



Annual Meeting in Big Sky! Jan. 15-17, 2016

The Montana Orthopaedic Society welcomes this distinguished group of speakers to the 2016 Annual Meeting at Big Sky, Montana. Thomas Higgins (Trauma-University of Utah), Steve Maschke (Hand-Cleveland Clinic) and Richard Parker (Sports Medicine-Marymount Hospital/Cleveland Clinic) are the three keynote speakers. Gerald Williams, M.D. (Shoulder-Rothman Institute), the AAOS Second Vice-President, will provide an AAOS update and lecture on Shoulder Arthroplasty. Doctors Tommy Haytmanek (Coughlin Clinic-Boise), Christopher Hirose (Coughlin Clinic-Boise) and Brent Roster (Missoula Bone and Joint) will speak on Foot and Ankle topics. The MOS representative to the AAOS, Nick DiGiovine (Montana Orthopaedics-Butte) will start the meeting with an AAOS Board of Councilors

update. Montana's 11th House District state legislature, Albert Olszewski (Flathead Orthopaedics-Kalispell) will give his 2015 legislative report Saturday afternoon. Marc Mentel, D.O., Chair of the Prescription Drug Abuse Reduction Committee of the Montana Medical Association, will discuss drug abuse prevention Sunday morning. The executive and administrative staff of the MOS welcome and thank the speakers for their commitment to attend and educate at the Montana Orthopaedic Society Annual Big Sky Meeting.

Jeffrey LaPorte, M.D.
MOS Vice President



There is still time to register!
montanaorthopedicsociety.org



Greetings,

I am your representative to the AAOS Board of Councilors (BOC). The BOC serves as an advisory body to the AAOS Board of Directors and acts as a liaison between the practicing orthopaedic surgeons, and our national organization. The BOC meets three times per year: 1) at the AAOS Annual Meeting, 2) at the National Orthopaedic Leadership Conference (NOLC), and 3) at the Fall Meeting. The following report summarizes the Fall Meeting.

The Fall Meeting is one of the AAOS' most prominent leadership events. It supports dialogue concerning critical issues affecting orthopaedic surgeons, their patients, and the delivery of quality health care. In addition, the event provides forums for the BOC and the Board of Specialty Societies (BOS) to conduct their business, such as opening hearings, business meetings, and committee meetings. Members of the AAOS Board of Directors (BOD), the Leadership Fellow mentors and mentees, and physicians and staff from several state orthopaedic societies participate in the AAOS Fall Meeting, too. Two hundred fifty-two (252) people attended the 2015 Fall Meeting in Denver, Colorado, making this the largest attended Fall Meeting on record, despite it being a "closed" meeting.

PROGRAM DEVELOPMENT

In 2011, the BOC and the BOS Chairs involved the meeting participants in the symposia development. The Chairs developed a BOC/BOS Planning Committee and formalized the program development process, which is refined each year. The BOC/BOS Planning Committee reaches out to the participants, asks for symposia ideas, collects them, sends them to the participants, and asks them to rank the topics based on their interests. The BOC/BOS Planning Committee then selects the top-ranked ideas, adds a few other hot topics, and finalizes the program. This year, the Planning Committee received 61 submissions. It was difficult to cull submissions, though the participants' rankings helped the selection process. Based on the rankings, the BOC/BOS Planning Committee combined like-minded ideas and narrowed the symposia offerings to seven topics.

SELECTED SYMPOSIA

The following is a synopsis of the presented symposia. Presentations and summaries are available on the AAOS website: <http://www.aaos.org/CustomTemplates/Content.aspx?id=27078>. AAOS Now will include articles summarizing several of the presentations.

