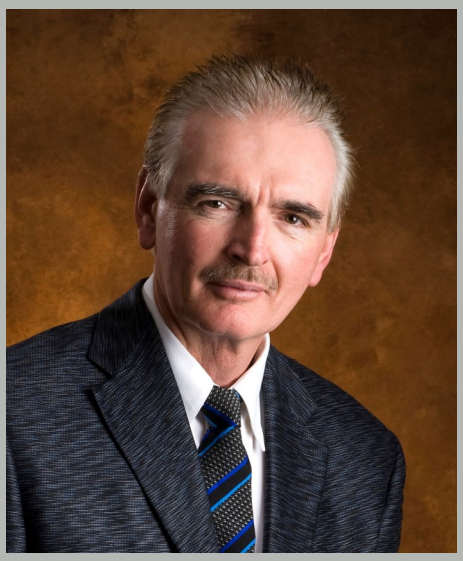
COA Report

A publication of the California Orthopaedic Association

Fall, 2014

President's Message ...

Choosing To Be Proactive



Robert O'Hollaren, M.D.

As we are all aware, the healthcare delivery landscape is changing. This change is more rapid in some areas than others, due to the various market forces at work. However, it seems clear that whether or not your practice is affected at the moment, it will experience impacts in the near future. How each of us address those challenges, will affect both how we run our business and its economics. The leadership of COA has committed itself to assisting you with obtaining information to allow you to be proactive, rather than reactive, to these changes. Some of our suggestions are included in the rest of this issue, and others are presented online via previous COA publications and in presentations at the Annual Meeting.

I encourage you to make use of these resources, as they represent some of the most current information available concerning alterations in the delivery system in our state. The online presence of our practices is becoming an increasingly important factor, both from a positive, and potentially negative standpoint. Although many of us did not start practice utilizing electronic media, it is now clear that this is becoming a significant factor both for patients and payers. Practice websites, patient kiosks for data input, and patient outcome and satisfaction scoring are becoming drivers of patient and payer behavior. COA has been aggressively pursuing some of the companies involved, to improve the ability for physicians to interact, add or correct information, and improve their online presence. Recently, we have worked with Healthgrades to allow physicians to personalize their page and present a more accurate representation of their practice. I encourage all of you to take advantage of this opportunity by updating your information, as it is usually either the first, or one of the first sites that comes up when your name is searched online.

We have also been interfacing with Castlight, another company that markets physician information to large self-insured employers. Their

Save the Date

COA's 2015 Annual Meeting/QME Course

C-Bones Annual Meeting (Orthopaedic Practice Managers)

April 23-26, 2015

Renaissance Esmeralda Resort—Indian Wells (Palm Springs area)

You can already make your hotel reservations.

Hotel Reservations

President's Column (Continued from Page 1)

model is directed at driving patients towards low-cost, "high-quality," providers to lower the costs for the employer. As we all know, the assessment of quality is a slippery slope, which in the case of Castlight, is measured from claims data. I believe we would all agree that an accurate representation of quality would be difficult to obtain from such data. Therefore, COA is actively engaged in assisting them to improve their data and allow physician input into data that is a more accurate reflection of the quality of provided services.

Business models, including our own, are difficult to change. Therefore, I would anticipate that change might not occur overnight. However, we are committed to continuing to engage these companies, to protect your interests, and make sure that an accurate picture of your practice is presented to prospective patients.

As stated in one of the ensuing articles in this issue, we have also begun an alignment with HealthLoop (see Page 7), with an eye to assisting you with improving patient satisfaction and outcomes. As noted, there is now some interest from the payers in actually compensating physicians for efforts in this area. My personal feeling is that this is an encouraging step toward aligning physician and payer incentives to improve care. As with any new program, some effort and process modification will be required. However, it also is a "proactive" step that may both improve outcomes, physician and patient satisfaction, as well as show the payers that we are interested in engaging to improve their bottom line.

