

MOA Newsletter

A Publication of the Massachusetts Orthopaedic Association



President's Message *Michael E. Ayers, MD*



As I take over as President, the Massachusetts Orthopaedic Association is on a solid foundation and well positioned to serve its members in the challenging times ahead. I am indebted to our past President Mark Gebhardt, who served for two years and did a fantastic job hiring and onboarding our very capable new executive director Susan Schaffman. Susan joined our lobbyist

Ronna Wallace to create a strong,

consistent and persistent presence for the goals and mission of the MOA.

In early May your MOA leadership and BOC representatives participated in the AAOS National Orthopaedic Leadership Conference in Washington DC. We spent a day on Capitol Hill lobbying for repeal of the IPAB and discussing the need for replacement of the SGR formula. The power of these connections is very real! Recently the AMA Resource Utilization Committee (RUC) recommended deep cuts in reimbursement for hip and knee arthroplasty. AAHKS is hopeful that if members of the Senate Finance Committee and House Ways and Means Committee would call Medicare director, Marilyn Tavenner on our behalf it may help avoid acceptance of these cuts and the resulting effect it would have on our ability to care for our patients in need. Our visit to Congressman Richard Neal's office in May gives us a contact and an avenue to request that he make such a call.

The Patient Protection and Affordable Care Act (Obama Care) became law over 3 years ago and our State Chapter 224 became law last August. Since then, we have been bombarded by a constant din of hysteria regarding our changing health care world. For many of us, our offices have still been full of patients with real problems and it has been easy to keep our heads in the sand. Others may have overheard their PCP colleagues involved in ACO's complaining as they realize how much skilled nursing

care costs and how that will affect their success at managing the economics of care. Recognize it or not, our world has changed. Our opportunity for success as a specialty lies in our ability to successfully manage the orthopaedic care process. Orthopaedics is a target because despite our relatively small numbers, we are responsible for a large share of the health care dollar. In our favor are the fantastic benefits our work brings to our patients. Our responsibility is to ensure and protect access for our patients and provide for the legacy of the next generation of orthopaedic surgeons.

To this end your MOA has prepared a white paper on practice options for orthopaedic surgeons in 2013. This was sponsored by MOA and AAOS and written by respected and experienced health care attorney, Michael Blau of Foley and Lardner. Hopefully you will find this an informative resource should you need to consider any changes.

The MOA, thanks to our lobbyist Ronna Wallace, remains vigilant of the multitude of regulations being promulgated to implement Payment Reform in our State. In addition, she maintains careful watch of allied health care professionals seeking to expand their scope and is at the State House monitoring new bills that impact medical care and our profession.

Like legislation and regulation, insurance company policies play a significant role in our practice and our ability to care for our patients. The MOA continually monitors insurance policy changes that severely impact our practices and our patients. In the past year we have voiced concern to various insurance companies seeking to implement new policies that restrict access to care and impact our practice's financial stability. Most recently, the BCBS MA radiology policy which would have eliminated the reimbursement for in office interpretation of our x-rays, has been clarified thanks to the MOA initiative and the countless email communication from our members to the Medical Director, BCBS MA they has updated their position to include payment of both the professional and technical component on same day of service.

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For Your Practice

Principal Strategic Options for Orthopaedists to Remain Independent in Our Rapidly Evolving Health Care System, is now available.

The detailed white paper reviews options for orthopaedic surgeons and was initiated and prepared for the Massachusetts Orthopaedic Association, supported in part with funding from the American Academy of Orthopedic Surgeons. This is a valuable resource for all of our members and will be released nationally by the AAOS in the coming weeks.

Please email your request for a copy to maorthoexec@gmail.com

President's Message

(Cont. from front page)

Your Association also offers educational programs with CME and Risk Management credits. Our Annual meeting in May was well attended and an excellent example of our desire to bring informative and thought provoking information forward to the membership. Highlights included a spirited update on the federal health care scene, an inquisitive look at how and whether we should treat lateral epicondylitis and a detailed and interactive report from our AAOS President. We thank all who attended and ask everyone to look for and complete an upcoming survey about how we may improve the Annual Meeting.

We also hope to bring you helpful information as well as examples of successful management of the orthopaedic care process. Some of you are involved in Fragile Fracture Programs in which the orthopaedic surgeons champion a system for efficient and quality care of a common and costly program. Nationwide statistics show these programs reduce LOS and improve quality. By owning the problem, reducing the waste in the system and measuring its success we gain an important seat at the table and avoid being on the menu.

The MOA exists “to represent the surgeon’s interests in dealing with socio-economic issues affecting their practice and their ability to care for their patients.” To be successful and useful to our membership the Board of the MOA needs your participation and your input. We welcome your calls and emails and we will continue to explore the best venues for communicating and I look forward to serving as your President.

Legislative Update

As the state legislature nears the end of the first quarter of a two year session this month, the MOA has been busy monitoring the following legislative, budget and regulatory developments.

PRESCRIPTION MONITORING PROGRAM

In late May, the Senate adopted a provision to the FY’ 14 state budget that would amend Chapter 244 of the Acts of 2012 from requiring mandatory usage of the Prescription Monitoring Program (PMP) prior to seeing a new patient – regardless of intent to prescribe - to only when prescribing a schedule II or III narcotic to a patient for the first time. In written communications to the House and Senate in strong support for the amendment, the MOA stated that “this would be a tremendous improvement to the current law by focusing drug abuse efforts where they should be - on opioids. Mandated usage of a flawed system for all new patients when it is not clinically indicated is a waste of time, will add unnecessary costs to the health care system, and will not improve patient care.”

DISCLOSURE, APOLOGY AND OFFER

Another FY’ 14 budget amendment supported by the MOA would clarify the Board of Registration in Medicine reporting requirements for awards made under the Disclosure, Apology and Offer Program (DA&O).

