Executive Director
Diane M. Przepiorski
1246 P Street
Sacramento, CA 95814
Phone: (916) 454-9884
Fax: (916) 454-9882
E-Mail: coa1@pacbell.net
Web Page: www.coa.org

COA Report

A publication of the California Orthopaedic Association

Spring, 2014

PRESIDENT MESSAGE

BACK TO THE FUTURE

"The future is already here," author William Gibson has written, "it's just not evenly distributed yet." Nowhere is this unevenness more evident than in digital information technology and health care. Having been personally involved in these areas for a while, I can take a look back to see forward.

I did my undergraduate biology research at Stanford on a time shared mainframe computer housed in its own building. The smart phone on my belt now has more than a thousand times the computing power of that computer at more than a thousand times less the price. And though the internet may be "infested with teenagers, lunatics, and Anthony Weiner," as wryly observed by Dave Barry, I now have more information at my fingertips than existed at the time. Indeed, it is estimated that we now create more information data in a few *days* than was created in all of the history of mankind through 2003. Yet as breathtaking as this exponential growth has been, the future implications of sustained exponential growth are even more profound.

Leslie H. Kim, M.D., President

This will be the provocative subject of a stimulating keynote address at our annual meeting by Dr. Daniel Kraft, TED presenter and director of Singularity University's "Exponential Medicine" program.

As the health care system undergoes disruptive change driven by larger political and economic forces, physicians would do well to anticipate where the health care system is going in order to effectively adapt. In explaining his success in hockey, Wayne Gretzky has famously said that ,"I skate to where the puck is going to be, not where it has been." This is oft-quoted in economic sectors that have been subject to upheaval by trans-

(Continued on Page 2)

Calendar and Plan to Attend

COA's 2014 Annual Meeting/ QME Course

May 29—June 1, 2014

Portola Hotel—Monterey

REGISTER TODAY

Legislative Alert

SB 1215 (Hernandez)

Self Referral Prohibition

Your Help is Needed.

See Page 11.

President's Column (Continued from Page 1)

formational technology, but not so much in health care. So what does the future of health care look like? We may be seeing some of it now and what does this have to do with the COA?

Looking back once more, it is instructive to retrace shifting valuations in digital technology (i.e. follow the money) from IBM (hardware), to Microsoft (software), to Google (internet), and now to Face book (social networking). We have rising stock prices for Twitter and LinkedIn, and a recent $19 *billion* purchase of WhatsApp, a company that makes a messaging app with only 55 employees. We can discern a pattern emerging: the leveraging of the network effect and *exponential* power of Metcalf's law. Which brings me to the theme of our COA Annual Meeting: "Evolution and Change." Join us to "*network* and collaborate" with forward thinking experts, great speakers, and bright colleagues in beautiful Monterey. Learn what the future of private and employed practice might look like; gain the latest knowledge in orthopaedic subspecialties; find out how best to navigate ICD-10, Covered California, and the new Workers' Compensation payment rules; find your advocacy role in politics; and much more. Enjoy our social program with family and friends. Look forward to seeing you there!

Leslie Kim, M.D.
President

Case History: Bob Boomer is a successful--and busy--businessman who doesn't feel well. Mike Millennial is a young tech worker who also doesn't feel well. Bob wants to see a doctor, so he gets a recommendation from his golf partner at the country club. He is referred to a successful--and busy--doctor who also belongs to the country club. He then calls the doctor's office, is put on hold, and eventually makes an appointment to be seen in six weeks. Mike goes on the internet, logs on to Yelp, and finds a doctor with 5 stars. This doctor is on ZocDoc, so Mike is able to immediately make an appointment for the next day on the website. He then logs on to the doctor's patient portal to pre-register. This doctor has a concierge type practice in One Medical with open access to a doctor/PA, is not so busy, and is able to spend time examining Mike without a wait. Bob takes a half day off his busy schedule to drive, park, fill out paperwork, wait, and is seen for 15 minutes by the busy doctor.

