

BECKER'S ORTHOPEDIC & SPINE REVIEW

Business and Legal Issues for Orthopedic and Spine Practices

5 Tips to Grow Your Orthopedics Practice From Central Maine Orthopedics

By Renée Tomcanin

The demand for orthopedics and orthopedic physicians continues to grow. However, an uncertain economic climate and growing shortage of physicians have caused some practices to worry about future opportunities for growth.

In this article, CEO Michael Cox, PhD, and Director of Operations Jeffrey Wigton for Central Maine Orthopedics (CMO) in Auburn, Maine, share five ways orthopedics practices can grow and how these techniques have worked for their practice.

1. Grow your community presence. Often the best opportunities for growth lie outside

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5 New Developments in Orthopedics

By Barbara Kirchheimer

Rocco Monto, MD, a board-certified orthopedic surgeon specializing in reconstructive knee and shoulder surgery, shares his thoughts here on the top five developments in orthopedics. Dr. Monto, the team physician for the U.S. Under-17 Men's Soccer Team and a spokesman for the American Academy of Orthopaedic Surgeons, practices in Nantucket and Martha's Vineyard, Mass., and is affiliated with Nantucket Cottage Hospital.

1. Biologics. The use of biologics is changing the nature of orthopedics, as surgeons begin to understand and modulate how cells interact to enhance patients' own healing responses, says Dr. Monto. One example is platelet rich plasma therapy, in which a patient's own platelets are spun out and harvested and then injected into the injury site to promote accelerated and focused healing of the soft tissue.

Another example is the introduction of bone morphogenic protein, which stimulates the patient's

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50 of the Best Spine Specialists in America

Note: Specialists are listed in alphabetical order by last name.

Frank Acosta Jr., MD (Cedars-Sinai Medical Center, Los Angeles). Dr. Acosta is the director of spine deformity in the department of neurosurgery at Cedars-Sinai. His research focuses on the diagnosis and treatment of spine disorders, and he has received funding from the National Institutes of Health, Harvard Medical School and Howard Hughes Medical Institute. He has published more than 40 papers in peer-reviewed journals and other publications, including *Spine*, *Neurosurgery*, *Journal of Neurosurgery: Pediatrics* and *Journal of Neurosurgery: Spine*. Dr. Acosta earned his medical degree from Harvard Medical School in Boston. He completed an internship and neurosurgical residency at the University of California, San Francisco, and a fellowship in complex and reconstructive spine surgery at Northwestern University in Chicago.

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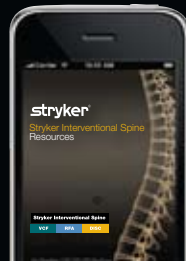
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Publisher's Letter

8th Annual Orthopedic, Spine and Pain Management Driven ASC Conference: Special Discount Offer; June 10-12, 2010; Chicago

Thank you for reading the *Becker's Orthopedic & Spine Review*. We have a number of interesting articles in this issue including, for example, ideas on new developments in orthopedics, thoughts on growing orthopedic practices, facts on the potential long-term shortage of orthopedic surgeons and concepts of reducing implant costs. We also have interesting lists including a list of 50 of the best spine specialists in America and a list of several orthopedic physicians that are also inventors. We also have a great article on four trends in orthopedic and spine services at hospitals and surgery centers.

This issue also contains the brochure for the 8th Annual Orthopedic, Spine and Pain Management Driven ASC Conference. This year, we have more than 110 speakers and 90 sessions. Last year's event attracted more than 600 people. The conference is scheduled for June 10-12 in Chicago.

The conference is extremely informative and Chicago is a great place to visit and enjoy with colleagues.

When registering for the conference, please feel free to deduct \$200 off of the registration price, noting "\$200 discount per Becker's Orthopedic & Spine Review". To register, call (703) 836-5904, e-mail registration@ascassociation.org or visit <https://www.ascassociation.org/june2010.cfm>.

We also welcome you to sign up for the free Becker's Orthopedic and Spine E-Weekly or the Becker's Healthcare Daily Alert. To do so, please e-mail sbecker@mcguirewoods.com or go to www.BeckersOrthopedicandSpine.com.