The other area of "proactivity" that is becoming an issue in many markets is engagement with hospitals, integrated healthcare systems, or directly with large self-insured employers. Because each of them is motivated by the same factors as we are, i.e. controlling costs without sacrificing quality, there is an increasing interest in hospital/physician alignment. Unfortunately, many hospitals and health systems have not bought into the concept of true partnership and continue to move toward programs that are primarily controlled by hospital administrative staff, rather than physicians. I believe there is good evidence to show that this model will not be the ultimate "winner" with respect to the provision of the most efficient high quality and cost-effective care. However, it is not stopping many of them from trying. Developing ways to improve communication and alignment of interests will continue to be a challenge in many of our communities.

Current programs that involve physician alignment include Medicare ACOs, commercial ACOs, clinical integration (Dignity Health System), Joint ventures (Hoag Hospital/Newport Orthopedics), and co-management agreements for in-patient orthopedic services. At the present time, most ACOs contract for orthopedic services, rather than having orthopedists as risk-sharing members of the ACO. Several areas are developing commercial ACOs to market to payers, with most of them still in the early stages of development. Dignity Health system is rolling out its Clinical Integration Program in several areas and appears committed to a statewide program once it assesses the initial results. Several larger groups in the state have contracted with their hospitals for management of orthopedic in-patient services by forming an LLC and developing a formal co-management agreement.

In most rapidly changing business environments, a passive approach does not usually yield the best results. As I have always believed, it is important to develop practical and actionable information and advice in order to be able to advance the ball. Acknowledging that we are still in a state of flux and the ultimate answer still isn't known, I would still suggest the following:

- Make sure you have maximized your on-line presence by providing the most comprehensive information you can afford on your website.
- Look up your profile on Healthgrades and update the information.
- Consider HealthLoop as a possible partner to improve your outcome and patient satisfaction measures.
- Evaluate your relationship with hospitals, health systems, and HMOs in your area and consider ways that you can improve alignment.

In closing, I encourage you to remain engaged with all of the stakeholders that are involved in the care that you provide to your patients. They are struggling with the same issues and are looking to physicians for leadership. They understand that we have the most comprehensive knowledge base, but have not been engaged concerning the economics of healthcare. I believe that it is becoming part of our job to show them that we are committed to a proactive approach with respect to aligning our interests for the future. ■

People in the News

Kevin Bozic, M.D.—San Francisco
Congratulations on receiving a $78,000 grant to expand health care innovations from the UC Center for Health Quality and Innovation. The award will sustain Dr. Bozic's efforts to establish bundled payments for hip and knee replacements.

Ernie Valente, Ph.D.
Appointed the new Executive Director for the California Joint Replacement Registry (CJRR) a project of the California Healthcare Foundation, Pacific Business Group on Health (PBGH), and the California Orthopaedic Association.

Brian Feeley, M.D.– San Francisco
Received the 2014 Kappa Delta Young Investigator Award from the AAOS/OREF for his investigations of rotator cuff tears. His research seeks to identify the molecular pathways that regulate muscle size and fatty infiltration (whereby the muscle tissue is replaced by fat).

Jeffrey Coe, M.D.—Campbell
Appointed to represent COA and orthopaedic interests on Medicare's Carrier Advisory Committee for California.

The November General Election is less than 4 weeks way.

Be sure you, your family, and staff vote.

Below is a summary of the Propositions that will be on the ballot.

Proposition 1 would allow the state to redirect $425 million in unsold bonds and sell $7.1 billion in additional bonds, for a total of $7.5 billion in general obligation bonds. The funds would be used to manage water supplies, protect and restore wetlands, improve water quality, and increase flood protection. Of the total $7.5 billion, $5.7 billion is available for water supply and water quality projects only if recipients provide a local match, in most cases 50% of the total cost.

Proposition 2 would reduce the annual revenue transfer to the state's Budget Stabilization Account (reserve) to approximately $1.6 billion, but add a portion of capital gains-related taxes in years when such revenues exceed a certain level. The total annual transfer could thus possibly increase to $4 billion or more.