Symposium I: Winning with Payment Reform in Orthopaedics

Moderator: Ronald Delanois, MD
Speakers: David Jacofsky, MD
William Robb, III, MD
Peter Caprise, MD

The speakers discussed bundled payments to deliver better patient care at a lower cost using predictive analytics, score cards, standardization, and other methods. The speakers showcased how payment reform initiatives are proliferating in the public and commercial markets and that orthopaedists must understand strategies that will allow them to manage the torrent of change while ensuring quality patient care. The speakers represented three different sized practices that have implemented alternative payment models in the transition from volume to value.

Dr. Jacofsky represented a very large corporate orthopedic practice based in Phoenix. His success stressed alignment with between hospitals, surgeons, payers and industry; standardization to achieve quality and extensive data collection and evaluation.

Dr. Robb represented a large private orthopedic practice in Illinois. Their program named Orthosync embraced a CMS BPCI bundle to reduce post-acute care costs. A multidisciplinary team of MDs, nurses, PTs, management, legal and IT personnel focused on Preoperative assessment, patient management dashboard, standardized clinical pathways, and patient education to reduce length of stay, reduce readmissions, reduced SNF transfers and increase home health utilization.

Dr. Caprise represented an orthopedic practice in rural Virginia created by the merger of 3 smaller groups. Their pooled resources and single negotiating voice allowed them to partner with the local hospital in a Service Line Co-management Agreement. They then embraced a CMS BPCI model 2 Bundle. They shared risk, but saw some increase in revenues. More important, however was the ability to maintain independence, positively change the culture at the hospital and improve patient quality of care.

In the near future orthopedists will be faced with the decision to either embrace models of payment that require them to accept responsibility and risk for cost and quality or accept other models like employment.

Symposium II: MACRA: From the View of the Independent Orthopaedist and Interpretation of the MIPS Program. Is There Really Bonus Money Available or Just Penalties? What Are the Future Payment Options?

Moderator: David Mansfield, MD
Speakers: Kevin Bozic, MD, MBA
Alexandra Page, MD
Thomas Barber, MD

The presenters highlighted the Medicare and CHIP Reauthorization Act (MACRA) and the two main payment models that resulted from the passage of that legislation. Speakers provided an overview of MACRA, the difference between Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APM), and what orthopaedic surgeons and their practices can do to prepare for either payment model.

While MACRA eliminated the much loathed SGR, it introduced CMS' plan for future physician payment. Physicians will choose between MIPS or an APM. If MIPS is chosen, Outcome metrics in Quality, Resource Use, Clinical Improvement and Meaningful Use will need to be gathered and reported. Depending upon performance physician reimbursement will range between negative 9% to a positive 27% under MIPS. APMs will require accepting bundled payments with varying degrees of financial risk. The structure of these options suggests that CMS, and by extension other insurers, are strongly pushing providers toward APMs and Bundled payments. Again Alignment, Collaboration, Process Change, Culture Change and Data were the operative terms emphasized.

Symposium III: ABOS and MOC Recertification Update. How Has the Process Evolved?

Moderator: Lisa Cannada, MD
Speakers: Lisa Cannada, MD
Terrance Peabody, MD



In this session, the speakers reported on the AAOS/ABOS Maintenance of Certification (MOC) Task Force's charge and status. ABOS priorities were reviewed, as well as a brief history of the recertification process. Attendees learned about the 2017 cycle, which will include attestations of professional standing and patient safety activity, expanded self-assessment exam options, and the possibility of additional practice-profiled recertification exams. The speakers noted the importance of the continued collaboration and commitment to making the MOC process simple to understand and as seamless as possible.

Symposium IV: Role of Social Media in Ortho Practice: What You Can Do Now and the Amazing Possibilities of the Future

Moderator: Basil Besh, MD
Speakers: Ronald Navarro, MD
Thomas Muzzonigro, MD
Elizabeth Fassbender
Peter Muzzonigro



The panel stressed the importance of social media for physicians, highlighted “do’s and don’ts” of tweeting, summarized several best practices, and illustrated how social media can help enhance a physician’s image, as well how it can help promote a physician’s practice. Attendees were encouraged to create social content in sharable mobile formats and to consider custom graph technology for their websites. Physicians were encouraged to participate in the AAOS’ advocacy efforts through social media, too.