Should you have any questions, please feel free to contact me at (312) 750-6016 or at sbecker@mcguirewoods.com.

Very truly yours,



Scott Becker

P.S. To see statistics about median orthopedic surgeon compensation, go to p. 24.



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5 Tips to Grow Your Orthopedics Practice From Central Maine Orthopedics (continued from page 1)

the front door of your office. Practices should make sure they are in contact with not only orthopedists, but other physicians in the community.

For example, CMO employees often host lunch meetings and visit with

primary care physician offices in the area. "This gives everyone a chance to meet, and we can educate potential referring physicians about our services," Dr. Cox says.

Aside from physicians, practices should become actively involved within their communities. Dr. Cox sits on the board of directors of his area's Chamber of Commerce, for example. CMO has also supported local events, such as the Dempsey Challenge, an event hosted by hometown celebrity Patrick Dempsey and Central Maine Medical Center to raise money for a local Dempsey Cancer Center. In addition, CMO has also created a benevolent foundation supporting local agencies involved with health and human services. This has helped to increase the practice's visibility and to make the practice a household name in the community.

Mr. Wigton also suggests having orthopedists reach out to different media outlets in your community. "Our surgeons recently did an 'infomercial' about orthopedic surgery that aired on local television. We received 10 referrals as soon as it aired and received another five the next morning," he says.

2. Reach out to secondary markets. While maintaining a good presence within your primary market is important, practices in smaller regions may find it difficult to expand within their current areas. Dr. Cox suggests looking to nearby areas where you can market your services.

"The Lewiston/Auburn area, where our practice is located, doesn't have any big cities, but it is a business hub. We have a significant presence in our community and have invested the time and personnel in reaching out to surrounding areas," Dr. Cox says.

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CMO began by working with critical care hospitals in their secondary markets by providing orthopedic services on-site in the hospitals' specialty clinics expanding CMO's market reach.

3. Improve patient satisfaction. Word-of-mouth advertising is one of the biggest sources of new patient referrals. Patients who have sought treatment at your practice are more likely to tell friends and relatives about a poor experience than a good one, so it should be the practice's goal to maximize the positive patient experiences.

Mr. Wigton says CMO has worked on this area for the last two years. "We've attempted to engage staff at every level and have employed a workgroup model that has re-examined all aspects of the patient's experience," he says. "Using the results of patient satisfaction surveys and patient comments we have elicited the expertise of all staff members in redesigning critical work processes."

Some of the areas that can affect how patients view your practice are wait times, communication back to patients when they call with questions and physician communication in the examination room, according to Dr. Cox.

An important step in this process, according to Mr. Wigton, is to take the time to give every staff member the chance to contribute and kick around ideas to improve patient care. "We have tried to engage them and get them to truly thinking about service. This has made the staff more sensitive to patient care issues and has resulted in less of a top-down structure to handling these issues," he says.

To address patient satisfaction from the standpoint of the patient-physician interaction CMO staff members, facilitated by the American Academy of Orthopaedic Surgeons, underwent a two day seminar focused on the way physicians communicate with their patients. "We really needed to focus on improving our communication with patients, and the goal of the retreat was to show the impact this had on how people feel about our practice," Dr. Cox says. "Patients are our customers, and we needed to create a user-friendly environment."

According to Dr. Cox and Mr. Wigton, focusing on this one area has had a major impact on the practice. "We've had a big response from patients and their families that we've made changes for the better," Dr. Cox says. "We turned the control of these process back over to the employees, and they've been able to make improvements. We are located in a smaller town, so word-of-mouth referrals are important, and we are sensitive to that."

4. Implement a strong IT system. A solid information technology system can represent a significant capital cost for an orthopedics practice, but it can make operations run more smoothly so that your practice is ready to handle more patients and standardize processes to keep your practice healthy.