Both Bob and Mike are found to be well, except for an elevated blood pressure measurement that day. Bob is handed a paper medication prescription that he drops off at a pharmacy for later pick up. Mike has his e-prescribed medication delivered by an on-line pharmacy. Both are counseled to eat better, exercise, and lose weight. Bob is told to return to the doctor's office in a couple months to have his blood pressure re-taken. He plans to join a health club and work with a trainer to exercise. Mike regularly measures his blood pressure with the new Scanadu Scout, monitors it with his smart phone app, and shares results with his doctor. He starts exercising with Fitocracy social coaching and tracking by his Fitbit Force wrist band; eats better with MyFitnessPal; and loses weight. His doctor observes positive blood pressure trends remotely, communicates using secure messaging, and adjusts medications accordingly without the need for a visit. Bob is still waiting for his follow up visit with the doctor, and has not yet scheduled a session with the trainer…

Remembering our Colleagues

Frank Jobe, M.D.
Known for Tommy John surgery dies at age 88.
Dr. Jobe had a long history of improving care for athletes. He invented a procedure that saved Tommy John's, the Dodgers pitcher's arm and the careers of many other major leaguers.

Dr. Jobe borrowed the idea of transferring a tendon from one body part to another, which had been used in hand surgery and to reinforce the joints of polio patients, but never to repair a joint that endures so much stress—the elbow of a major league pitcher.

Dr. Jobe is also known for rebuilding the shoulder of then-Dodger Orel Hershiser. He designed a less-invasive approach—instead of detaching the muscle to repair the joint, he split the muscle and made the repair.

Dr. James Andrews, a Jobe protégé widely credited with perfecting the Tommy John surgery, has repeatedly called Dr. Jobe the founding father of sports medicine.

Milton Ashby, M.D.
Founder and organizer of the Orthopaedic Residency Program at Martin Luther King, Jr. Hospital in Los Angeles passed away at the age of 83. Dr. Ashby started the program in 1971 and left in 1983.

MLK provided healthcare for about a half million people with free alternative resources they could afford. The King program graduated close to 80 orthopaedic surgeons, of whom many brought him pride and satisfaction from their achievements. He took life long pleasure from the achievements of his graduates and bragged about them for decades after leaving his academic position,

Doreen DiPasquale, M.D.
passed away January 7, 2014 unexpectedly in her sleep while recuperating at Sharp Memorial Hospital in San Diego, Dr. DiPasquale was preceded in death by her husband, George Cierny III, MD , also an orthopaedic surgeon, who passed away from pancreatic cancer last year.

After training on Ilizarov Method of Osteosynthesis and Traumatology in Kurgan, Russia and Lecco Italy, she became a pioneer of the method and was recognized as a leader in her field. She also conducted extensive clinical research and published numerous original articles and book chapters on topics related to musculoskeletal infection, extremity injury, and limb salvage. She served as president of the Limb Lengthening and Reconstruction Society.

COA's 2014 Annual Meeting and QME Course Monterey, CA

PORTOLA HOTEL & SPA
AT MONTERREY BAY

Attend and receive . . . . . .

Thursday, May 29, 2014

- 6 QME CME hours
- 2 Category I CME hours
- An update on disability evaluation issues
- ICD-10 Implementation

Friday, May 30, 2014

- 7 Category I CME hours
- Knowledge on mobile apps, practice management strategies/ Covered California—Health Exchange
- Focused discussion group with other similar practices

Saturday, May 31, 2014

- 4 Category I CME hours
- 4 hours qualify for the ABOS MOC Scored/Graded Self Assessment Test and Radiology Certification
- What's new in Adult Reconstruction and Sports Medicine—Lower Extremity