VOTE NO **Proposition 45** would require the Insurance Commissioner to review and approve health insurance rates. Prop. 45 applies only to individual and employer small-group plans. The Insurance Commissioner would have to approve rate changes for those plans before they could be implemented. The application process would require the company to publicly disclose and justify its requested rates. Consumers or insurance companies could challenge the outcome in court. Rates in effect as far back as November 6, 2012 would be subject to refund if found to be excessive. Under Prop. 45, "rates" would be defined to include any charges that affect cost, such as co-payments, deductibles, installment fees, premium financing, and more. The DMHC would continue to review and regulate the small-group and individual insurers that it now oversees, but only the Insurance Commissioner could approve or reject their proposed rate changes. Insurance companies would continue to be charged a fee to cover the costs of administering the new law. **COA Position: OPPOSE**—puts too much control in the hands of one elected official in setting insurance rates.

VOTE NO **Proposition 46** would:

- Raise the cap for noneconomic damages in malpractice lawsuits to $1.1 million (reflecting inflation since 1975) and index it to inflation going forward. The cap on attorney's fees would remain unchanged;
- Mandate random drug tests of doctors, in addition to tests after events of possible medical negligence or if the doctor is suspected of using drugs or alcohol; and,
- Require doctors to check a statewide database before prescribing certain drugs to prevent patients from "doctor shopping" for multiple prescriptions. **COA Position: OPPOSE**

Proposition 47 would reduce the penalty for most nonviolent crimes and felonies to misdemeanors, unless the defendant has prior convictions for violent and serious crimes. Prop. 47 would permit resentencing for anyone currently serving a prison sentence for any of the offenses reclassified in Prop. 47 as misdemeanors, and certain offenders who have already completed a sentence for one of those felonies may apply to the court to have their convictions changed to misdemeanors. State savings from Prop. 47 would go to a newly created fund, "Safe Neighborhoods and Schools Fund," for truancy and drop-out prevention programs in schools, victims' services, and mental health and drug treatment services designed to keep individuals out of prison and jail.

Proposition 48 is a **referendum** that asks the voters to approve or reject the gaming compacts with the North Fork and Wiyot tribes. A YES vote approves the legislative statute that ratifies the compacts, and allows the compacts to go into effect; a NO vote rejects the statute and voids the compacts. ■

Obituaries

"It is foolish and wrong to mourn the men who died.
Rather we should thank God that such men lived."
George S. Patton.

John Arnold Houkom, M.D.—La Jolla

Spouse of Alexandra Page, M.D.
Passed away on August 29, 2014.

As the son of a Navy man, from birth in New Jersey his childhood years took his family with sister Nancy and brother Leif through the many Navy stations around the country. Closest to home roots was Illinois, with high school spent in Quincy, college at University of Illinois, and medical school at Southern Illinois University Medical School.

John started his naval career with college ROTC. After medical school, his orthopaedic training continued at Balboa Naval Hospital. Following a fellowship in Pediatric Orthopaedics at Texas Scottish Rite Hospital, John returned to Balboa Naval Hospital. After completing his Navy obligation, John joined the orthopaedic department at Kaiser Permanente. In addition to relieving pain and improving function for the children of San Diego, for many years, John made an annual trip to Ecuador annually to perform surgeries on children. Over the years, many of the OR staff from Kaiser joined him. He practiced orthopaedics until the day his cancer was diagnosed, May 23, 2014.

Loving, protecting, and providing for his family was John's highest priority and his greatest legacy will be the 5 children he raised. With Chris Houkom, his wife of 30 years, John raised John Matthew Houkom, Kimberly Beth Leek (Houkom), & Brian Scott Houkom. After marrying Alexe Page in 2003, John helped raise his stepchildren Scott Whitney & Meredith Page Strange. He was fortunate to experience the joy of his grandchildren Tessa and Everett Leek before passing.

After decades in Temecula and San Diego, John's parents Jeanne and Leif Houkom moved to Denver last month. They join the Houkom family including Leif and Leslie Houkom and their daughters Tiffany and Whitney; John and Nancy Hewitt (Houkom) and their sons Max and Willie.