CMO started this process by replacing aging computer hardware and reconstructing the entire IT infrastructure, according to Mr. Wigton. "We had the option of completely changing the model or reproducing the system we currently had in place," he says. "We had several servers that were at the end of life and took the opportunity to upgrade our system to a virtual environment. This has given us the flexibility to add applications that otherwise would have been much more expensive due to the associated hardware costs".

As part of the new IT system, CMO was able to implement an in-house Exchange server which distribute email to all levels of the organization for the first time but also enabled shared calendars and other Outlook functionality which has since been extended to Blackberry phones. "Communication among all members of the organization has been taken to a new level," Dr. Cox says.

Installing a virtual server environment has facilitated the adoption of other technology within the facility. For example, CMO was able to update their X-ray equipment from a traditional film system to a DR system with a significantly reduced central hardware expense through the ability to create a new virtual server on the existing server, rather than purchasing a new stand-alone server.

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Training is important to securing the success of your practice's investment in IT. Staff members should be comfortable with interfaces and using the system to input information. CMO established training programs for all of the operational systems for its staff as most were not well-versed in technology. CMO used a formal course structure and brought in an instructor to teach basics on desktops and software, including Office and the Sharepoint software.

The practice also partnered with an IT company that gives employees access to a direct line so they can call a systems specialist if they encounter any problems. Investing time and money in training has allowed Central Maine to truly embrace the new system and use it to improve processes. At our practice, it is becoming part of the culture and has been a big move forward for us," Dr. Cox says.

5. Enter into partnerships with local hospitals. Some smaller orthopedic groups have chosen to seek employment under local hospital systems. While some larger groups may be reluctant to seek employment with their local hospitals, the opportunity exists to align the practice and the hospital through an affiliation. This approach has been found to be beneficial for both the hospital and the orthopedic group.

CMO created such affiliations with both nearby health systems, St. Mary's Regional Medical Center and Central Maine Medical Center. The CMO group has managed to maintain its autonomy, while helping both hospitals' orthopedic program. For example, Dr. Cox serves as executive director at the Central Maine Medical Center's Orthopaedic Institute of Central Maine, a hospital within a hospital.

"Central Maine Medical Center wanted to improve its image, its orthopedic profile, and improve the continuum of care for orthopedic patients," Dr. Cox says. "We had talked about the concept of an orthopedic institute in the past, and both our practice and hospital saw it as a good opportunity for our surgeons and patients, and an opportunity for CMO and the hospital to align their mission, goals and philosophy."

The affiliation has allowed the practice to leverage some of the hospital's resources to better market orthopedics and improve patient care, according to Mr. Wigton. "We've been able to do more outreach than we could have done without our affiliation with both of the local health systems," he says. ■

Contact Renée Tomcanin at renee@beckersasc.com.

5 New Developments in Orthopedics (continued from page 1)

ability to create more bone. Although helpful for treating many bone fractures, it has huge implications for spine fusion surgeries as it can be more reliable and require shorter hospital stays than traditional bone grafting techniques, Dr. Monto says.

“Biologics is really where the future of orthopedics is,” he says. “We will see the scientist-surgeon emerge, as we are learning how to create a better biological envelope to work in.”

2. Practice management shifts. Orthopedic surgeons are moving from a freelance to an employed model, frequently aligning with hospitals that agree to take over the management functions of their practices, Dr. Monto says. The challenges of integrating information-technology platforms, higher practice costs and flat or declining reimbursements all are driving this trend.

“Before, we’d just go to the operating room,” he explains. “We’re managers now, and that’s a new role.”

Dr. Monto left his own 15-year private practice to join Nantucket Cottage Hospital, part of Partners HealthCare, a little over a year ago.

“There’s safety in numbers,” he says. The effects of this shift are mixed for surgeons: They will likely

have access to broader referral patterns but will also likely be subject to greater scrutiny and oversight. “Some surgeons are not used to that,” he says.

3. Computer navigation in the operating room. Computer-assisted surgery is being taken to new levels with methods that allow surgeons to make instruments patient-specific, and the use of this technology is likely to increase greatly in orthopedics in the near future, says Dr. Monto. Orthopedic surgeons now can use pre-operative MRI or CT scans to make individualized templates to customize the guides they use for knee replacement surgery, for example.