Dr. Besh emphasized the power of social media in exchanging information, providing content on nearly infinite scale, with its wide accessibility and extensive use by the public at large. It offers the ability increase the visibility of a topic, and when used appropriately could be used a vehicle to create virtual communities, stay connected with colleagues and patients, and direct patients to one’s practice. Caution must be expressed however, as the information is not reviewable and may not be validated.

Dr. Navarro focused on Twitter, but also explained the differences between other social media venues: Facebook, Doximity, LinkedIn, Researchgate, Instagram and Snapchat. Twitter is a valuable tool for MD’s to differentiate their practice, reach millennials and use as a forum to educate the public. The value of a “tweet up” or a virtual conference was discussed, allowing the physician have an open dialogue about a particular topic where individuals can enter and exit the discussion. Twitter was effective in helping frame the SGR fix and is effective in spreading our message to congress people and staffers. One should avoid hot button topics such as politics or religion, avoid rants and realize that as effective as a tool as it can be, if used improperly, can destroy a reputation.

Dr. Muzzonigro reviewed Facebook and the means by which MD’s may follow other MD’s or patients based on professional interests and other health related topics. While mostly used for personal reasons, it’s also a valuable tool for promoting health and wellness, as well as branding a practice or a health system.

Ms. Fassbender reviewed the influence of social media in the Academy’s Advocacy process, citing Twitter and Facebook as the most effective and often used form of communication with members of Congress and their staffers. Social media is thought to be helpful in forming a narrative on relevant issues in Orthopaedics, influence discussions on bills and engage in discussions at a level and pace that is meaningful to decision making. Suggestions for Academy members: 1) Join Twitter 2) Select a few key stake holders: policymakers, pool organizations (state, specialty societies), relevant experts and members of the press.

Mr. Muzzonigro reviewed the power of Facebook’s ability to create customized, shareable content for public on a variety of health related topics, with the ability to track one’s interest in a particular topic.

Symposium V: Effectively Measure Outcomes in a Busy Private or Group Practice

Moderators: Paul Braaton, MD
Michael Suk, MD
Speakers: David Halsey, MD
Nicholas Abidi, MD
Mark Vrahas, MD
Michael Suk, MD

The speakers summarized the evolution of evidenced-based medicine and the necessity for measuring and improving outcomes, which could be physiological, clinical-based, and patient-reported. They discussed strategies on identifying the processes, obtaining high rates of compliance, and interpreting and analyzing the outcome data to improve patient care and patients' quality of life. They also discussed their related challenges and successes to date related to embracing measurement outcomes.

Dr. Halsey reviewed the role of patient reported outcomes and raised the question as to what outcomes should be measured and how they should be measured. The California Orthopaedic Association published a white paper detailing how to collect and report risk-adjusted patient-reported functional outcome data. This white paper can be found at www.coa.org under the News/Publications tab. It is imperative that Orthopaedic surgeons play an active role in developing these tools as CMS and other payers will require pre- and post-operative care and information on the episodes of care. Various outcome tools and registries exist and these include: Viewpoint, PROMIS and DCSISS. Challenges include IT resource requirements, tracking patients, patient and clinical staff buy-in and finally scoring, interpreting and analyzing data to make it useful.



Dr. Abidi pointed out that the means and outcome measures, LOS, re-admission rates, HCAHP scores, PQRS to name a few are non-risk adjusted and non-validated measurement tools. The AO foundation AOPOC outcome tool is modifiable and customizable by physicians, making the data more valid.

Dr. Vrahas reported on 6 national quality domains: patient safety, effective clinical care, person and caregiver centered experience and outcomes, community/population health, communication and care coordination and efficiency and cost restriction. In measuring outcomes, there are two theories, Classical Test Theory and Item Response Theory. It's noted that it's not easy to sort outcomes for different geographical areas of the musculoskeletal system. The Patient Reported Outcomes Measurement Information System (PROMIS), offers the ability to compare outcomes across specialties, covering all health domains. There was better correlation with old measures, with less floor and ceiling effects and better psychometrics.