Sunday, June 1, 2014

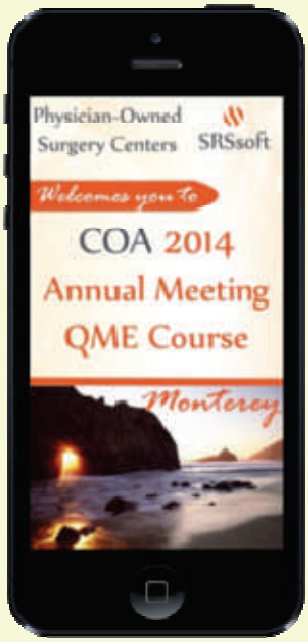
- 6 Category I CME hours
- 6 hours qualify for the ABOS MOC Scored/Graded Self Assessment Test and Radiology Certification
- What's new in Sports Medicine – Shoulder and Upper Extremity/ Hand Surgery/Trauma

ABOS MOC Scored and Recorded/Graded Self Assessment Evaluation Testing—Complimentary for COA members.

Send your practice manager—they also receive a discounted registration fee.

Register on-line at: http://www.coa.org/coa-annual-meeting.html

COMING SOON…
COA's Annual Meeting Mobile app



People/Entities in the News

Amy Ladd, M.D.—Stanford
Received the prestigious Andry Award at the AAOS March, 2014 meeting. The Andry Award is given to an orthopaedic surgeon doing clinically relevant basic or patient-oriented research that has significantly contributed to orthopaedic knowledge and practice.

Sebelius Resigns—Obama nominates replacement
Health Human Services Secretary Kathleen Sebelius has resigned under criticism about the roll-out of Obama health reform and the Health Exchange programs. She became the face of the troubled rollout and all of its technical problems. Sylvia Matthews Burwell, currently Director of the Office of Management and Budget (OMB) is being nominated by President Obama as her replacement.

Mark Ganjianpour, M.D.
Sam Bakshian, M.D.
Rajan M. Patel, M.D.
Have moved to a new office location:
6330 San Vicente Blvd. #310
Los Angeles, CA

Office Space Available for sublease/part-time/full-time

- State-of-the-art digital imaging technology, including X-ray and ultrasound
- Fully digitalized office
- Perfect for Orthopedics, Spine PM & R, Pain Management
- A family-like office atmosphere and extremely experienced, multilingual staff, able to speak/translate languages including Spanish and Farsi
- High end office with high-quality furnishings
- Practice located in a Class A building, in a very convenient and accessible location, close to surgery centers, Olympia and Cedars Hospitals

Contact: Office Manager Nikki 310-855-0751

Medicare News

Physicians in California Start to See CMS Meaningful Use Audits

It comes in the mail: "*This letter is to inform you that your organization has been selected by the CMS for an audit of your facility's meaningful use of certified EHR technology for the attestation period. Attached to this letter is an information request list. Be aware that this list may not be all-inclusive and that we may request additional information necessary to complete the audit*."

The CMS auditor is empowered, "*to conduct meaningful use audits of certified Electronic Health Record (EHR) technology*" and have "*the right to audit and inspect any books and records of any organization receiving an incentive payment*." It is unclear why some providers are selected for an audit. It could be a random selection or there may be some selection based on their "risk profile." They are likely to request documented proof of everything you claimed when you applied for the CMS EHR incentives. Typically there is a short deadline to respond. It could be as little as two weeks to supply the requested information via mail or electronic upload.

We believe that these audits are just starting to hit practices in California, as we were just notified by one of our members that they are being audited.

Some potential Meaningful Use Audit checklists and other information that may be helpful to you can be found at:
CMS --http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR_SupportingDocumentation_Audits.pdf

Health Lawyers—http://www.healthlawyers.org/Events/Programs/Materials/Documents/PHLI14/h_girardeau_marty_checklist.pdf

AAOS has also developed a "Meaningful Use Toolkit" which is available on their website. www.aaos.org

ACTION REQUESTED

1. **We would like to know if any other orthopaedic practices have gone through the Meaningful Use Audit. If you have, please send us an email—coa1@pacbell.net letting us know the outcome and any comments you may have on the process.** Representatives from COA will be in Washington, DC at the end of April and will have an opportunity to discuss these audits with members of the California Congressional delegation.

