

Improving Orthopaedic Care for Injured Workers *and/or* Understanding Orthopaedic Surgeons

October 18, 2011

Ann Margaret McCraw

Midlands Orthopaedics, PA & SC Orthopaedic Assn

Our Goals Today

- Identify unique aspects of orthopaedic surgery (and orthopaedists) as compared to other medical specialties
- Consider stressors to all physicians in the current healthcare environment
- Identify unique aspects of workers' compensation as compared to other insurance types
- Identify challenges inherent in providing orthopaedic treatment to injured workers
- Recommend strategies to mitigate these challenges.
- Collaborate to increase efficiency and streamline procedures related to the treatment of workers with orthopaedic injuries



Ortho Goals Every Day

- Identify the extent of injury and treatment options as soon as possible following onset
- Render treatment to return patient to the highest level of function possible as soon as possible
- Overcome procedural obstacles that delay and/or hinder treatment



Orthopaedic Surgeons: What's unique?

- Energized by surgical repair
- Mechanically oriented & highly specialized
 - “There is a fracture. I must fix it.”
 - “Who does the fracture belong to?”
 - “The fracture belongs to a bone. The bone is a femur. It is very displaced. I must fix it.”
 - “I am a holistic doctor. I look at the whole bone.”
- Inherently less focused on the essentials of comp
 - Causation and current/future impact
- Utilize imaging for timely and accurate diagnosis
 - Less “hands on” than primary care



Orthopaedic Surgery in SC

- 712 physicians currently licensed as ortho surgeons
 - not all are practicing
 - not all are board certified and/or fellowship trained
- 5,863 physicians currently licensed in family practice & internal medicine
- 1:8 ratio



Orthopaedic Surgery in SC

- 2010 census: 4,625,364 South Carolinians
- 789 people per primary care physician
- 6,496 people per ortho surgeon



Orthopaedic Surgery in SC

- 800,000 South Carolinians between ages 55-75
- Average primary care appointment = 15 minutes
 - Docs in office 4.5 days per week
 - Focus is on all body systems to determine diagnosis
- Average ortho appointment = 5 minutes
 - Docs in office 2.5 days per week
 - Focus is on the musculoskeletal system
 - Role of imaging and diagnostic testing reduces “hands on” diagnosis



What is fellowship training?

- Additional year of sub-specialty training following residency
- Promotes high level of skill in a particular specialty area
- Every orthopaedist in a practice is not equally skilled in all aspects of orthopaedic surgery
- Complex repair of different body parts on one patient may require different surgeons within the same practice for best outcomes
- Frustration runs high when prescribed treatment is challenged by non-ortho specialists



Current Stressors for All Physicians

- Baby Boomer Medicare explosion coupled with looming Medicare cut
 - As of January 1, 2011 more than 10,000 Baby Boomers will reach age 65 every day for the next 19 years
- New payment models: fee-for-service versus bundled payments based on “quality”
- EMR and Eprescribe mandates
 - Increased “paperwork” and data entry for physicians



Current Stressors for All Physicians

- Increased compliance requirements and scrutiny: HIPAA and government billing; online complaint portals
- 2012: HIPAA 5010 transaction standards
- 2013: ICD 10 -- codes increase from 17,000 to 141,000
- Hospital employment versus private practice



Workers' Comp: What's unique?

- Number of stakeholders: patient, employer, adjuster, NCM, carrier's attorney, patient's attorney
 - Physicians are stuck in the middle when all they want to do is “fix the fracture”
- Lack of coordination among stakeholders
- Frequent requests from all parties for the same information
- Frequent requests from the same parties for the same information to be re-submitted
- Frequent changes in adjusters and NCMs: neither patients nor providers are proactively notified



Workers Comp: What's unique?

- Authorization process: multiple phone calls and/or faxes are the norm for each service rendered
- Amount of paperwork
 - Work status forms in addition to standard dictation for each visit to patient, employer, NCM, adjuster
 - Attorney requests
 - Dictation must accompany every claim
 - Questionnaires from NCM and/or adjusters
 - 14Bs
 - Duplicate requests for all documentation



Work Comp: What's unique?