“More companies now are investing in this technology, whether to provide easier navigation in the operating room or to pre-navigate by getting 3-D scans of the knee to make a pre-custom knee,” he says. This kind of computerized pre-operative planning is currently expensive, but if it leads to better outcomes or more durable knees, it could save money in the long run, he says.

4. Rise in minimally-invasive surgery. Patients continue to gravitate toward minimally-invasive procedures, a trend that crosses all orthopedic sub-specialties, Dr. Monto says. Whether it’s an endoscopic discectomy vs. an open lumbar disc surgery, a total hip replacement vs. a less-invasive hip resurfacing, or a minimal approach to lumbar

fusion, patients are attracted to the idea that less surgical trauma leads to a better surgical result.

“I’m not sure whether that’s true, but patients certainly think it’s true,” he says. The changing technology involved in such procedures has required orthopedic surgeons to keep up with a constantly changing array of technology. “Adaptability is becoming a very important quality in your surgeon,” Dr. Monto says.

5. The patient as consumer. Perhaps the biggest development shaping orthopedic practice is a trend toward more educated and discerning patients, Dr. Monto says.

“The patient is no longer just a passenger here,” he explains. “They’re actively investigating their care, they have access to information sources they didn’t have before, they’re smarter, they’re sometimes better informed than the doctor is.”

Patients who have researched their care options expect to be treated as a partner by their physician. Those surgeons that are able to provide patients with educational resources are likely to garner a more devoted patient population, while those that ignore the trend “do so at their own peril,” Dr. Monto says. ■

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50 of the Best Spine Specialists in America (continued from page 1)

Christopher P. Ames, MD (UCSF Medical Center, San Francisco). Dr. Ames is the director of spinal tumor and spinal deformity surgery at UCSF Medical Center and the co-director of the Neurospinal Disorders Program and the UCSF Spine Center. He specializes in spinal reconstructive surgery for trauma, tumors and degenerative disease, particularly en bloc tumor resection for chordoma, chondrosarcoma, soft tissue sarcoma, sacral tumors and other primary and metastatic tumors. He developed the transpedicular approach to previously unresectable cervical and cervical thoracic tumors. Dr. Ames directs the Neurosurgical Spinal Deformity service that treats more than 200 patients annually for correction of a variety of spinal deformities. He also performs state-of-the-art percutaneous fusion procedures and has published extensively in spinal biomechanics and the use of resorbable polymers for spinal reconstruction. Dr. Ames received his medical degree from the UCLA School of Medicine in Los Angeles and completed a residency at UCSD Medical Center in San Diego and a fellowship at Barrow Neurological Institute in Phoenix, Ariz.

Howard S. An, MD (Midwest Orthopaedics at Rush, Chicago).

Dr. An is the director of spine surgery and the spine fellowship program at Rush University Medical Center in Chicago and has held the inaugural Morton International Endowed Chair position since 1997. He has published more than 140 articles, 80 chapters and 15 books on spinal surgery and instrumentation. Prior to joining Rush, Dr. An served as director of spine surgery for eight years at the Medical College of Wisconsin in Milwaukee. He received his medical degree and completed his internship and residency in orthopedic surgery at the Medical College of Ohio in Toledo. He completed a spine surgery fellowship at Rothman Institute-Pennsylvania Hospital and Jefferson Medical College in Philadelphia. Dr. An is a recipient of the 1990 North American Traveling Fellowship from the American Orthopaedic Association and the 1995 Scoliosis Research Society Traveling Fellowship. He is currently involved in research in the fields of spinal biomechanics and tissue engineering with funding from the National Institutes of Health, companies in the medical industry and foundations.

Gunnar Andersson, MD, PhD (Midwest Orthopaedics at Rush, Chicago).

Dr. Andersson is the chairman emeritus and The Ronald L. DeWald, MD, Chair in Spinal Deformities at Rush University Medical Center. He is author and co-author of more than 250 academic papers and more than 150 books and book chapters mostly related to back pain and back injuries and has been at the forefront of spine surgery research and education for more than 30 years. Dr. Andersson started his career as an orthopedic surgeon at Sahlgren Hospital at the University of Goteborg, Sweden, and is credited with designing the seat in Volvo automobiles. He came to the United States in 1976 as a visiting professor.