2. **If you have been through an audit and found some audit checklists or other resources that were helpful to you, please send us a copy, so that we can make them available to other practices.**

Medicare News

Congress Delays Medicare Cuts
SGR patch enacted GCPI fix enacted ICD-10 delayed

On March 31, 2014, the U.S. Senate passed the "Protecting Access to Medicare Act of 2014" bill to postpone for one year, the 24% cut to Medicare physician payments called for under the fatally flawed sustainable growth rate (SGR). The bill, H.R. 4302, was signed into law by the President on April 1.

The bill, which passed the U.S. House of Representatives last week:

- Provides a 0.5% physician payment update through December 31, 2014, and then a 0% update until April 1, 2015.
- Includes the California Medicare locality update known as the California geographic practice cost index (GCPI) fix that has been long sought by the California Medical Association. The long overdue CPCI fix will update California's Medicare physician payment regions and raise payment levels for urban counties misclassified as rural, while holding remaining rural counties harmless from cuts.
- Delays for at least one year the ICD-10 medical billing coding conversion, pushing the implementation date to October 1, 2015. The Division of Workers' Compensation, who is also scheduled to implement ICD-10 for the California Workers' Compensation program, has indicated that they will follow the lead of Medicare and delay ICD-10 implementation.

In addition, the 2 percent payment reduction in Medicare's Fee-for-Service reimbursement that was imposed last year through sequestration will continue through March 31, 2015, for claims made on or after April 1, 2013. The continuation also applies to claims for durable medical equipment (DME), including prosthetics, orthotics, and supplies and will include claims under the DME Competitive Bidding Program. Although beneficiary payments for deductibles and coinsurance are not subject to the 2 percent reduction, Medicare's payment to beneficiaries for unassigned claims is subject to the reduction.

New CMS 1500 Claim Form Implemented April 1, 2014

Medicare began accepting the new CMS 1500 claim form on January 6, 2014 and it is now mandated as of April 1, 2014. Medicare claims submitted on the old 1500 claim form after April 1, 2014, will not be processed.

The most notable changes are for items 17,21, and 24E.

- **Item 17** must have a qualifier entered to the left of the dotted vertical line of Item 17 to indicate the type of provider being reported in this field– DN—Referring Provider; DK—Ordering Provider (this is the appropriate qualified for DME claims); DQ—Supervising Provider.
- **Item 21** now allows for 12 diagnosis codes, rather than 4 and the diagnosis pointers have changed from 1-4 to A-L. In addition, the diagnosis codes are now read left to right, rather than up and down. 9 = ICD-9-CM diagnosis 0=ICD-10-CM diagnosis.
- **Item 24E** now requires the corresponding alphabetic, rather than numeric, diagnosis pointer.

CMS-1500 Form Version 02/12 Completion Tips:
Med.noridianmedicare.com/web/jeb/topics/claim-submission/tutorial-02-12
AMA CPT Assistant—Understanding the changes in the Version 02/121500 Claim Form

(Continued on Page 7)

Medicare News

(Continued from Page 5)

"Two Midnight Rule" delayed until after September 30, 2014

The "two midnight rule" has been delayed until after September 30, 2014 after widespread complaints from hospitals and surgeons. The rule was intended to clarify when a moderately sick patient should be admitted for inpatient care instead of outpatient observation. CMS believes that patients are inappropriately being admitted to the more expensive inpatient setting. The "two midnight rule" says that admitting physicians must have good reason to believe that a patient will require two nights in the hospital to qualify for Medicare's higher-paying hospital rates. The admission cannot just be for the convenience of the patient. Otherwise, the care is considered outpatient, which pays less. CMS "Hospital Inpatient Admission Order and Certification should be consulted for more information.