- Nurse Case Managers
- Claims processing
 - Dictation accompanies every claim
 - No notification when a claim is settled or deemed to be non-compensable
 - Generally discovered when we receive a claim denial, often weeks or months after settlement or dismissal
 - Meanwhile, a claim for the same service will be denied by private insurance until written proof of denial by comp is provided



Carrier Comparison

	Medicare	State Health Plan	Workers' Comp
Pre-Authorization	None	Largely online; if call is required, response is immediate	Multiple calls for each service requested = the norm
DAR	23	16	53
Stakeholders	2	2	Up to 6
Business Office Staff	1 person per every 15,000 claims that are not comp <i>For every 1 comp claim, we can process 5 non-comp claims.</i>		1 person per every 3,000 claims



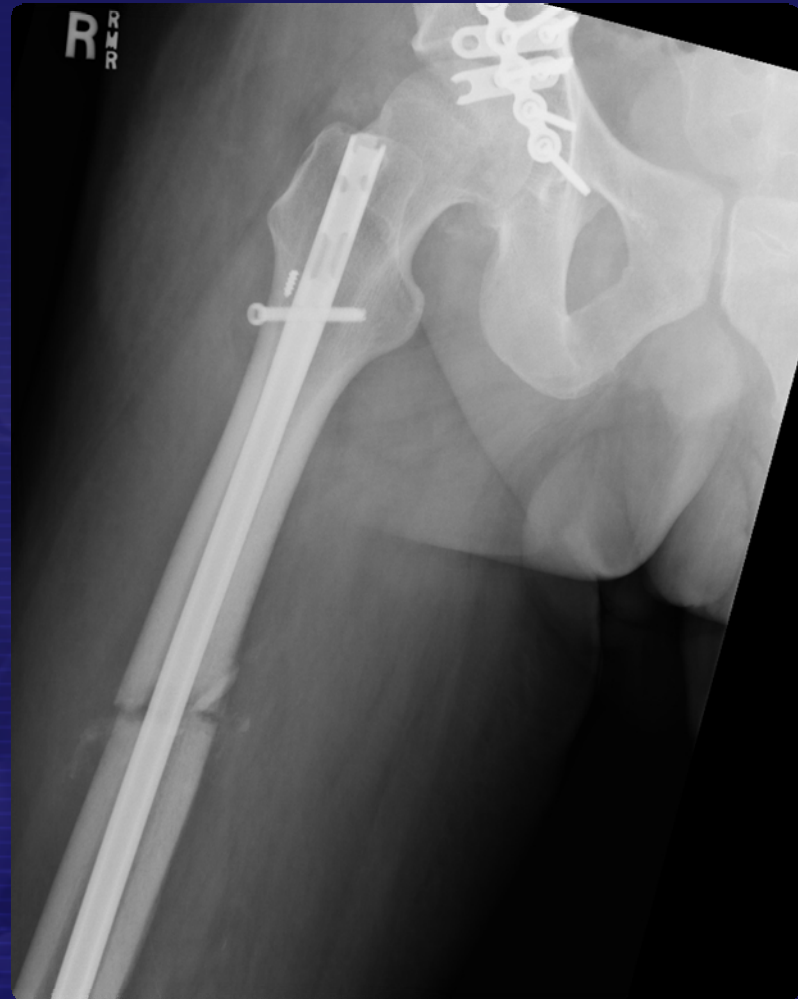
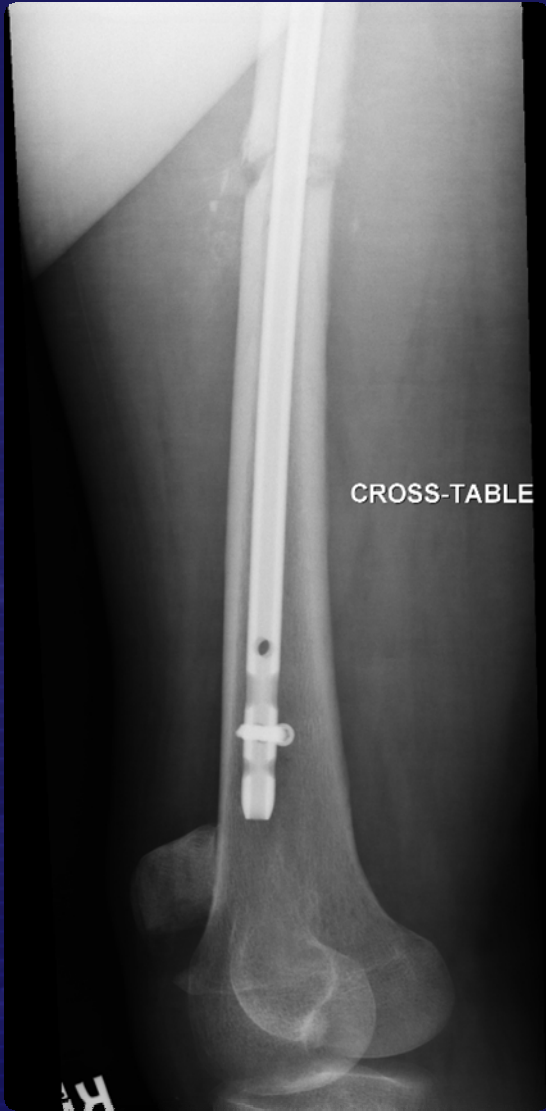
Work Comp: What's Unique?