Specifically, Chapter 224 of the Acts of 2012, the payment reform law, established the statutory framework for the DA&O program, which encourages the disclosure of unanticipated medical injuries and the subsequent apology and financial compensation if warranted. Current state law requires professional liability insurers and physicians to report all medical malpractice awards if a payment is made to a complaining party. Section 133 of the House budget would exempt professional liability insurers and physicians from reporting if payments are awarded through the DA&O program, where the unanticipated injury is not a result of substandard care and attributable to a system and not anyone individual. Not having to report the financial compensation awarded to the plaintiff under DA&O will provide further incentive for physicians to settle cases through this manner, reduce the collateral costs associated with the medical liability system, and improve patient safety and the patient experience.

Another provision of last year’s payment reform law is the requirement that physicians demonstrate, as a condition of licensure, proficiency in the use of computerized physician order entry, e-prescribing, electronic health records and other forms of health information technology, as determined by the Board of Registration in Medicine.

MOA Annual Meeting Highlights

New MOA Officers Elected

The Massachusetts Orthopaedic Association elected new officers at the Association's Annual Meeting held on May 14, 2013 in Waltham, MA. The officers and Board members were unanimously elected by the members.

Michael E. Ayers, MD, will serve as President for 2013-2014.

Dr. Ayers, former Vice President of the Association, is a board certified orthopaedic surgeon in private practice with South Shore Orthopaedic Associates in Weymouth, MA. Dr. Ayers received his medical degree from Boston University School of Medicine and completed an orthopaedic residency at UMass Medical Center in Worcester, MA and a fellowship in Adult Joint Reconstruction at the Lahey Clinic in Burlington, MA. Dr. Ayers is on staff at South Shore Hospital and is an active member of hospital committees including Medical Records, Operating Room, Trauma Peer Review and Trauma Performance Improvement.

Serving as the Association's Vice President is Dr. Robert L. Patz.

Dr. Patz is a board certified orthopaedic surgeon with a subspecialty interest in sports medicine and arthroscopic surgery, practicing in the greater Boston area. Dr. Patz received his medical degree from Tufts Medical School and completed his Residency Program at Boston University Medical Center. He completed a Sports Medicine and Arthroscopy Fellowship at Orthopaedic Research of Virginia (ORV) in Richmond, Virginia. Dr. Patz is affiliated with the New England Baptist Hospital, where he is actively involved in teaching Fellows.

Reelected as Clerk and Treasurer is Richard M. Wilk, MD.

Dr. Wilk is the Interim Chair of the Department of Orthopaedic Surgery at Lahey Clinic in Burlington, MA. He received his medical degree from Jefferson Medical College in Philadelphia and completed his residency in orthopaedic surgery and a Sports Medicine fellowship at the New England Medical Center. He is an assistant professor of

MOA Orthopaedist of the Year

The MOA 2013 Orthopaedist of the Year award was presented to Israel "Bud" Hurwitz, MD at the Association's Annual Meeting on May 14th. He was joined by his family, and friends and Donald Hangen, MD, presented him with the award.

Dr. Hurwitz was selected by his peers for his leadership role in the Association and for his decades-long, unwavering dedication to patients and the practice of orthopaedic surgery. In 1981, Bud, as a founding director, formed the Massachusetts Orthopaedic Association with the collective goal of fostering dialogue among orthopaedic surgeons. In 1988, he served as President of the Association, leading the work on key legislative and regulatory issues impacting medicine, in particular the workers compensation system. His leadership and foresight helped shape the mission of this Association. Not only did he take a leadership role in MOA, he also served as Councilor to the AAOS and is an active member of the Massachusetts Medical Society. His service to Marlborough Hospital as past president of Medical Staff, Chief of Surgery, ER



Dr. Bud Hurwitz (left) received the MOA Orthopaedist of the Year Award from friend and longtime colleague, Donald Hangen, MD at the Association's 2013 Annual Meeting on May 14, 2013.

Committee Chair and member of the Board of Directors illustrates his lifelong commitment to his profession and his patients. He has shared his enthusiasm, knowledge and experience with medical students as clinical instructor at both Tufts University School of Medicine and UMass Medical School.

He received his medical degree from Tufts University School of Medicine and completed his orthopaedic residency at Boston VA Hospital. Dr. Hurwitz served our Country as Captain of the U.S. Army Medical Corps and is an active member of the pro bono healthcare community, serving as the Medical Director for Metro west Free Medical Clinic and Parameter VNA and Hospice, where he also serves on its' board.

Dr. Hurwitz received the award in recognition of his distinguished service, contributions to patient care, teaching and mentoring of students and residents, and commitment and dedication to the practice of orthopaedics.

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Legislative Update (Cont. from page 2)

ELECTRONIC MEDICAL RECORDS

This requirement is scheduled to become effective on January 1, 2015. According to the Mass Medical Society, approximately 20,000, or two thirds, of the physicians would be unable to comply, and thus, would be unable to renew their medical license.

Seeking to avert a potentially devastating physician shortage, the MOA is joining with the Medical Society and other physician specialty societies in support of H.1925, "An Act Relative to Physician Health Information Technology", filed by Rep. Sean Curran (D-Springfield). H.1925 would strike the requirement that proficiency be defined according to federal standards, and allow the Board of Registration in Medicine more leeway in the laws application. The bill is currently before the Joint Committee on Public Health. A fall hearing is expected.

Reminder

The MOA is compiling a list of practice managers and their email address for future MOA communications regarding practice matters of interest to your manager.

Please submit via email to maorthoexec@gmail.com the practice name, manager's name and email address. (Note: Email addresses remain private and are used solely by the MOA.)