Doctors' Medicare payment data finally set for release

Despite 30 years of opposition from physicians, the public will soon learn how 880,000 doctors and other healthcare practitioners billed Medicare for the services they provided and what the government paid them. The data are expected to spotlight doctors with suspicious billing patterns. Covering $77 billion worth of Medicare Part B payments in 2012, the data will be released as soon as April, 2014, according to an announcement from CMS Principal Deputy Administrator Jonathan Blum. The information will include physicians' provider IDs, their charges, their patient volumes and what Medicare actually paid. Blum said the data will allow the public to compare 6,000 different types of services and procedures, allowing data analysts to pinpoint outliers in charges and volume.

"Release of physician-identifiable payment information will serve a significant public interest by increasing transparency of Medicare payments to physicians … and shed light on Medicare fraud, waste and abuse," Blum wrote in an April 2 letter (PDF) to the American Medical Association. In response, the AMA issued a statement late Tuesday expressing concern "that CMS' broad approach to releasing physician payment data will mislead the public into making inappropriate and potentially harmful treatment decisions and will result in unwarranted bias against physicians that can destroy careers." The association is asking the agency to allow physicians to review and correct their information before the database is released.
The AMA has strongly protested the release of any Medicare payment data that identifies individual doctors, saying it would be a violation of physicians' personal privacy rights.

The AMA and the Florida Medical Association successfully convinced a federal judge in Jacksonville, Fla., in 1979 to permanently bar Medicare from publishing the data because of privacy concerns. A lot has changed since then. The public interest in Medicare transparency has increased, Blum said, specifically citing a series of stories published by the Wall Street Journal that used a similar, but smaller, data set to identify waste, fraud and abuse in Medicare payments to doctors. The data will also help inform consumers and insurance companies about which doctors have adequate patient volume to be considered safe practitioners for complex procedures, patient advocates say. The Florida injunction barring release of the data was scrapped last year by another Jacksonville judge, after Wall Street Journal parent company Dow Jones & Co. sued to overturn it. That cleared the way for the CMS to consider releasing the information.

Initially the information was slated for release only through specially tailored requests under the Freedom of Information Act. But after scores of media outlets including Modern Healthcare filed FOIA requests, the agency said it had to follow a federal law that requires it to publish "frequently requested" materials.

The data will not identify patients, and CMS will redact any "data element" that pertains to fewer than 11 Medicare beneficiaries.

Appeals court rules that health plans may be responsible for payment when they irresponsibly delegate risk

For the first time, a California appellate court has recognized a legal cause of action that holds California's health plans liable when they negligently delegate risk to an IPA that subsequently fails to reimburse providers. In a precedent-setting opinion in *Centinela Freeman Emergency Medical Assocs. v. Health Net et al.*, the court is allowing emergency care providers to proceed with such a negligent delegation claim against the state's largest health plans.

In 2011, the Centinela physicians filed a lawsuit against health plans that delegated risk to La Vida Independent Practice Association (IPA) to seek reimbursement for claims for emergency medical care that were left unpaid after La Vida went bankrupt. The lawsuit alleged that La Vida was having trouble paying providers, yet the health plans did nothing to rectify the situation and continued to delegate their enrollees to La Vida. When La Vida went bankrupt it owed the emergency care physicians over $3 million.

The Centinela physicians initially lost their bid to recoup the money when a Los Angeles County Superior Court judge dismissed the case, based on existing law holding that health plans generally are absolved of responsibility to pay claims under the Knox-Keene Act after the health plans delegate risk to an IPA. On appeal the Centinela plaintiffs argued that there should be a narrow exception to that law for providers who are not contracted with the IPA or delegating health plan and who still must provide emergency medical care under federal and state law. In such circumstances, the Centinela plaintiffs argued, health plans should remain liable when they negligently delegate to an IPA that they knew or should have known is not capable of paying medical claims.