- Complexity of injuries
 - Injured workers require some of the most complex repair and surgical skill of all patients we treat
 - Re-injury is prevalent
 - Repair is always more difficult the second or third time



RIGHT









Work Comp: What's Unique?

- Amount of care rendered before ortho referral
 - Frequently, first referral of ortho injuries is to primary care
 - Frequently, orders of inadequate or inappropriate imaging are issued
 - Frequently, orders of inappropriate therapy are issued
 - Frequently, ortho referral is made 30+ days after date of injury
 - Frequently, ortho referral reveals need for surgical repair that could have been performed 30 days earlier
 - Frequently, surgery is more complex and recovery will be longer as a result of delay in appropriate treatment



Patient Example

- 55 year old male fell down embankment
- Could bear no weight immediately after falling
- Referred to primary care
- Treated by primary care for 1 month; still could bear no weight
- Ortho referral made
- MRI revealed ruptured quadriceps that could have been diagnosed at time of injury
- Surgery performed at 5.5 weeks; within 7 days would have produced best result



Fax Cover Sheet
Provider Fax Form

TO: Records Request DATE: 4-7-11
FROM: [REDACTED] TIME: _____
ATTN: _____ PAGES (including cover): _____
RE: [REDACTED] CENTER NAME: [REDACTED]
ADDRESS (optional): [REDACTED]
DESTINATION FAX #: 933-6346
CLAIM # or DOB: [REDACTED] SENDER'S FAX #: [REDACTED]
SENDER'S PHONE #: [REDACTED]

- URGENT
 FYI
 APPROVE
- REPLY REQUESTED
 REVIEW/ADVISE
 PER YOUR REQUEST
- PLEASE POST TO STAFF
 OTHER

COMMENTS:

- Please see the following Initial Evaluation regarding the above patient.
Please review, sign and fax back to _____
- Please see the following Progress Summary/Discharge Summary on the above patient.
Please review, sign and fax back to _____
- Please see the following Functional Capacity Evaluation regarding the above patient.
Please contact us if you have any questions.
- Other: _____
Please contact us if you have any questions.

ADDITIONAL COMMENTS:

Please send the above pt's MRI report to us asap
so we will know how to continue treatment.
Thank you so much for your help.

SIGNED/STAMPED: [REDACTED]

The information contained in this fax message is privileged and confidential information, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copies of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately and destroy this fax, thank you.

