

# COA Report

Orthopaedic News—Summer, 2017

For COA Members!

California Orthopaedic Association

## IN THIS ISSUE

Continue the Learning Begun at COA's 2017 Annual Meeting/QME Course/Sharing Information with all COA members on . . .

Complying with  
Medicare's MACRA  
Reporting Requirements

TrainerRx

### Complying with Medicare's MACRA Reporting Requirements

COA's First Vice President, Alexandra (Alexe) Page, M.D. put together an outstanding Practice Management Day at the COA Annual Meeting which included symposiums on:

- Medicare's Quality Payment Program
  - MIPS For Most Orthopaedic Practices
  - What you Still Need to Know About APMs
- Quality Data Collection and Reporting in 2017
  - Selecting the Highest Value Orthopaedic Performance Measures for Your Practice
- Opportunities in the New Healthcare Arena
  - Clinically Integrated Networks
  - Changes in Physician/Hospital Alignment
    - The Sutter Perspective
    - The Providence St. Joseph Health Perspective
  - Co-management Opportunities

New handout since the meeting—  
**CMS Quick Guide to the Merit-Based Incentive Payment System (MIPS)**

### TrainerRx

- \$1 Trillion in total US spending on musculoskeletal injuries with \$30 Billion spent on rehab
- Rehabilitation is an essential element of recovery but delivery methodologies have remained stagnant
- Mandated changes in medicine from "Volume to Value" based reimbursement and "Quantity vs. Quality of Care" require orthopaedic surgeons to relook at how rehab services are provided to their patients.
- In the near future, orthopaedic surgeons will be evaluated by all payors based on validated patient-reported outcome data.

TrainerRx, developed by orthopaedic surgeon, Michael Oberlander, M.D., provides home-based rehab options which includes the active participation of the patient in their own recovery. Learn more about their program by reviewing their Thursday, May 18—luncheon presentation at COA's 2017 QME Course.

Symposium presentations/handouts on these and other topics presented at COA's 2017 Annual Meeting/QME Course can be found at: [coa.org/2017](http://coa.org/2017) —under the "COA Agenda" tab.

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- ⇒ Ortho Care on Demand—Urgent Orthopaedic Care
- ⇒ Verifying Practice Information so you Stay In-Network

# COA Report

## Orthopaedic News—Summer, 2016

### COA Elects New Officers

Basil R. Besh, M.D.—Fremont	President
Alexandra E. Page, M.D.—San Diego	First Vice President
Ronald A. Navarro, M.D.—Harbor City	Second Vice President
Lesley J. Anderson, M.D.—San Francisco	Secretary-Treasurer

### Re-elected Board members

Francois LaLonde, M.D.	Orange District
George Balfour, M.D.	Los Angeles District
Derek Moore, M.D.	At-Large Member

### New/Re-elected CA AAOS Board of Councilors

Peter Borden, M.D.	Los Angeles District
Elspeth Kinnucan, M.D.	Sacramento Valley District
Ronald Wyatt, M.D.	Northern California District

**Staying In-Network—**  
HealthNet/Humana/Western Health Advantage/Care More

### Are you in Compliance?

The California Orthopaedic Association has received inquiries from its members about the validity of requests from third party entities asking them to update/validate their practice information with insurance carriers with whom they are contracted. Most recently, COA received inquiries regarding “BetterDoctor.”

Are these requests valid?

Yes, they may very well be. If you do not respond, you could have your payments delayed or be deleted from the network.

**“BetterDoctor” is currently partnered with and conducting outreach programs for Humana, Western Health Advantage, Care More, and Health Net health plans.**

How can BetterDoctor help you stay compliant with state law? SB 137 mandates that health plans reach out to their contract providers twice a year to gather updated provider and practice information. Providers are also required to keep their information current with the health plans with whom they are contracted.

[Click here to learn more about BetterDoctor...](#)

### California Orthopaedic Association

#### Ortho Care on Demand

##### Orthopedic Private Practice: 2.0

By: Tom Grogan, M.D. 310-828-5441

Healthcare is at a crossroads. The current system is financially unsustainable – primarily because of runaway costs and a near insatiable consumer demand. I have no doubt that as a practicing orthopedic surgeon, there is very little I can do to change that dynamic.

But I have to try.

Urgent orthopedic care is one area that can be addressed. There are over 125 Million visits a year in the United States to an Emergency Room. Of that number, close to 25% of those visits are for a sprain, strain, or simple fracture. Walk-in Orthopedics. Last year, over 6 Million ER visits were done for an ankle sprain alone. Typically, those patients are evaluated in the ER, x-rayed, splinted, given crutches – then told to go follow up with their own doctor or an orthopedic surgeon in the morning. Not to mention the fact that the average ER charge for a musculoskeletal visit is \$1,350. With co-pays and deductibles – the patient is on the hook for a huge portion of that bill.

A group of orthopaedic surgeons have begun to offer a better path. We developed a direct, on-line portal for Urgent Orthopedic Care. Check out: [OrthoCareonDemand.com](http://OrthoCareonDemand.com)

Instead of heading off to the ER, patients can go online, enter their zip code, and find access to an orthopedic surgeon who can see them urgently – all for a defined, bundled price – including the visit, x-rays, and a primary intervention (cast, brace, splint, etc). Not only is it more cost effective and efficient care for the patient, but the system generates a Super Bill that the patient can use to bill their insurance company if out of network benefits are available. Avoid the ER, added costs, get care promptly — all done on a transparent basis.

At a cost of around \$350 per visit – saving over \$1,000 compared to the traditional ER visit (not to mention the time savings involved) – if we just diverted the ankle sprains we would save \$6 Billion dollars a year for our healthcare system.

Maybe a drop in the bucket compared to an annual health care spend of \$3 Trillion in our current system – but it is a start. Hopefully part of “The Solution.”

Additional information on Ortho Care or Demand can also be found at: <http://www.coa.org/docs/Backgrounder.pdf>