A Win for Physicians

The California Medical Association (CMA) filed an amicus brief in July 2013 in the case on behalf of a broad coalition of health care provider associations, including the California Hospital Association, California Orthopaedic Association, California Radiological Society and California Society of Pathologists. La Vida, a risk bearing organization that provided health care coverage to hundreds of thousands of patients in Southern California, was contracted by Health Net and six other health plans to pay insurance claims to providers.

CMA's amicus brief acknowledged the viability of the delegation model and accepted that generally health plans are absolved of liability after they delegate to an IPA, but the brief forcefully argued that case law still recognizes that health plan immunity arises if and only if the health plans delegate responsibly.

The brief argued that a negligent delegation claim would strengthen the delegation model because it would put responsibility on health plans to ensure that IPAs they delegate to can handle risk and pay claims. The court opinion, which was published on February 19, 2014 agreed with CMA's arguments.

CMA has fought long and hard to make insurers responsible for payment when they delegate to an IPA that they know is not financially sound. In the early 2000s, when a number of major IPAs went bankrupt, CMA and others filed lawsuits to try to hold the health plans liable for unpaid claims. Again and again, the courts held that the Knox-Keene Act generally insulates health plans from payment responsibility once they delegate to an IPA. The Centinela ruling creates a narrow exception to the earlier court precedents.

The defendant health plans in this lawsuit are Health Net of California, Inc., Blue Cross of California Anthem Blue Cross, PacifiCare of California, California Physicians' Service Blue Shield of California, Cigna HealthCare of California, Inc., Aetna Health of California, Inc., and SCAN Health Plan.

Read the Court of Appeal's ruling here.
Contact: Long Do, Esq., CMA's legal information line, (800) 786-4262 or legalinfo@cmanet.org.

How Physicians Get Into Legal Trouble – And How to Avoid It

By Jeremy N. Miller, JD

This article discusses areas where physicians regularly get themselves into legal trouble, and how many of these problems can be avoided.

The Medical Board
The Medical Board of California (MBC) can revoke the license of a physician who engages in "unprofessional conduct" such as misusing or improperly prescribing drugs; using false or misleading advertising; making misrepresentations or omissions when applying for or renewing a medical license; paying or receiving kickbacks; having sexual relations with patients; engaging in fraudulent billing; gross professional negligence; and improperly using physician assistants, registered nurses, and medical assistants.

Billing
When billing Medicare, Medi-Cal, and private payers, avoid the following: billing for one physician's services using another physician's provider number; routinely billing higher evaluation and management codes than is justified ("upcoding"); billing for medically unnecessary services; failing to adequately document the services that you provide; miscoding in order to bill for uncovered services; billing hospital-based services as if they were rendered in a physician's office; and routinely waiving or reducing copayments.

Independent Contractors
Do not hire people as independent contractors when they should be treated as employees. The IRS and California Franchise Tax Board can impose significant penalties for noncompliance. The photocopier repair technician is an independent contractor; anyone who works in your office full or part-time, is likely your employee.

Overtime
If nonexempt employees work overtime (more than 40 hours per week or more than eight hours in a day), they need to be paid time and a half. Physicians are usually exempt from the overtime rules.

Vacation Time
"Use it or lose it" vacation policies may not be enforceable. If you do not adopt a "reasonable" accrual policy, you could end up owing the employee for years of unused time off. You are probably safe if your policy allows the employee to accrue up to a maximum of 1.75 times his or her annual time off.

Termination
Follow the termination provisions in any written employment agreement. Even employees who can be terminated "without cause" cannot be terminated for an improper reason, such as race, gender, sex, age, religion or national origin, because of a disability that could be reasonably accommodated, or in retaliation for complaining about improper medical care or billing practices.