Dr. Suk reviewed the concept of how to evaluate an instrument: the purpose of the instrument, methodology and utility. He presented data from the TEFTOM (Trauma Expectation Factor / Trauma Outcome Measure) project. In this project, patient expectations at one year after surgery were assessed preoperatively and questions were administered. The outcomes then assessed the degree to which surgical outcomes fulfilled patient expectations. In this study 94.5% of the surgeons and 90.3% of the patients were satisfied at one year. Predictors for satisfaction include: meeting preoperative expectations, satisfaction with pain relief and satisfaction with the hospital experience underscoring the importance of how healthcare is delivered.

Symposium VI: Choosing Wisely: Media Hype or Effective Tool for Reducing Unnecessary Care?

Moderator: Daniel Guy, MD
Speakers: Kevin Bozic, MD, MBA
Dana Wollins, MPH
David Halsey, MD
Daniel Guy, MD

The speakers summarized the Choosing Wisely Campaign and the AAOS' involvement in it. This is an initiative to help physicians and patients engage in a conversation about the overuse of tests and procedures.

They described AAOS' 2012 process in developing its list of "Five Things Physicians and Patients Should Question", which generated discussion within the medical community and the media. Speakers also summarized the participation of several BOS member organizations and highlighted their "five things". And, a representative from the American Society of Clinical Oncologists reviewed the Society's grassroots process in developing its evidence based lists, shared its stakeholders' reactions to the list and cited that its participation is leading to positive behavior changes. Attendees provided feedback on the value of AAOS' participation in the campaign. It is helpful to select actions that add value in both office in hospital settings as a way to demonstrate to CMS and payers that we are-as a specialty-willing to cut waste. Choosing wisely represents good stewardship. The choice is to find ways like this to stretch the healthcare dollar or realize more cost containment composed by others via limiting access in cutting provider reimbursement.

The AAOS has an active AUC and CPG process, is doing the work and participating in Choosing Wisely improves both our credibility and political capital with CMS, commercial payers and the public.

Symposium VII: Bone Health in Your Practice – Influencing Patients and Improving Results

Moderator: Lisa Cannada, MD

Speakers: Kyle Jeray, MD
Laura Tosi, MD
David Polly, MD



An initiative of the ABIM Foundation

The speakers discussed fracture risk and the prevention of secondary fractures and emphasized that fractures are not just a woman's concern; men fracture less often than women, but men who fracture a bone are at higher risk for re-fracture than women. They reported that hip fractures are typically associated with osteoporosis; however fragility fractures in the wrist, proximal humerus, and spine also have risk of mortality. They highlighted optimal treatments for non-hip fragility fractures noting that some treatments are difficult, controversial, often not having consistent outcomes and it that would be much better to prevent them. However, they noted, it is challenging to demonstrate the best prevention strategies. In addition, attendees learned about a quality improvement program that provides tools to identify, evaluate, and treat fragility fractures.

Useful comments with patients include: "will your bones live for as long as you do?" and a recommendation to minimize use of the word osteoporosis and instead speak directly about "fracture risk". Bisphosphonates remain the first line of treatment. Vitamin D and Calcium also are standards of treatment. The increased use of OTC and prescribed GI proton pump inhibitors impacts absorption-this can be overcome with higher doses.

