \$150.00 for the meeting and luncheon.

LOOK FOR REGISTRATION MATERIALS AND COMPLETE DETAILS IN THE MAIL OR USE THIS FORM. Please contact the Connecticut Orthopedic Society's Executive Director, Susan Schaffman at (860)561-5205 or log onto www.ctortho.org to register. The Society looks forward to your participation.



2008 Annual Meeting Registration Form

___ **Yes**, please register me (us) for the Annual Meeting on May 16, 2008, at the Farmington Marriott Hotel from 8:00 a.m. - 3:30 p.m.

Name _____

Name _____

Practice _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Registration Status (check one)

___ Connecticut Orthopedic Society Member
(2008 Dues Paid - NO FEE)

___ Connecticut Orthopedic Society Physician Assistant
Affiliate Member (2008 Dues Paid - NO FEE)

___ Connecticut Orthopedic Society Emeritus
Member (\$40.00 FEE)

___ Medical Student, Resident or Intern (NO FEE)

___ Physician Assistant, Physical or Occupational
Therapist (\$150.00 per registrant)

Return form and payment (if applicable) to:

Connecticut Orthopedic Society

Administrative Office

26 Riggs Avenue, West Hartford, CT 06107

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Sports Medicine 2008

Mark Miller, MD - University of Virginia

Cartilage Innovations

Andreas Gomoll, MD - Boston, MA

Joint Reconstruction & Total Hips

Eduardo Salvati, MD - New York

Issues and Treatment of Shoulders & Other Topic tba

David Dines, MD - New York

Tibial Plateau Fractures & Ortho Trauma

David Seligson, MD - Louisville, Kentucky

Other Invited Speakers Include:

James Andrews, MD - Alabama
David Halsey, MD - AAOS Expert Witness
Testimony

2008 Orthopedist of the Year Award

Workers Compensation Fee Schedule Conversion

The Connecticut Orthopedic Society will be assisting the Connecticut State Medical Society with the Workers' Compensation Commission's conversion of the current fee schedule to a Medicare based RBRVS. The goal is to have the new system in place by April 8th and to this end our Society will be identifying representatives to meet collectively with those of the State Medical Society and the Commission to establish conversion factors.

As many of you may know, Connecticut's statute requires that the Commission follow Medicare relative values and the rules of the Correct Coding Committee. In addition, the conversion to RBRVS must be revenue neutral and to achieve this, a conversion factor or factors will be established that produce the same total payouts as exist under the current system. The goal is to implement this new fee schedule to minimize significant differences between fees permitted currently and those permitted under the new RBRVS-based system. Our Society will work to develop a series of conversion factors each which will be applied to grouped subsets of CPT codes.

Data that indicates the number of times each CPT code was paid in 2005 will be used and while the data does not reflect the universe of payments, it does represent a significantly large percentage of total payments made under the Connecticut Workers' Compensation Act. The discussion group will meet in February/March and as a Society member if you would like to share your comments and/or provide feedback, we encourage you to contact the Society via email to Susan Schaffman at sasshops@aol.com so your information can be forwarded to the representatives.

New Medicaid Physician Fee Schedule

In December 2007, the Department of Social Services issues a policy transmittal to all Medicaid physician providers regarding the updated physician services fee schedule. This is just a reminder that the new fee schedule went into effect on January 1, 2008.

To access the updated fee schedule, physicians should log onto www.ctmedicalprogram.com. From this page, please go to "Publications", then to "Fee Schedule", then to "Physician". For questions about billing or for further assistance accessing the website, please contact the EDS Provider Assistance Center at 800-842-8440 (or 860-409-4500 for out of state of in the Farmington area).

Drs. Ted Collins and Michael Connair Make Largest Contributions in Foundation History

As a member of the Connecticut Orthopedic Society, your involvement and support of the Society has been instrumental in our ability to fund key education, training and research initiatives in Connecticut for future orthopedic surgeons and the practice of medicine.

Through the Connecticut Orthopedic Foundation, Inc., we continue our commitment to the training and education of orthopedic surgeons and to this end have donated more than \$50,000.00 over the past few years to both the Yale and University of Connecticut School of Medicine Orthopedic residency programs.

