



AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS

Board of Councilors

May 2016

Welcome to the new **BOC Now!** We are hoping to make it easier for us all to share information and communicate effectively amongst ourselves and with our constituents; practicing orthopaedic surgeons, colleagues, new candidates/fellows, residents and fellows, state societies, our leadership line and the BOS/LFP. Please feel free to reach out directly to me or Lauren to share any ideas how we can serve you better!

### *Your voice in the AAOS*

One initiative I would like to personally encourage and share with you is a direct, grassroots outreach to our peers, new candidates/fellows and residents & fellows. They are the life blood of State Societies, advocacy and thus our BOC. We will provide the BOC a "toolkit/slideshow" for use at community outreach, State Society and grand rounds/resident meetings - so stay tuned!

**National Orthopaedic Leadership Conference 2016:** We all enjoyed lively and spirited conversation, open mic sessions, advisory opinions & resolutions, and Committee Meetings.

[NOLC meeting summary](#), [symposia summaries](#), and [slide decks](#) along with [advisory opinions](#) can be referenced online **but require an AAOS username and password.**

**Communications Committee:** We are dedicated to effective, easy & fast communication on the BOC. To facilitate, this year members of our team attended all other meetings and spoke directly with our colleagues and chairs. Additionally, we held the first joint meeting with the BOS Communications Committee and the AAOS Communications Cabinet Chair, Alan Hilibrand. Learn more about current PR campaigns and initiatives at [DecidetoDrive.org](#), [OrthoInfo.org/DistractedPedestrians](#) or [ANationInMotion.org](#).

**Economics Committee:** Three major issues were reported.

1. Analog x-rays will be cut by CMS 20% starting Jan 1, 2017 and CR exams by 7% starting Jan 1, 2018.
2. Physician QRUR is a [report](#) from CMS that is a good prelude to MIPS.
3. Orthopaedic surgeons should look at inpatient coding of complications in their hospitals, as it will result in negative quality metrics and possibly negative MIPS reimbursement updates.

Learn more about [MACRA](#).

**State, Legislative and Regulatory Issues Committee (SLRI):** Many issues on many fronts. Arguably the single largest and inflammatory issue to be seen at all states and for all of us is the concept of Narrow/Vertical Networks with limited access, coupled with the concept of "Surprise Balance Billing." The NAIC is pushing for legislation that would couple out-of-network fees to a ratio of Medicare. If enacted, physicians lose the ability to negotiate in good faith with Insurers (Insurers would have no reason to negotiate with Orthopaedic Surgeons/Hospitals in good faith.)

1. NAIC model legislation on out-of-network and balanced billing will be pushed in several states for the 2017 legislative session. There are many insurance products that rely on narrow networks to reduce expense/cost. Many do not have certain in-network specialists to make the product cheaper. What the insurance commissioners association is trying to do is get legislation passed that would tie some out-of-network services to a percentage of Medicare. [Read more details.](#)
2. Prior Authorization for what appears to be nothing other than a delay or cost cutting measure, is an issue in many states. There is the perception that the requests for pre-authorization are without merit and if it is thought that these requests are frivolous then an email regarding the details is requested to be sent to [precert@aaos.org](mailto:precert@aaos.org). The MN Ortho Association received a grant to help address this major issue this year. Cigna and Aetna have openly stated that their increase in pre-authorizations has helped lower the number of procedures, with their intended target of 5-15% reduction in the number of procedures annually. [Read more details.](#)
3. Self-referral law modifications will be needed at the state and federal levels in order to make the process for ACO's, bundles, and other APM's work effectively and not be in violation of current laws. [Read more details.](#)

Number 1 is the largest threat and is the most important to get the word out to the membership.