AAOS PRESIDENTIAL LINE UPDATE

David Teuscher, MD, President, AAOS

Gerald Williams, Jr., MD, 1st Vice President, AAOS

William Maloney, MD, 2nd Vice President, AAOS

David Teuscher, MD, AAOS President, Gerald Williams, Jr., MD, AAOS First Vice-President, and William Maloney, MD, AAOS Second Vice President, gave the AAOS Presidential Line Update. The provided a status report on the five BOC/BOS Advisory Opinions from the 2015 National Orthopaedic Leadership Conference (NOLC) and gave updates on the Fellowship Accreditation Project Team and the Strategic Plan Project Team. The Presidential Line remarked on the AAOS' efforts in addressing a communication received from CIGNA about Precertification Guidelines for Orthopaedic Procedures. The leadership encouraged everyone to attend the 2016 Annual Meeting, which will include several new learning and networking formats.

ADVOCACY FORUM FOR SPOUSES AND OTHER PATIENT ADVOCATES

In March, the BOD approved a BOC/BOS pilot program for spouses and other patient advocates designed to educate these populations about an orthopaedic issue and receive related advocacy training. The pilot program began with the 2015 NOLC and continued through the 2015 Fall Meeting. Bone health was the topic for 13 paid registrants. The presentations included information on bone health at every age and bone health advocacy organizations. The attendees participated in a breakout discussion about developing a public awareness campaign while partnering with external organizations. The group joined the last symposium of the Fall Meeting, Bone Health in Your Practice – Influencing Patients and Improving Results.

BUSINESS ACTIVITIES OF THE BOARD OF COUNCILORS AND THE BOARD OF SPECIALTY SOCIETIES

The BOC and BOS held various business and committee meetings in Denver.

In addition, the BOC/BOS Resolutions Committee conducted an open hearing to listen to comments on one proposed BOC/BOS Advisory Opinions, two proposed amendments to the AAOS Bylaws, and seven AAOS resolutions requiring a five-year review.

The proposed advisory opinion was titled, “Increase Class Size and Enhance State Opportunities of AAOS Leadership Fellows Program (LFP)”.

The two proposed amendments to the AAOS Bylaws included:

1. Change the Name and Requirements for International Affiliate Members Addition of a Provision to Allow for Inactive Status for Certain Associate Members.
2. The Five-Year Review of AAOS Resolutions included the evaluation of seven resolutions that were adopted after the 2010 Annual Meeting.

The resolutions included:

1. Maintenance of Certification
2. Residency Review Committee
3. FDA; Regulation of Orthopaedic Devices, Biological Products and Pharmaceuticals
4. Billing Codes for Evaluation and Management of Physician Services
5. Prompt Payment and Uniform Claims
6. Physician Practice with Managed Care Organizations; Physician Practice as an Employee of a Hospital or a Foundation Closely Affiliated with a Hospital
7. Medicare Reimbursement; Advocacy; Friend of the Court Briefs

After the Open Hearing, the BOC/BOS Resolutions Committee and the BOC/BOS Bylaws Review Committee discussed the proposed documents, the open hearing comments, and deliberated. The committees presented their recommendations to the BOC and the BOS during the BOC/BOS Business Meeting where the two groups discussed and voted on the recommendations. The results from the votes will be sent to the BOD for review, consideration, and action during its December 2015 meeting.



EVALUATION

Ninety-five percent (95%) of the survey respondents indicated that the meeting was beneficial to them. Of those respondents, 65% reported that the meeting was extremely beneficial, and 30% reported that it was beneficial. Ninety-six percent (96%) of respondents indicated that the content presented was useful, relevant, and timely.

The survey sought registrants' overall satisfaction with the Fall Meeting. The question asked the registrants to rate the meeting using a 5-point scale with five being the best score possible. The meeting received an overall score of 4.57.

FUTURE PROGRAM PLANNING

The BOC and BOS Officers will maintain the BOC/BOS Planning Committee, as well as its tradition to seek symposia input from the anticipated participants for future Fall Meetings. The 2016 Fall Meeting will occur in Rosemont, Illinois in October. In the meantime, the BOC/BOS Planning Committee is developing the 2016 National Orthopaedic Leadership Conference which will occur in Washington, DC in May.

Sincerely,

Nick DiGiovine, M.D.
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