Every day we touch the lives of others. In the rapid time from diagnosis to passing, John was fortunate that many friends, colleagues, and patients expressed how he touched their lives. We thank those who made these last months easier and more joyful for him and the family

Richard William Vanis, M.D. - Arcadia

Member of COA's Board of Director's
Passed away on July 21, 2014.

Richard "Dick" Vanis, beloved husband, father, grandfather, counselor, physician, righter of wrongs, director of those with lost souls, friend, brother, humanitarian and overall great guy. Although known for his wry sense of humor and dry wit, he was better known for his selfless love and care for his family, friends and every patient that crossed his path.

There are few among us who can say that they saw the greatest gifts that God had to offer here on Earth; Dick was one of the fortunate few. Born an only child to Richard Vanis and Frances Santeen (deceased) January 14, 1946 in Chicago, Illinois, Dick had the fortune of a strong extended family that gave him the drive for something greater. Moving to California when he was 9, Dick attended St. Ambrose School in Hollywood, where he reported the sisters "didn't completely understand his humor." His mother and grandmother gave 150% to ensure that Dick became the person they knew he was capable of being, sending him off to Loyola High School where he found friends that would be his brothers, including Dr. Timothy Deakers, Patrick Desmond, Dr. Aidan Raney and Bishop Gordon Bennett, and a foundation of faith that would drive his life. As a Cub, he was Student Body President, two time all-league running back, and two-time CIF champion. He attended UCLA, and played football for the Bruins. He bled blue and gold for the rest of his life.

Dick obtained his MPH in infectious diseases from UCLA and thereafter his Medical Degree from St. Louis University. In 1968, Dick met the love of his life and wife of 45 years, Mary Elizabeth Goodwin. What a blessing for them both. They married in 1969 and had eight children, Richard William (43) (Quinn), Elizabeth Vanis McNulty (42) (Bart), Matthew Vanis (40) (Kelly), Mark Vanis (38) (Sara), Michael Vanis (36) (Cortney), Timothy Vanis (34) (Courtney), Mary Vanis Dial (32) (Evan) and John Christopher Vanis (deceased). Dick is survived by his wife, 7 children and their spouses, 24 grandchildren and legions of faithful followers.

He worked steadfastly providing orthopedic and general medical care (including casting, stitches and general trauma care on the kitchen table) to all that came in touch with his kingdom. Not a day passed that he did not provide guidance, love, and hard knocks to his following. A man. An Institution.

Workers' Compensation News

Network Referrals for Physical Therapy and Durable Medical Equipment

COA has recently become aware that "third party" schedulers are scheduling injured workers for physical therapy and providing durable medical equipment (DME) without a physician's prescription. It is illegal for services needing a prescription to be initiated without the physician's prescription.

We received complaints that Align Networks, a Division of One Call Care Management (formerly One Call Medical), was contacting injured workers to schedule their physical therapy services following surgery before the surgeon has written the prescription.

We contacted, Wayne Schmidt, Align's Vice President of Clinical Operations, who agreed with COA that the Workers' Compensation Request for Authorization (RFA) is not a substitute for the physician actually writing the prescription for services requiring a prescription. He indicated that their scheduling staff were seeing that the physical therapy services had been approved on the RFA form which prompted them to immediately contact the injured worker following surgery to get the rehabilitative services scheduled. Unfortunately, in some cases, they were getting ahead of the surgeon's judgment of when the physical therapy services should be initiated, what service should be initiated and how often, and the surgeon actually writing the prescription for the services. This caused confusion with the injured workers when they came in for their post-op visits and told the surgeon they were already scheduled for physical therapy.

Mr. Schmidt thanked COA for bringing this issue to his attention and indicated that Align has initiated the following new scheduling protocols:

> "If a referral is pending surgery, we will follow up with the MD for the surgery date. After the surgery has taken place, we follow up for the clear date to begin therapy. There are times when we receive the cert letter for surgery and post op clearance date at the same time. If we have the clearance date and cert letter, we will proceed with scheduling."

He also indicated that he will work to ensure that their DME business unit implements the same policy.

We appreciate Align's responsiveness to the concern raised by COA members and their willingness to implement a policy that waits for direction from the surgeon before contacting the injured worker.