**State Societies Committee:** All states societies are fighting to balance Academics (CME), local outreach (collegiality) and Advocacy on a daily basis. Major issues include state engagement of residents/fellows, new candidate fellows and employed physicians (perceived as possibly not feeling the need to engage their society.) All of us are aware of general & electronic overload/fatigue (email/text/Facebook/phone/work/family/friends/life) and we must work diligently to prevent fellow apathy. The Committee reviewed five grant applications and approved the following three:

- Illinois Association of Orthopaedic Surgeons: 2016 Resident Event; \$1,500
- New Mexico Orthopaedic Society: NMOA Fall CME Program; \$4,000
- South Carolina Orthopaedic Society: SCOA Foundation Global Orthopaedic Residency Initiative; \$1,000

#### **Grant Reports reviewed**

- *Recruitment initiatives (including mailings) are not as effective as peer initiatives and contacts*
- *Website redesign sometimes beneficial for membership increases*
- *Residency involvement important - suggestions for residency program advocate and/or board presence, resident awards, digital posters and or abstract submissions*
- *Enhancement of State Society Websites – Advocacy – Legislative Response System - VoterVoice Advocacy software found beneficial for NY, CA, PA, CT, MA - significantly greater response with a crisis or potential threat with reduced fees*

All States/AAOS Department of Society Relations Educational Webinars – Key Association Topics Grant 2015

**Board Fiduciary Responsibilities Webinar** (December 2015): More than 30 state and specialty executive directors and board members participated in the board fiduciary responsibilities webinar.

The replay link for the antitrust webinar is available to all state and specialty societies. The societies have been encouraged to share the link with their boards, as well as incorporate it in their board orientation programs. This webinar is available [online](#).

**Model State Orthopaedic Society** is a program to assist state orthopaedic societies in attaining best practices including society governing boards. The SOS committee made the following addition to the governance section:

"The state orthopaedic society designate a seat on the state orthopaedic society board of directors for a resident member when at least one orthopaedic residency program is present in the state."

There was a recurring theme throughout the meeting that without strong state societies for advocacy and legislative issues, the house of orthopaedics will fail as many health care battles are local and state issues. The AAOS BOC committees of SLRI, Communication, and SOS need combined strategies going forward when possible.

**NOLC DC 2016:** We met with representatives and staffers in DC regarding four key issues. We received great buy-in on our sports medicine bill. **Issues can be accessed via the links below, but require an AAOS username and password.**

- **[Sports Medicine Licensure Clarity Act](#)**  
We believe physicians traveling with their sports team should have the ability to practice medicine in the secondary state as if they were in the primary state. Since NOLC, 13 co-sponsors have been added to the bill in the House and 1 in the Senate. We are hopeful that Energy and Commerce will consider a markup of this legislation.
- **[The Protecting Access, Competition, and Equity Act](#)**  
PACE Act: We believe that unnecessary and burdensome restrictions on physician owned hospitals should be lifted. Since NOLC, 4 co-sponsors have been added to this legislation.
- **[The Healthy Inpatient Procedures Act](#)**  
HIP Act: Due to CJR not being considered an advanced APM by CMS, we believe it should be delayed until January 1, 2018 so that hospitals and physicians can better prepare. Since NOLC, 6 co-sponsors have been added to the bill and the problems with advanced Alternative Payment Models in MACRA are more widely known.
- **[The Flexibility in EHR Reporting Act](#)**  
Since we are asking all physicians to change the way they currently practice in order to prepare for the beginning of the lookback period in MACRA in 2017, we believe that Meaningful Use should be a 90-day reporting period in 2016. Since NOLC, 8 co-sponsors have been added, but more importantly, the difficulties with reporting have been more widely discussed, especially with small practices.

I would encourage all participants to email thank yous, and if hand written thank yous are preferred, to email them to the DC office ([dc@aaos.org](mailto:dc@aaos.org)) and we will hand deliver to the Hill.

**Future:** Upcoming communication will be direct links to toolkits and slideshows to help enhance communications with your key stakeholders. In the meantime, visit [www.aaos.org/BOC](http://www.aaos.org/BOC) to learn more about how the BOC works with and for you.

***Thank you to our BOC volunteers who helped put this first issue of BOC Now together. We continue to work on making this update useful and available to you in a timely manner post-meeting.***

***A special shout-out to BOC members Andrew Ryan, Todd Schmidt, Dave Cannon, Jim Slough, Jeff Angel and Christopher Kontogianis for content creation and review.***

Please feel free to reach out directly to me at [Muzzy@triversortho.com](mailto:Muzzy@triversortho.com), 412-780-9961, or Lauren Pearson Riley at [pearson@aaos.org](mailto:pearson@aaos.org), 847-384-4031 with comments, suggestions and ideas.

See y'all in Rosemont at the Fall Meeting or sooner!  
Muzzy

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BOC Communications Committee Chair