Physician Disputes
Physician disputes are often about issues such as control of the group, compensation, termination, and buyouts. It is critical to have well thought out and carefully drafted employment, shareholder, and partnership agreements in place covering issues such as compensation, voting rights, buyout provisions, non-compete and non-solicitation restrictions, and dispute resolution mechanisms. Also, regularly review your key documents to make sure they still reflect the will of the group members and are in compliance with current laws.

Dealing with Enforcement Officials
If you are contacted by a California or federal enforcement official or agency (such as the Medical Board or Medicare) about a potential problem, always take the matter seriously. If you receive a written notice, don't ignore it or respond late if there is a deadline. If you are contacted by telephone or there is a visit to your office, be very careful about what you say. In general, unless someone shows up with a search warrant or otherwise has the right to make an unannounced inspection of your office (such as the Medi-Cal program), you should not answer questions. Rather, ask the person to leave their card, and then immediately contact your attorney.

There are many things you can do to reduce the likelihood of a legal problem. Remember that an ounce of physician prevention can be worth many pounds of legal cure.

Business, Professions & Economic Development

Senate Member	District / County	Phone/ Fax	Room #	E-mail
Ted Lieu, Chair	D - Torrance C- Los Angeles	916-651-4028 916-651-4928 - fax	4061	Senator.lieu@sen.ca.gov
Mark Wyland, Vice Chair	D- Escondido C- San Diego / Orange	916-651-4038 916-651-4938 - fax	4048	Senator.wyland@sen.ca.gov
Tom Berryhill	D- Modesto C- Fresno/ Madera / Mariposa/ San Joaquin/ Stanislaus/ Tuolumne	916-651-4014 916-651-4914 - fax	3076	Senator.berryhill@senate.ca.gov
Marty Block	D- San Diego C- San Diego	916-651-4039 916-651-4939 - fax	4090	Senator.block@senate.ca.gov
Ellen Corbett	D- Hayward C- Alameda/ Santa Clara	916-651-4010 916-651-4910 - fax	313	Senator.corbett@senate.ca.gov
Cathleen Galgiani	D- Stockton C- Sacramento /San Joaquin /Stanislaus	916-651-4005 916-651-4905 - fax	2059	Senator.galgiani@senate.ca.gov
Ed Hernandez, O.D.	D - West Covina C - Los Angeles	916-651-4024 916-651-4924 - fax	2080	Senator.hernandez@senate.ca.gov
Jerry Hill	D- San Mateo C- San Mateo & Santa Clara	916-651-4013 916-651-4913 - fax	5064	Senator.hill@senate.ca.gov
Alex Padilla	D- Van Nuys C- Los Angeles	916-651-4020 916-651-4920 - fax	4038	Senator.padilla@senate.ca.gov

Letters should be addressed as follows:

The Honorable Senator (first/lastname)
State Senate
State Capitol Room (number)
Sacramento, CA 95814

Read the text of the bill: http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_1201-1250/sb_1215_bill_20140324_amended_sen_v98.htm

You can write one letter addressed to Senator Lieu as the Chair of the Committee and copy the other members of the Committee.

Please fax and email your letters to all Committee members.

California Orthopaedic Association

2014 LEGISLATIVE ALERT

TO: COA Members
Orthopaedic Practice Managers

FROM: Leslie Kim, M.D., President

SUBJECT: SB 1215 (Ed Hernandez) – Prohibition on Self-Referral
COA Position: OPPOSE

On March 24, Senator Ed Hernandez (D-West Covina) completely gutted SB 1215 and amended the bill to prohibit physicians from referring their patients to in-office services such as physical therapy, advanced imaging (MRIs/CT scans), anatomic pathology, and radiation therapy. At a time when provision of health care is moving toward efficient, integrated delivery systems, SB 1215 moves in the opposite direction and would result in fragmented, inefficient care.

COA is adamantly OPPOSED to SB 1215 and needs your help to defeat the bill.

