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THE Ortho File

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Ryder Cup Meets Boyd Cup

The 1991 tournament held at Kiawah Island Golf Resort is often credited with escalating the competition and vitriol of the Ryder Cup. A feud had developed in 1989 at The Belfry where each side accused the other of cheating on the way to Europe retaining the cup due to a tie.



Dr. Kirol, President of the South Carolina Ortho Association

The Ocean Course at Kiawah played host to the 1991 competition that was dubbed "The War by the Shore". The tournament ended in misery for Europe as Bernhard Langer missed a six-foot putt on the last hole that would have tied the competition and retained the cup. The enthralling competition notched its place in history due to the tensions of the time and the determination of both teams to be victorious.

Another sub-plot emerged that weekend that parallels the struggles that we face in organized medicine...the ability for the US team to overcome its individual supremacy to conjure a team effort that delivers victory. The inability to create this team dynamic continues to haunt the US to this day. Unmatched individually yet unable to deliver as a team, America

has only won three of the past eleven Ryder Cups. One of those victories occurred on Kiawah Island.

Next August, the SCOA will again converge on Kiawah to celebrate our profession and cultivate the relationships that bind us as colleagues and create the foundation of our association. If we are honest with ourselves, like the US Ryder Cup Team, historically we have not been successful in embracing a team dynamic that ensures our success. Certainly we've all had our individual success and our profession has a long list of recognized individual leaders. But in the trying times over this past generation an underlying notion has emerged that maybe our inability to capture that collective spirit has led to some of the difficulties we face.

The general public and elected officials seem to grasp the potential power that such collaboration would yield. Our inability to pull it together is often a mystery from their perspective. They understand the wealth of knowledge and resources and individual talent we all possess having risen to the top of such a noble profession. What if we can truly unite with each other and lead a focused and committed effort to take back medicine?

I see this dynamic emerging within the South Carolina Orthopaedic

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Association.

The next generation of leaders continues to emerge willing to share their time and talent to forge a brighter future. Their enthusiasm and insight is greatly welcomed. At the 2007 SCOA meeting a sense of cohesion and commitment to task was ever-present. Those in attendance vowed to do their part to lead our mission forward.

While our pleas for political action

among our ranks used to fall on deaf ears, they are now being answered in greater numbers. While historically we may have been taken for granted in the political and legislative process, we are now recognized and viewed with importance.

Leading up to the "The War by the Shore" in 1991, Europe successfully defended the Ryder Cup on three successive occasions. Heading into next year Europe has again won the

cup with staggering ease the past three tournaments. Will the Americans be able to muster the team effort necessary to win back the cup in 2008 at Valhalla Golf Club in Louisville, Kentucky?

Can our association and organized medicine as a whole, embrace the team dynamic that will deliver our own success? Please join us in Kiawah next August as we continue this journey. ■

SCOA Introduces New Executive Director

As of November 1, 2007, your SCOA has a new Executive Director, Mr. Fraser Cobbe. The Executive Committee conducted a thorough search for a replacement to our long-serving Director, Dr. Paul Biggers. The Executive Committee would like to share our sincere gratitude for the leadership and dedication Dr. Biggers provided the organization over the years.

Your leadership deliberated over this decision for a considerable amount of time knowing the importance of making the right hire for the future of our association. We strongly believe we have made the right decision. We would like to introduce Mr. Fraser Cobbe to you.

Fraser is a Political Science major from Florida State University. He currently serves as Executive Director of the Florida Orthopaedic Society and the Bones Society of Florida and is President of his association management company, Cobbe Consulting & Management. Fraser joined the Florida Orthopaedic Society in 2001 after three years as Executive Director of the Manatee County Medical Society located in Bradenton, Florida. Mr. Cobbe also spent portions of his professional career working for the Florida Medical Association and the Florida Medical Political Action Committee.

Mr. Cobbe is well regarded nationally through his work with the American Academy of Orthopaedic Surgeons. He has volunteered on numerous committees and projects within the AAOS including the State Orthopaedic Societies Committee. He was awarded the 2003 Executive Director of the Year Award from the American Academy of Orthopaedic Surgeons. His leadership was also recognized in 2005 as the Florida Orthopaedic Society received the State Society of the Year Award from the AAOS.