[PPT-F001-(9-07)]

- Date of Injury: 3/1/2011
- Incident with 30 ft extension ladder
- Immediate back and neck pain
- Patient sent to primary care provider
- Primary care ordered PT
- First appt with orthopedist on 4/5/2011
- Orthopedist documented that PT was not appropriate at that time
- Orthopedist received this request on 4/7/11



Stakeholder Frustrations with Physicians

- Inadequate documentation related to restrictions
 - High expectations of physicians to sort out job duties
- Employees written out of work too frequently in lieu of restrictions
- Documentation not provided timely



A Few Cost Drivers

- Delayed specialty treatment
 - May impede overall outcome
 - Delays return to work
- Inadequate and/or unnecessary imaging and/or PT ordered prior to ortho referral
- Inefficient administrative procedures, particularly related to authorizations
- Repackaged pharmaceuticals
- Surgery performed in hospitals when outpatient care is appropriate



The Importance of Choosing the Right MRI

- Direct correlation between strength of magnetic field and the quality of the images produced
- Magnetic field measured in Tesla units
- Most orthopaedists consider a 1 Tesla unit as minimally acceptable to produce images of appropriate diagnostic quality
- Routinely, MRIs are initially directed to facilities with magnets less than 1 Tesla and inadequate images are sent to orthopaedists
- Routinely, MRIs are re-done to capture appropriate images
- The duplication delays treatment and increases expense



ASC vs Hospital Prices for Top Ortho Procedures

CPT	Description	SCWC ASC Fee Schedule	OPPS Comp Fee Schedule Palmetto Baptist	variance
23120	Partial removal collar bone	\$1,748.92	\$2,784.53	\$1,035.61
23410	Rotator Cuff Repair Acute	\$2,566.73	\$4,082.23	\$1,515.50
23412	Rotator Cuff Repair Chronic	\$2,566.73	\$4,082.23	\$1,515.50
23440	Remove/transplant tendon	\$2,566.73	\$4,082.23	\$1,515.50
26055	Incise finger tendon sheath	\$931.00	\$1,493.59	\$562.59
29807	Shoulder Arthroscopy	\$2,627.56	\$4,278.46	\$1,650.90
29822	Shoulder Arthroscopy, debridement, limited	\$1,625.44	\$2,622.23	\$996.79
29823	Shoulder Arthroscopy, extensive	\$2,627.56	\$4,278.46	\$1,650.90
29824	Shoulder Arthroscopy, Mumford	\$1,625.44	\$2,622.23	\$996.79
29826	Shoulder Arthroscopy, decompression	\$2,627.56	\$4,278.46	\$1,650.90
29827	Arthroscopy Rotator Cuff Repair	\$2,627.56	\$4,278.46	\$1,650.90
29877	Knee Arthroscopy, chondroplasty	\$1,625.44	\$2,622.23	\$996.79
29880	Knee Arthroscopy w/ meniscectomy (medial & lateral)	\$1,625.44	\$2,622.23	\$996.79
29881	Knee Arthroscopy w/ meniscectomy (medial or lateral)	\$1,625.44	\$2,622.23	\$996.79
29888	Knee Arthroscopy, ACL	\$4,826.70	\$7,769.65	\$2,942.95
62310	CESI	\$411.60	\$631.04	\$219.44
62311	LESI	\$411.60	\$631.04	\$219.44
64483	Transforaminal epidural w/ fluoro, single level	\$414.37	\$631.04	\$216.67
64622	Facet joint injection	\$694.01	\$1,160.71	\$466.70
64721	Carpal Tunnel	\$1,037.76	\$1,640.66	\$602.90



Suggestions

- Create secure portal to coordinate documentation and communication for all stakeholders
- Refer directly to specialist for ortho injuries
- Limit pharmaceutical reimbursement to original manufacturer's AWP for all meds
 - Physician dispensing is convenient (esp. post-surgery) and enables physician to monitor patient compliance
- Encourage surgery in ASCs
- Foster ongoing dialogue among stakeholders to identify obstacles and solutions



SC Association of Ortho Executives Board Members

- Coastal Orthopaedics
 - Pete Mansfield: pmans@coaortho.net
- Orthopaedic Associates
 - Kelly Roper: kroper@upstateoa.com
- Carolina Orthopaedic Surgery Associates
 - Mary Elkins: melkins@c-osa.com
- Midlands Orthopaedics
 - AnnMargaret McCraw: annm@midlandsortho.com
- Southeastern Spine Institute
 - Joey Fischer: joey.fischer@southeasternspine.com
- PeeDee Orthopaedics
 - Geoff McLeod: gmcleod@pdoa.com
- LowCountry Orthopaedics
 - Carl Butler: carl.butler@lowcountryortho.com

LET US
KNOW
HOW
WE CAN
HELP
YOU!