This would be a major step back in an orthopaedic surgeon's ability to:

- Integrate and manage the rehabilitative services for their patients.
- Cause unnecessary treatment delays as patients need to schedule the imaging studies at an independent facility. If the independent facility takes the wrong image or takes an image that does not clearly show the fracture, the patient may have to return to the imaging facility for additional images. How difficult and unreasonable this would be if the patient has a broken leg or other mobility issues.
- Jeopardize the ultimate recovery if treatment is extensively delayed.
- Create access problems for patients with limited transportation. This will fall most harshly on the underserved and elderly population.
- Unnecessarily increase health care costs as patients will need to return to the orthopaedic office for a second visit after they have received the results of the imaging studies and make multiple visits during their recovery period as additional imaging studies are needed to determine whether the fracture is properly healing.
- Jeopardize the jobs of physical therapists and imaging techs statewide who are currently employed in orthopaedic offices. Many have held these jobs for years.

SB 1215 will be heard in the Senate Business, Professions and Economic Development Committee on Monday, April 21.

ACTION REQUESTED

- It is critical that you contact members of the Committee to urge them to vote "NO" on the bill as soon as possible, but no later than Friday, April 18. In your communication, please outline the negative impact that this bill will have on direct patient care, your ability to manage their care, health care costs, and on the staff in your office. Clearly ask them to vote "No" when the bill is heard in the BP&E Committee.
- Encourage your staff to also send in their personal letters describing the impact this bill will have on them and their families.
- Send COA a copy of your communications – coa1@pacbell.net Fax: 916-454-9882
- If your legislator makes a commitment to you as to how they plan to vote on SB 1215, please communicate their response to COA.

For your information, legislators will be on Spring Break - April 11 – April 20, so you may also have an opportunity to discuss SB 1215 when you see them at local events.

We need legislators to hear loud and clear that orthopaedic surgeons and their staff are adamantly opposed to SB 1215. A roster of the Senate Business, Professions and Economic Development Committee can be found on Page 10 to assist you in making these contacts. Thank you for your help on this important issue.

California Orthopaedic Association
1246 P Street
Sacramento, CA 95814

Welcome to COA's Newest Members as of April 1, 2014

Geoffrey Abrams, M.D.	Redwood City
Dorrit Ahbel, M.D.	Mather
Deborah Castaneda, M.D.	Simi Valley
Charles Chan, M.D.	Redwood City
Keith Fei Chan, M.D.	San Francisco
Constance Chu, M.D.	Redwood City
Rebecca Demorest, M.D.	San Ramon
Scott Fujii, M.D.	Carmichael
Eric Gokeen, M.D.	Loma Linda
Phillip Jones, M.D.	Paradise
Greg Khouganian, M.D.	Tarzana
Christina Pantazopoulos, M.D.	Riverside
Stephanie Pun, M.D.	Redwood City
Kevin Roth, M.D.	San Ramon
Alexander Sah, M.D.	Fremont
Mohammad Sirajullah, M.D.	Palmdale
Robert Steffner, M.D.	Sacramento
Hassan Sved, M.D.	Loma Linda
Ryan Vitali, M.D.	Roseville
Rosaana Wustrack, M.D.	San Francisco

2014 Membership Dues are now due

go to:
www.coa.org—click on "Membership"
to pay your dues on-line.

We appreciate your prompt payment, so that COA does not need to devote staff time to follow up with you.

Thanks in advance for your support.

Classified Ad

Transcription/Billing
Transcriptionist with 15+ years specializing in QME, IME, chart notes, etc.
EMR capabilities from digital or manual dictation.
One-day turnaround.
References available.
Call Karen at 707-373-2187 or email at powell0222@sbcglobal.net

MOVING?
MOVING?

Let us know . . .

Name: _____

New Address: _____

City/ST/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Complete and Return to COA
1246 P Street
Sacramento, CA 95814
Fax: 916-454-9882
E-Mail: coa1@pacbell.net