We would like to welcome Fraser to the SCOA. Please do not hesitate to reach out to him with any ideas on how the association may better serve our members. ■

SAVE THE DATE

2008 South Carolina Orthopaedic Association Annual Scientific Meeting August 7-10, 2008 The Sanctuary at Kiawah Island

This year's signature event will include a dinner on Saturday evening at the famous Ocean Course Clubhouse at Kiawah Island. A perfect venue for a fitting end to a fabulous weekend. This is an opportunity you will not want to miss.



SCOA Headquarters has Relocated!

The updated information is as follows:

**Fraser Cobbe,
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Association**

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Lutz, FL 33559
Tel: 866-949-3121
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scoa@cobbmanagement.com

Upgrades Coming to the SCOA Website!

The SCOA is in the process of updating our website to provide a great deal more information and valuable tools for our members and their practices. The site will incorporate a number of new features and capabilities including a blog for up to the minute announcements and alerts and on-line credit card merchant capability for members to pay membership dues and register for meetings directly on the website. The new capabilities should be operational by the beginning of January. Please consider dropping by the new site in the New Year.



Congress Passes Six Month Delay in Medicare Physician Payment Cuts

Impending Cut Replaced with 0.5% Increase

The United States Congress has approved the “Medicare, Medicaid, and SCHIP Extension Act of 2007” (S. 2499), legislation that prevents the scheduled 10.1 percent cut in Medicare physician payments and extends authorization for the State Children’s Health Insurance Program (SCHIP). The Senate approved the legislation by voice vote on December 18. The House approved the legislation on December 19. President Bush is expected to sign the legislation into law later this week.

The following is a summary of the major provisions included in the “Medicare, Medicaid, and SCHIP Extension Act of 2007” (S. 2499):

Physician Payment—Prevents scheduled 10.1% cut in Medicare physician reimbursements. Replaces scheduled cut with a 0.5% increase through June 30, 2008.

SCHIP—Extends SCHIP funding through March 31, 2009. Imposes a six-month delay on implementation of proposed administrative regulations relating to school-based services and rehabilitation services.

Work Geographic Adjustment—Extends the work geographic index (GPCI) floor of 1.0 through June 30, 2008.

Medicare Scarcity Payments—Extends provisions that provide a 5% bonus payment to physicians practicing in physician shortage areas through June 30, 2008.

PQRI—Extends the physician quality reporting system and revises the Physician Assistance and Quality Initiative fund (more details once we see legislative language)

Therapy Caps—Extends exceptions to therapy cap through June 30, 2008.

Medicare Advantage Stabilization Fund—Removes \$1.5 billion in 2012.

Inpatient Rehabilitation Facility (IRF) Services—Permanently freezes the inpatient rehabilitation services compliance threshold at 60%, effective for cost reporting periods starting July 1, 2006, and allows co-morbid conditions to count toward this threshold.

Military Physicians—Permits physicians in the armed services to engage in substitute billing arrangements for longer than 60 days when they are ordered to active duty. ■

Our Iron Man

A recent article in the Morning News chronicles the participation of SCOA member, Bill Edwards, M.D, in the 2007 Iron Man World Championship in Kona, Hawaii. The championships were held on October 13th in grueling conditions on the island. Despite the significant heat and humidity, Dr. Edwards completed the event in 11 hours and 43 minutes. He was one of only 2,000 entrants into the competition which included a 2.4-mile swim, 112-mile bike ride, and 26.2 mile marathon. We would like to recognize this significant achievement and share our congratulations. ■

Development of a Key Contact Program

By Tony Denny, SCOA Lobbyist

The South Carolina Orthopaedic Association and most of the orthopaedic community nationally, learned a very hard lesson with the Physician Ownership of Physical Therapy Services issue that remains unresolved in our state. The defeat was a clear indication that State Orthopaedic Societies must expend considerable resources on infrastructure and advocacy or become targets for other professions looking to restrict or impact the practice of orthopaedics. That message has been received loud and clear. Other ancillary services such as MRI, Surgery Centers, Durable Medical Equipment as well as Workers Comp are also at risk for attacks.

It is with this issue in mind that the SCOA is requesting support from our membership. If we are to improve our advocacy efforts, it is extremely important that we develop a Key Contact program. The goal of the Key Contact

program is to identify and nurture the relationships that many of our members already have with members of the South Carolina Legislature. "All politics is local" and an effective advocacy program back home will compliment our efforts at the statehouse.

Therefore, we are requesting your help. If you have any sort of existing relationship with a member of the South Carolina Legislature, please complete the form below and send it back into the association. If you know a colleague, partner or practice manager who has a local connection or relationship with a legislator, we need to know that as well.