Action Requested:

1. Contact COA if you are experiencing scheduling problems with any other "third party" schedulers. Email: coa1@pacbell.net Phone: 916-454-9884.
2. Let us know if you continue to have problems with Align Networks schedulers. We want to make sure that all of their schedulers are following their new scheduling protocols.

Other COA Successes—Workers' Compensation Issues

1. Clarified that Medically Unlikely Edits (MUEs) should not be applied to Durable Medical Equipment (DME) - Orthopaedic practices should appeal DME denials based on MUEs. The Division of Workers' Compensation (DWC) never adopted the NCCI edits for services billed under DMEPOS Fee Schedule.
2. Clarified that physicians do not need to be Medicare certified to be able to bill DME.
3. Prompted a DWC audit of the Maximus IMR decisions in 2013 and 2014 for orthopaedic services that were denied based on lack of documentation or medical records justifying the medical necessity. COA found that in some instances, Maximus did not recognize that an IMR appeal was a duplicate of an existing appeal and they opened a new file. When they realized that it was a duplicate IMR appeal, the file was closed, but the medical records were not moved to the other file. This resulted in inappropriate Maximus IMR decisions denying care based on lack of medical records.

The COA Alert on these issues can be found at: http://www.coa.org/docs/WCUR.pdf

New COA Member Benefit

California Surgeons Get Paid For Follow-Up

Kyle Homstead, VP Patient Experience, HealthLoop

How many times have you heard a patients say ,"You didn't tell me that!"? Studies show that patients forget 80% of what they hear in the exam room by the time they get to the parking lot. In a climate where malpractice claims are on the rise and outcomes are under increasing scrutiny, communication and adherence are paramount to physician success.

Subject to increasing time pressures and administrative burdens, doctors have expressed widespread concern about the dwindling amount of time that they have to communicate with their patients and the impact that it has on both outcomes and satisfaction. If Yelp reviews are any indication, patients regard healthcare as a service business and feel entitled to the same prompt and courteous treatment that they would expect in a 5-star restaurant. Of course, these expectations aren't limited to office visits - patients expect to be able to reach their doctors in any time of need - and mounting frustrations surrounding patient access are hurting physician reputations and driving down their bottom line.

HealthLoop is changing the follow-up paradigm, giving doctors the power to proactively engage every patient, every single day, with high-touch customizable patient contact. Pre-scripted, virtual check-in's guide patients through each step of their healthcare journey, delivering a 5-star experience from onset through recovery. The simplicity and empathic tone of each interactive "loop" boosts adherence by engaging patients with the right information at the right time, while holding patients accountable as active participants. Perhaps most importantly, HealthLoop monitors progress and tracks pertinent signs and symptoms, serving as an early warning system to preempt clinical risks.

The numbers speak for themselves: whereas traditional patient satisfaction surveys garner a 5 to 10% response rate, more than 84% of HealthLoop patients opt-in to rate their experience. A remarkable 73% of respondents give their doctor a 5-star review, indicating that they are extremely likely to refer their physician to a family member or friend. HealthLoop harnesses this outstanding sentiment by driving happy patients to online review sites such as Healthgrades and Vitals, where more than 42% of respondents volunteer to leave online reviews. In this way, HealthLoop is turning the tables and protecting physician reputations, which can be easily tarnished by one grumpy patient who lashes out online.

"It's a game changer as far as I'm concerned." says Dr. Michael Dillingham of SOAR Orthopedics in Redwood City, CA, "On several occasions, we picked up complications much sooner than we might have otherwise. We practice better medicine with HealthLoop." SOAR was one of the first practices to join HealthLoop's pay-for-engagement pilot, a new reimbursement model in which physicians get paid an additional $150 per surgery to provide follow-up using HealthLoop. Sponsored by Anthem/Blue Cross, the program currently covers arthroscopies and arthroplasties for Orthopedic surgeons in California and Nevada.