Since the inauguration of the Connecticut Orthopedic Foundation, Inc. in 2005, many of your colleagues have generously answered our request to support the Foundation and the future of orthopedics by contributing to the Foundation.

The Society would especially like to acknowledge the generous contributions in 2007 of Dr. Edward Collins (former President, Secretary-Treasurer and AAOS Councilor) and Dr. Michael Connair (former President and current AAOS Councilor). Both of these members donated the two single, largest contributions of \$25,000.00 and \$5,000.00 respectively to the Foundation.

Other donors in 2007 included,

*Ross Benthien, M.D.
Hartford, CT*

*Michael Marks, M.D.
Norwalk, CT*

*Allan Bullock, M.D.
(in honor of Dr. O'Brien)*

*Kate Doughty, M.D.
(UConn Resident)*

*Alfredo Axtamayer, MD
Wallingford, CT*

*Michael Aronow, MD
West Hartford, CT*

Please join your colleagues in supporting the future training of the next generations of orthopedic surgeons by making a contribution to the Connecticut Orthopedic Foundation. See page 10 in this issue of Backbone for contribution form. **Your tax-deductible gift will make**

Effective Communications

Start the New Year off right by becoming a better, efficient and more effective communicator. Your Society is pleased to offer orthopedic surgeons the opportunity to enhance their communication skills! This national workshop is being conducted by two of the Society's board members, Dr. Gary Friedlaender (New Haven) and Dr. Michael Marks, MBA (Norwalk) who are trained presenters of this workshop. This workshop will help you with your patients, office staff and colleagues too!

This fast-paced workshop will be held on Saturday, March 29th from 8:00 a.m. - 12:30 p.m. at the Omni New Haven Hotel, 155 Temple Street, New Haven, CT. The cost of the workshop includes food, materials, parking and 4 AMA Category 1 CME credits. Space is limited so don't delay, register today.

The Connecticut Orthopedic Society is pleased to offer this workshop at a **reduced rate of \$100.00** per attendee to its 2008 dues paying members. For your convenience, the dues invoice form is on page 3 of this issue if you have not yet submitted dues for 2008. Complete the form below and return with fee to : **CT Orthopedic Society, 26 Riggs Avenue, West Hartford, CT 06107.**

.....
Please register me(us) for the Communications Workshop on March 29, 2008 at the Omni New Haven Hotel in New Haven, CT (checks payable to Connecticut Orthopedic Society or use your credit card.)

YES, I am a 2008 Dues Paying Member of the Society
Enclosed is payment of \$100.00 per participant.

I am NOT a Society Member. Enclosed is payment of \$200.00 per participant, to cover the cost of the workbook and lunch.

Name _____

Name _____

Practice _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Payment by Credit Card - fax (860) 561-5514

Cardholder Name _____

Type of Card (circle) MasterCard Visa

Account No. _____

Expiration Date _____

Signature _____



Communication Skills Workshop

Program Focus

Communication skills are important in the patient/physician relationship for both understanding and trust. Improving your patient communication skills leads to:

- ✓ Less miscommunication and complaints
- ✓ Better understanding and adherence to treatment
- ✓ Improved practice quality and satisfaction
- ✓ Reduced exposure to malpractice claims
- ✓ Fewer follow-ups and increased clinical productivity



What You Will Learn

This fast paced 4 1/2 hour workshop focuses on the 4Es of effective communication:

4 Es

- ✓ Engage
- ✓ Empathize
- ✓ Educate
- ✓ Enlist

Led by orthopaedic colleagues who are trained as communications skills mentors, the course follows a core curriculum based on scientific evidence. It is designed to provide participants with opportunities to practice skills and techniques—not just hear about them.

CME Credit

AAOS and the Institute for Healthcare Communication are accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education (CME) for physicians. The Institute for Healthcare Communication designates this educational activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Proudly hosted by the

Connecticut Orthopedic Society

Saturday, March 29, 2008 * 8:00 a.m. – 12:30 p.m.

Omni New Haven Hotel, 155 Temple Street, New Haven, CT

Registration Materials Attached or visit www.ctortho.org

This program is funded by an educational grant from Abbott Laboratories.