Thank you very much for your assistance. A complete list of your area legislators can be found at www.scstatehouse.net. I can be reached at 803-748-1197 or tony@tonydenny.com. ■

SCOA Key Contact Remittance Form

SCOA Member Submitting Form: _____

Note: this form can also be filled out by partners, practice managers and their spouses.

Name of Surgeon with relationship: _____

Legislator Name(s) _____

Brief Description of Relationship: _____

Legislator Name(s): _____

Brief Description of Relationship: _____

Please return this form via fax: 813-949-8994 or email: scoa@cobbmanagement.com or regular mail: SCOA, 17503 Mallard Court, Lutz, FL 33559.

2007 AAOS FALL MEETING SUMMARY

This report contains brief descriptions of the major activities that took place at the AAOS Fall Meeting. It also outlines how Fall Meeting participants gave feedback to AAOS organizational units on issues and activities in which they are involved.

Your South Carolina Orthopaedic Association was

represented at the meeting by our BOC Members, James Bethea, M.D. and H. Del Schutte, Jr., M.D. We would like to express our appreciation for their continued representation of our organization on the BOC and the considerable time commitment it represents.

General Sessions

A. Technology Assessment:

This session was held at the request of BOC and BOS leaders. The goal of the session was to inform participants about the intricacies of evaluating new technology in light of evidence-based approaches and public policy considerations. Since the AAOS is about to launch a technology assessment program for its members, the session was used to apprise the leaders of organized orthopaedics about this initiative. AAOS Board member, Kevin Bozic, MD, led the session. He was joined by Wade Aubrey, MD, from the Center for Medical Technology Policy and Charles Turkelson, PhD, Director, AAOS Department of Research and Scientific Affairs.

B. Economic Survival for Physicians in the 21st Century:

This session took place because of the AAOS' greater emphasis on helping members better manage the business side of their practices. The purpose of the session was to help participants with their business issues and, more importantly, to make them more aware of concepts in practice management that they could take back to their sponsoring organizations to incorporate into member programs. The session focused on how orthopaedists can organize their practices to reduce costs and generate more revenue through ancillary services, joint venture arrangements with other health care providers and other strategies. The session was conducted by John Gill, MD, BOC Chair-Elect and Stephen Maak, MD, Chair, AAOS Practice Management Committee.

C. The Future Direction of the AAOS Professionalism Program:

This session was held at the request of the AAOS Board of Directors, AAOS Committee on Professionalism and BOC/BOS Professionalism Committee to get participant feedback on various facets of the AAOS Professionalism Program. The Board of Directors, in particular, wanted broad-based feedback on the program as part of its on-going strategic discussion about whether or not any program changes are warranted. The focus of the session was the Standards of Professionalism (SOP) development and grievance processes.

D. Women in Orthopaedics:

This session was held at the request of the AAOS Women's Health Issues Advisory Board to make participants more aware of the relatively low number of women in orthopaedics compared to other specialties and other fields, and the threats this poses to the future of orthopaedics as it seeks to attract the "best and brightest" into the profession. Presenters discussed the negative perceptions that female medical students often have about orthopaedics and the real-life difficulties that women experience in obtaining orthopaedic residency slots, being evaluated in orthopaedic residency programs and, eventually, practicing as orthopaedists. The presenters also posed a number of potential solutions for participants to consider. The session was led by Elizabeth Ouellette, MD who is a member of the AAOS Women's Health Issues Advisory Board. BOS Member Mark Gebhardt, MD also participated.

E. Orthopaedic Positions on Health Care Reform:

This session was held at the request of Council on Advocacy Chair David Halsey, MD to obtain participant feedback on the (1) the Council's process for developing AAOS positions on health care reform and (2) the Council's initial thoughts regarding the positions AAOS should take on this issue. Dr. Halsey and Robert Jasak, JD, AAOS Office of Government Relations, discussed the Council's work and initial findings. This included potential principles that could cover any direction that health care reform may take, from modifications of existing programs to sweeping changes in the nation's entire health care delivery system. The Council will consider the participants' feedback as it continues this project over the next several months in anticipation of health care reform becoming a major election year issue and a priority for the new Congress and Administration.

F. CME in the Maintenance of Certification (MOC) Era:

The purpose of this session was to explore the impact of the MOC program on CME for orthopaedists. Included in this session was a

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2007 AAOS FALL MEETING SUMMARY

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description of current and new AAOS CME products and programs to help orthopaedists meet their MOC requirements. The session was conducted by Alan Levine, MD, Chair of the AAOS Council on Education and John Gill, MD, BOC Chair-Elect.