"It's a smart model because the payer sees the value of patient and physician participation, which leads to fewer complications and better outcomes." says Dr. Michael Dillingham, "It's a win-win for everybody in the sense that it

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California Surgeons Get Paid For Follow-Up

(Continued from Page 7)

lowers cost for the insurance company, generates new revenue for the physician, and gives the patient a ton of value."

"We're not just another technology company," says HealthLoop founder, Dr. Jordan Shlain, an internist in San Francisco, "we're re-architecting healthcare and putting doctor-patient relationship back at the center of medicine, where it belongs."

In addition to pioneering reimbursement models, HealthLoop has partnered with MIEC (www.miec.com) in a groundbreaking pilot that aims to reduce the frequency of malpractice incidents by enhancing the quality of care, communication and continuity between doctors and their patients. Andy Firth, CEO of MIEC, states "With HealthLoop, we expect to see patient malpractice claims fall as patient satisfaction rises. It's the right balance to improve the doctor's efficiency while promoting better outcomes." As part of this program, MIEC will give physicians a rebate on their malpractice premiums, which more than covers the cost of the software.

With it's roots in Silicon Valley, **HealthLoop is offering California Orthopedic Association members a 25% discount on the monthly subscription fee**. "If you take Anthem/Blue Cross, this is a no-brainer," says Dr. Shlain, "It's the first time that you can point to a piece of software and call it a revenue center."

In addition, **HealthLoop is offering COA members a light version of the platform at no cost, which aims to boost patient satisfaction**. "It's a simple way to get started with HealthLoop," says Todd Johnson, "and we want to invite COA members to see just how easy it is to move the needle on patient satisfaction."

For more information, please contact the HealthLoop team at 408-418-0992 and mention that you're a COA member. You can also learn more about these special member-only offers at healthloop.com/coa. ■

California Blues plans put up $80 million to fund new HIE

California's two Blues insurers are committing $80 million to launch yet another health information exchange (HIE) in California, one that its founders claim will initially attract more than 30 of the state's largest healthcare provider organizations.

The California Integrated Data Exchange, a new not-for-profit HIE that goes by the name Cal INDEX was launched in August, 2014 by Anthem Blue Cross and Blue Shield of California.

Providers and plans must collaborate to ensure that Californians receive quality healthcare at a sustainably affordable price– and a fundamental component is sharing comprehensive patient information broadly and efficiently. Organizers indicate that they are committed to moving the health care system in California into the digital age and improving access to health data. ■

Aetna's Sale of Coventry Work Comp Services

The latest intel is that APAX will not be buying Aetna's Coventry Workers' Comp business.

While it's possible Aetna will look for another buyer, the issues that reportedly led to the collapse of the APAX deal are real, material, and not going to resolve themselves. In fact, the key asset—the PPO network — continues to deteriorate. Aetna has a declining-value asset on its hands, one that, as time goes on, becomes ever less valuable.

According to reports, the biggest sticking point was APAX's concern that the Coventry network will take at least 2 years to rebuild; when that onerous task is completed, it will be nowhere near as valuable as it is today. But it's not just the network. Sources indicate that there were concerns in other business lines as well. Chronic under-investment in the business by Coventry pre-Aetna and the lack of focus on Workers/ Comp by Aetna since they bought Coventry's parent company has also contributed to problems in selling the Coventry Work Comp Services.

Reported by Joe Paduda –WC blog ■

Should Doctors Stop Shaking Hands?

An editorial published in *The Journal of the American Medical Association* says hospitals should consider banning handshakes. Researchers report that the greeting plays a role in spreading infection and disease in such settings, where only 40% of health care personnel typically comply with hand hygiene rules. Many doctors and nurses currently avoid shaking hands with anyone while working, but doing so sometimes results in insulting someone. Instead they suggest curtailing the custom with signs that read, "Handshake-free zone" to protect the health of patients and clinicians and to avoid the risk of offense. ■

Are you ready for the new prescription drug prior authorization form required on October

Over the next several months, a new law will take effect that streamlines and standardizes the prior authorization process for prescription drugs. The new law (SB 866) requires all insurers, health plans (and their contracting medical groups/IPAs) and providers to use a standardized two-page form for prior authorizations of prescription medications. The law also requires plans and insurers to make a determination on prescription drug prior authorization requests within two days of receipt, and if they fail to do so the requests will be deemed authorized. The new law does **not** expand the list of medications that require a prior authorization.

