

National Issues and the Future of Orthopaedics

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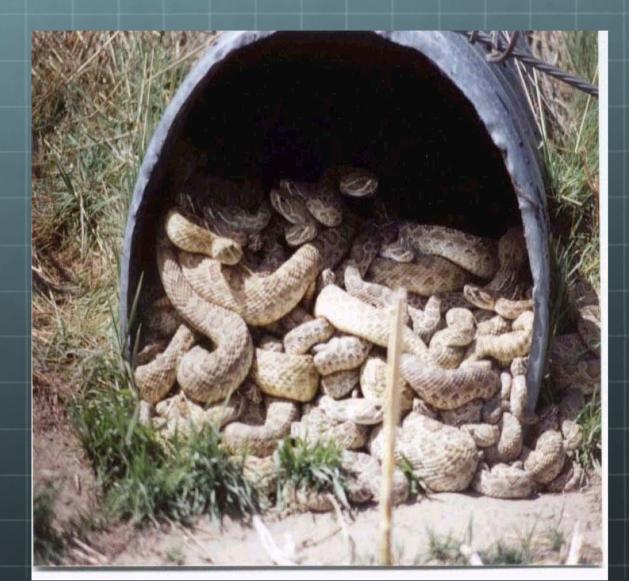
The Last 39 months

- ARRA America's Recovery and Reinvestment Act
- HITECH Health Information Technology for Economic and Clinical Health
- Meaningful use and EHR
- Patient Protection and Affordable Care Act PPACA
- Recovery Audit Contractors RAC
- Comprehensive Error Rate Testing CERT
- Medicare Reporting & Returning of Overpayments Rules

SCOTUS and **PPACA**

- Judicial review and diversity
- Anti-Injunction Act
- Individual Purchase Mandate
 - Guaranteed Issue
 - Community Ratings
- Severability
- State Medicaid Mandate

PPACA is Constitutional



PPACA is Unconstitutional



If PPACA is Constitutional

- \$900B original advertised cost for 10 years
- Latest CBO revised to \$1.76T
- Senate Budget staff found another \$2.6T costs
- Long Term hidden Liabilities \$17T
- Medicare SGR is still broke
- Medicaid payments are inadequate

If PPACA is Unconstitutional

- Still need sustainable fix for existing programs
- Medicare costs now projected to be \$340 530B more than CBO estimate for next 10 years
- \$494B tax hike for every marginal bracket on 1.1.2013
 - 70% on low & middle incomes
 - Child tax credit cut in half and marriage penalty returns
 - Dividends taxed at nearly triple
 - AMT will apply to 34 million filers in 2013

Replacement Alternatives

- Patient Centric Model EHR and HSA controlled by patients with Patient Reported Outcomes
- AMA model advanceable refundable tax credit
- State Initiatives
- Market driven by purchasers
- Rationing
 - Government
 - Payers
 - Patients

Long term outlook

- Quality, Transparency, and Value
- Payers replaced by Purchasers
- 💿 Entitlement Tsunami
- Pay for volume replaced by what?
- Integration: Who gets to drive my bus?

Quality, Transparency, and Value

- Who gets to define Quality?
 - PQRI now a negative reinforcement model
 - SCIP aggregate only small effect
 - PCPI Piecemeal approach
 - NQF only endorse/approve
 - CER can't factor costs
 - Why aren't patients consulted PRO
- Data so far has shown little if any improvement.
- Transparency is everyone ready to be transparent?
- Value = Outcomes/Costs

Entitlement Tsunami

- State Medicaid budgets are busted
- 36% of Texas state budget and growing at 6% annually
- Dual eligible seniors are over half the budget
- Boomers turning 65 last year
- Pre-senile Medicare enrollees exploding
- No relief for Orthopaedics
- Defined benefit needs to become defined contribution

Payers replaced by Purchasers

- Orthopaedics is now on their radar
- Concerns are costs, appropriateness, quality & safety
- Interested in improved function, low complications, and durable results.
- They want US data International data variability

Purchasers are driving your bus

- 2006 TKA costs \$21B for 583,000 joints of which 42% were under age 65 costing them \$8B
- 2006 THA costs \$16B for 408,000 joints of which 45% were under age 65 costing them \$5B
- Why am I paying for your mistakes and bad choices?
- Why aren't you affordable, accountable and innovative like I have had to be in my business model?

Trends in implant costs from 1992 to 2008 costs

- Surgeon -39%
- Hospital +27%
- Standard implant +132%
- Top line implant +204%
- If Purchasers know this, why don't we?
- What are we going to do about it?

What are Purchasers looking for?

- Affordability Appropriate use of expensive treatments and technology through shared patient decision making, rewarding efficient physicians.
- Accountability Metrics of appropriateness and health outcomes for optimal patient experience.
- Innovative delivery Redesign of payment based on higher levels of evidence, IT infrastructure, and CER.

Purchasers response

- Maximum bundled payment
- Carve out services for double deductibles
- Contract with high value providers
- Higher co-pays for low value providers
- Exclusive Provider Organizations EPO

Pay for volume replaced by what?

- Salary, Capitation, and Fee for service
- Hybrids
- Contingency fee contract?
- Pay for outcomes?
- Warranties?

AAOS Quality Initiatives

- American Joint Replacement Registry AJRR
- Clinical Practice Guidelines CPG
- Appropriate Use Criteria AUC
- Value project

Workforce

- Changing values in surgeons
- Changing gender in orthopaedics
- GME funding
- Primary care vs. specialists
- Fellowships vs. need
- Doctor surrogates

Bone Home Alone?

- Can we play well with others?
- Can we learn to lead a team?
- Can we take an alternate role?
- Who will be left to take care of us?

Under Age 40 Physicians

- 57% Pessimistic to Highly Pessimistic
 - #1 new government healthcare legislation
 - #2 government involvement
- 80% Highly to Somewhat Satisfied in current practice
- 58% are employees, 26% owners, 39% want to be owners
- 7 years is average plan to stay in current practice position

Thoughts for Discussion

- New technology is always more expensive.
- Medically necessary is this pen in my hand.
- Doctors can't control spending without data.
- Patients will quit spending when it costs them.
- Alignment of incentives is outcome focused.

Who lives; Who dies; Who pays; Who decides?

- Cradle to grave individual tax advantaged HSA.
- Gov't programs morph to defined contribution.
- Indigent enrollment and advanceable tax credits.
- Individual contracting with patients.
- EHR is owned/controlled by patient.
- Value is payment driver and user defined.
- 24/7 access outside the ED.

Questions?

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