G. Patient Safety and the “Highly Reliable Surgical Team”:

The purpose of this session was to acquaint participants with certain techniques to improve coordination and overall performance of surgical team members, resulting in increased patient safety and better medical outcomes. The session included Robert Brooks, MD, Chair, AAOS Patient Safety Committee and Thomas Barber, MD, BOC Secretary.

H. Review of AAOS Resolutions, Proposed AAOS Bylaws Amendments and Proposed New AAOS Standards of Professionalism (SOPs):

1. Proposed AAOS Bylaws Changes Considered by the BOC and BOS:

The BOC and BOS reviewed and made recommendations on the following proposed AAOS bylaws changes. The BOC/BOS recommendations

will be shared with the Fellowship before it votes on the proposed bylaws changes next year.

- *Changing the AAOS Nominating Composition and Election Process*
- *Enlarging the AAOS Nominating Committee*
- *Announcement of the AAOS Nominating Committee Slate at the Annual Meeting*

2. Proposed Revised AAOS Standards of Professionalism (SOPs) Considered by the BOC and BOS:

The BOC and BOS reviewed and made recommendations on the following existing SOPs. The BOC/BOS recommendations will be shared with the Fellowship before it votes on the proposed changes next year.

- *Revise Existing SOPs on Providing Musculoskeletal Services to Patients*

3. AAOS Resolutions Considered by the BOC and BOS:

The BOC and BOS reviewed and made recommendations on the following AAOS resolution. The BOC/BOS recommendations will be shared with the Fellowship before it votes on the resolution next year.

- *Improved Transparency and Openness in the AAOS Professional Compliance Program* ■

SCOA Legislative Advocacy

Tony Denny was hired in 2007 by the SC Orthopaedic Association to represent our interests in the SC legislative process and help our association build a more effective legislative advocacy program. Our program includes monitoring of relevant legislation, lobbying on issues that impact you and your patients, and strengthening our legislative contact program. As many of you know firsthand, we are seeing the results and benefits of our active engagement in the process:

We were successful in stopping legislation (supported by podiatrists) that would have drastically and unwisely expanded the podiatry scope of practice into surgery well beyond the limits of their training. Our lobbying efforts included educating key members of a House Medical Affairs Sub-Committee and coordinating expert testimony from orthopaedic surgeons. After testimony and debate, the sub-committee declined to pass the bill out to the full Medical Affairs Committee. Similar legislation had passed the full SC House in the 2005/2006 session.

Tony arranged a legislative roundtable program at the SCOA annual meeting where three of our states most influential lawmakers spoke and took questions on health care issues and the importance of physicians communi-

cating with their hometown legislators. Addressing our membership were Senate Judiciary Chairman Glenn McConnell, House Majority Leader James Merrill and House Medical Affairs Committee Chairman Leon Howard.

We have begun strengthening our relationships and establishing a regular dialogue with legislative leadership on the important issues for 2008 and beyond. Please fill out the key contact sheet and help SCOA build a stronger voice for you.

Meet SCOA Lobbyist Tony Denny

Denny Public Affairs provides government relations and related services for corporations and trade associations. Denny brings the perspective of a former political consultant to the development of effective communications, coalition building and legislative strategies for his wide range of clients. He has lobbied on behalf of Fortune 500 companies, non-profit causes and local physician practices and has worked on issues such as tort reform and Certificate of Need.

Denny brings to his clients a network of relationships

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Professional Compliance

Program Update

As we recently reported, the AAOS Professional Compliance Program has witnessed a significant increase in grievance activity this year.

Since its establishment in April 2005, Fellows have submitted 23 formal grievances to the Professional Compliance Program for alleged violations of the Standards of Professionalism (SOPs). To date, four cases have been brought before the AAOS Board of Directors for final adjudication. The Board voted to suspend for one year the Respondents in three of these cases and to censure the Respondent in the fourth.

Of the 23 grievances filed, three cases were dismissed because the Committee on Professionalism (COP) determined that a prima facie case of a violation of the Standards of Professionalism (SOPs) was not present. However, in one of these matters, the Grievant demanded hearing before a COP Hearing Panel. Two cases were returned to the Grievants because the underlying legal matter was not yet fully resolved, and one case was dismissed because the alleged violation occurred prior to the effective date of the Professional Compliance Program. To date, COP Hearing Panels have conducted 11 grievance hearings, including the demanded hearing.