The Department of Managed Health Care (DMHC) and the Department of Insurance (DOI) jointly developed the standardized authorization form and implementing regulations. The two agencies, however, will be enforcing the regulations on different timetables. The regulation for DMHC regulated products, which includes all HMOs, their contracting medical groups/IPAs and most Blue Cross and Blue Shield PPOs, becomes effective January 1, 2015. However, the regulation for DOI regulated products, including all other PPOs and the Blue Cross and Blue Shield Life & Health products become effective on October 1, 2014.

The lack of synchronicity in the effective dates has the potential to cause confusion for practices, particularly those who treat patients with Anthem Blue Cross PPO or Blue Shield of California PPO products, as it can be difficult to determine whether the patient has a DOI regulated product, a DMHC regulated product or a product that is regulated out-of-state (i.e., Blue Card product). However, in an effort to avoid confusion for practices, some plans/insurers are implementing the new form across most, if not all, of their product lines on October 1. **There are exceptions, however, so practices are encouraged to review the payor notices and to call payors with any specific questions they may have.**

Links to the payor notices that were available at the time of publication are below:

Aetna (not available)	Anthem Blue Cross	Blue Shield of California
Cigna	Health Net	United Healthcare (not available)

Practices using EHR systems that incorporate plan/insurer and medication specific forms for prescription drug prior authorizations are encouraged to contact the vendors about how they are accommodating this change.

Click here to access the new drug authorization form. The form (Form No. 61-211) will also be available on the payor websites by October 1 and can be submitted via paper, electronic transmission, fax, web portal or another mutually agreeable method.

For more information on the new form and accompanying regulations, including a chart of the effective dates by payor and product, see the California Medical Association physician FAQ, "A Physician's Guide to Implementation of SB866: The new standardized prescription drug prior authorization form." This document is available free to CMA members. Information from California Medical Association ■

COA Member Benefits That you May Have Missed

"Top Orthopedic ICD-10 Reference Cards"

Ten reference cards that cover nearly 500 of the most common orthopaedic conditions in the following areas: Shoulder and Elbow, Hip and Knee, Wrist and Hand, Foot and Ankle, and Spine. These laminated cards, developed by Newport Medical Solutions, Orange, CA, are a quick at a glance reference for orthopaedic practices as they prepare to transition to ICD-10. Available only from COA's website: www.coa.org 30% discount for COA Members.

ODG/ACOEM Treatment/Disability Guidelines

ODG and ACOEM Treatment/Disability Guidelines are routinely cited by payors, particularly Workers' Compensation payors, in their Utilization Review process. COA has established a reduced rate for COA members to be able to access these treatment/disability guidelines online. **Each company has discounted their annual rates for COA members from several hundred dollars each year to just $50 for each guideline.** Take advantage of this offer by contacting the company (Work Loss Data Institute - ODG Treatment Guidelines and/or the Reed Group for the ACOEM Treatment Guidelines - mention that you are a COA member to receive the discount.) For more information:

Work Loss Data Institute—ODG Treatment Guidelines
Reed Group—ACOEM Treatment Guidelines

OKU-10 Flashcards

An effective study tool for orthopaedic surgeons involved in the ABOS MOC process. Over 2,000 flashcards help orthopaedic surgeons nationwide prepare for their MOC. The flashcards can be accessed on-line or downloaded to a smart device. They can only be ordered through COA - www.coa.org. 38% discount for COA members.

Best "Apps" for Orthopaedic Surgeons

Orrin Franko, M.D., founder of www.TopOrthoApps.com, developed a list of the best apps for orthopaedic surgeons - practical apps for improving practice efficiencies and helping to improve patient care. Orthopaedic Apps.

Discounted access to ORTHOEVIDENCE

Your clinical resource for evidence based orthopaedics

A resource to be updated on the latest orthopaedic research from over 200 leading orthopaedic journals. For subscription rates: http://www.coa.org/docs/orthoevidence.pdf

Discounted access to HEALTHLOOP

Follow Up is the Best Medicine®

An electronic service to communicate with patients, provide post-surgical follow-up care , and collect patient feedback. HealthLoop light is complimentary for COA members.
COA members receive a 25% discount on the HealthLoop full service monthly service fee.

Take advantage of these discounts to save money and improve practice efficiencies.

If you are not a current COA member, you can renew your membership www.coa.org - click on "Membership."

End of 2013-2014 Legislative Session Wrap-up

Timothy Shannon, Jr., Esq.

The California Legislature finished the 2013-2014 legislative session in a marathon round that ended in the early hours of August 30. The last few weeks were marked by a more bipartisan spirit and less rancor than in more recent years. The key bipartisan legislation that passed in the last week was a revised water bond proposal for the November ballot. Other more controversial measures also passed and were sent to the Governor: 1) a bill to create a statewide ban on single-use plastic bags; 2) a bill to require up to 3 days of sick leave for all employees; and 3) a bill that would create a "gun violence restraining order" allowing families to go to court to petition to keep guns away from a person threatening to harm others.

The session was relatively quiet regarding measures affecting orthopaedic practice. The biggest threat to orthopaedists and other specialists was SB 1215 (Hernandez). This was a "gut and amend" bill that would make unlawful the in-office performance of physical therapy and advanced imaging. COA led the charge against this bill, arguing among other things that the bill would essentially repeal the recent passage of AB 1000, which specifically authorized the ownership and provision of in-office PT services. This argument resonated with the B&P Committee Chair, and the bill only received one "Aye" vote, that of Senator Hernandez, the author. We expect that this bill will be reintroduced. It is part of a national movement by PTs, radiologists and others to restrict in-office ancillary services.

November Mid-Term General Election

Although the upcoming election is "mid-term" for Presidential contests, all statewide officeholders are up for election, including Governor Brown. It is hard to predict voter turnout, but there is little drama at the top of the ticket that will drive voters to the polls.

There are, however, some important Propositions that will be on the ballot.
The campaigns for and against Prop 46, the proposition that would increase the MICRA cap on non-economic damages, mandate drug testing on physicians, and require physicians to check the CURES database before prescribing certain medications, are now in full gear. Although the earliest Field Poll showed more "Yes" than "No" responses to the initiative, that quickly changed once the No campaign took to the airwaves..

Also of interest to health care providers is Prop 45, which will allow the Insurance Commissioner to set health insurance rates in much the same way he currently does for property/casualty rates under Prop 103. This initiative also initially polled well, but as with Prop 46, the No campaign has been on the air 24/7 and the Prop 45 is below 50% approval.

COA is a member of Californians Allied for Patient Protection (CAPP), the coalition to protect MICRA. COA and CAPP have conducted interviews of state legislative candidates and currently support a good slate of individuals who share a strong support of all of MICRA's provisions. We look forward to strong legislative support in both houses in 2015.

California Orthopaedic Association

1246 P Street
Sacramento, CA 95814

Welcome to COA's Newest Members
From June 1—September 30, 2014

Reginald Fayssoux, M.D.	Rancho Mirage
Francis Gonzales, M.D.	San Diego
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Orthopaedic Surgeons Needed

The Kern County Board of Retirement has a critical need for orthopaedic surgeons to assist with its review of disability retirement applications. Orthopaedic surgeons located anywhere in the state can apply as KCERA will pay for travel expenses involved in the work. Click here for more information.
Contact: Josiah Vencel—venceljo@co.kern.ca.us

Medical Board of CA Seeks Physician Expert Reviewers

The MBC established the Expert Reviewer Program as an impartial means by which to support the investigation and enforcement functions of the Board. Experts assist the Board by providing reviews and opinions on Medical Board cases. The Board is currently looking for experts in Pain Medicine and Spine Surgery. For more information regarding compensation and how to apply visit: http://www.mbc.ca.gov/enforcement/expert_reviewer

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