At present, five cases are at various stages of review. In most cases, the grievances alleged violations of the SOPs on Orthopaedic Expert Witness Testimony, although alleged violations of the SOPs on Professional Relationships have been cited in two cases.

The AAOS Professional Compliance Program Grievance Procedures, as well as all approved AAOS SOPs, are available online at www.aaos.org/profcomp. Questions about the AAOS Professional Compliance Program may be referred to Kathleen I. Delaney, AAOS Professional Compliance Program Administrator (847.384-4047 or delaney@aaos.org)

How the Professional Compliance Program Works

Only AAOS Fellows and Members may file grievances against other AAOS Fellows and Members. All information about grievances, including the fact that a grievance

has been filed, is confidential and will not be shared until the AAOS Board of Directors has made its final decision.

The Grievant (person who files the grievance) bears the burden of proof. The AAOS Office of General Counsel conducts an administrative review before submitting the grievance materials to the Respondent (person accused in the grievance) and members of the Committee on Professionalism (COP).

AAOS procedures ensure that each party to a grievance has at least two opportunities to be heard. The COP determines whether a prima facie case exists, e.g., whether grievances merits a formal hearing. During the hearing, both the Grievant and the Respondent present their positions and have the opportunity to question the other party. They may have counsel present and witnesses to support their positions.

The Hearing Panel is composed of members of the COP, and the session is officially transcribed by a court reporter. The COP then meets in executive session to determine its final recommendation. The COP Hearing Panel's report and recommendations are sent to both the Grievant and the Respondent.

Either party may appeal to the Judiciary Committee based on a belief that the COP erred in its recommendations for professional compliance actions or lack of due process. Appealing to the Judiciary Committee is required if either party wishes to make a direct appeal to the AAOS Board of Directors.

The Judiciary Committee's report and recommendations are sent to both the Grievant and the Respondent, and are presented to the AAOS Board of Directors at its next scheduled meeting.

The results of all official professional compliance actions are made public. They are published in *AAOS Now*, and notice of the action is sent to the American Board of Orthopaedic Surgery (ABOS), the appropriate state orthopaedic society, state medical board, state licensing board, and, as appropriate, other medical associations. The AAOS also notifies the National Practitioner Data Bank of suspensions or expulsions relating to patient health or welfare, including expert witness testimony. ■

SCOA Legislative Advocacy

built over 25 years of leadership in South Carolina politics and a keen understanding of the political and policy making process in state government. Prior to starting Denny Public Affairs in Columbia, he worked as a political advisor to numerous South Carolina candidates and office holders, including Senator Strom Thurmond, former Governors David Beasley and Carroll Campbell and former President George Bush. He served as campaign

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manager and spokesman for the historic 1996 re-election campaign of Senator Thurmond, and was Executive Director of the SC Republican Party from 1986 until 1991.

Denny is an active member of the political and business community, serving as a member of the 2008 Presidential Primary Task Force, South Carolina NFIB and the SC Chamber of Commerce. ■

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ADDRESS CORRECTION REQUESTED



South Carolina Orthopaedic Association INVITATION FOR MEMBERSHIP

Please send an application for membership, with requirements, to:

Name _____

Office Address _____

E-mail Address: _____

Telephone (_____) _____ Fax (_____) _____

- Categories of Membership:** Please check (✓) the below abbreviated category which would qualify you for membership:
- Active** membership is for candidates who are certified by the American Board of Orthopaedic Surgery or its equivalent thereof; for twelve months immediately prior to induction have devoted his or her medical practice exclusively to orthopaedic surgery or been actively engaged in the teaching of orthopaedic surgery or research related to the musculoskeletal system in South Carolina; and maintain a full, unrestricted and unlimited license to practice medicine in South Carolina.
 - Associate** membership may be conferred upon distinguished physicians who have retired from active practice of orthopaedics and have not previously been a member of SCOA or a distinguished member of an allied health profession whose activities and contributions are related to orthopaedic surgery.
 - Emeritus** membership is for candidates over age 65 and are retired from active practice of Orthopaedics.
 - Inactive** membership is for candidates who are unable to maintain an active practice due to illness or disability.
 - Honorary** membership is for guest speakers at SCOA sponsored meetings or others as determined by the membership.
 - Candidate** membership is for residents enrolled in an approved orthopaedic training program.

Requests for membership applications should be mailed to the below address:
South Carolina Orthopaedic Association • 17503 Mallard Court • Lutz, FL 33559
Fax to: 813-949-8994 or www.scoanet.org