John Atwater, MD (McClellan County Orthopedics, Bloomington, Ill.).

Dr. Atwater is a spine surgeon at the Downstate Illinois Spine Center and McClellan County Orthopedics. He treats a wide range of spinal conditions and performs many types of spinal surgery. He currently serves as a medical consultant to several medical device companies. He received his medical degree from the University of Virginia in Charlottesville and interned at Johns Hopkins University in Baltimore. He completed an orthopedic residency at Howard University in Washington, D.C., and a spine fellowship at the University of Louisville. During medical school, he was a member of the "Spinal Chords," an all-male chorus that performed for patients at local hospitals.

David Abraham, MD (Reading Neck and Spine Center, Wyomissing, Pa.).

Dr. Abraham is the founder of The Reading Neck and Spine Center. He is also a partner at The Reading Surgery Center in Wyomissing and at the Surgical Center of Pottsville (Pa.). Dr. Abraham, whose interests include ambulatory and minimally-invasive spinal surgery, attended Jefferson Medical College in Philadelphia. He completed his internship

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at Thomas Jefferson University Hospital and his residency at the Rothman Institute, both in Philadelphia. He completed a fellowship in adult spine surgery at William Beaumont Medical Center in Detroit. He is a member of the American Academy of Orthopaedic Surgery, the North American Spine Society and the Pennsylvania Orthopedic Society.

Scott Blumenthal, MD (Texas Back Institute, Plano, Texas).

Dr. Blumenthal is a spine surgeon with the Texas Back Institute and the first surgeon in the United States to devote his practice solely to the research and application of artificial disc replacement. He is a leader in spinal arthroplasty working with a large number of discs currently on the market and in trials. He serves as a clinical assistant professor of orthopedic surgery at the University of Texas Southwestern in Dallas and as an ongoing contributor to the first non-profit created for arthroplasty patients, ADRSupport.org, and serves as a spine consultant for the Dallas Mavericks. Dr. Blumenthal was recently appointed as co-medical director of San Clemente, Calif.-based VertiFlex. Dr. Blumenthal graduated from Northwestern Medical School in Chicago and completed his general surgery internship and orthopedic surgery residency at the University of Texas Health Science Center in Dallas. He completed fellowships at the Rehabilitation Institute of Chicago for physical medicine and rehabilitation at Midwest Regional Spinal Cord Injury Care System at Northwestern Memorial Hospital in Chicago for spinal trauma surgery.

Oheneba Boachie-Adjei, MD (The Hospital for Special Surgery, New York City).

Dr. Boachie-Adjei is chief of the Scoliosis Service and an associate attending orthopedic surgeon at The Hospital for Special Surgery. He has published and lectured extensively on spine surgery, with special emphasis on surgery to correct spine deformity. He is an inventor who holds several patents for devices used in spine surgery and started the Foundation of Orthopedics and Complex Spine to provide orthopedic medical care to underserved populations in West Africa and other Third World nations. Dr. Boachie-Adjei was elected president of the Scoliosis Research Society for the 2008-2009 year. He received his medical degree from Columbia University's College of Physicians and Surgeons and completed his residency in general surgery at St. Vincent's Hospital & Medical Center in New York. He completed a fellowship at the Twin Cities Scoliosis Center and the Minnesota Spine Center in Minneapolis.

Scott Boden, MD (Emory University Hospital, Atlanta).

Dr. Boden is the director of Emory Orthopaedics & Spine Center and a professor of orthopedic surgery at Emory University. His areas of clinical interest include cervical fusion, kyphoplasty, lumbar disorders, spinal infections, spinal trauma and spondylosis, among many other areas of the treatment of spinal disorders and injuries. He has published extensively

and received awards for his research on topics in spinal surgery, including spinal fusion and interbody fusion. Dr. Boden received his medical degree from the University of Pennsylvania School of Medicine in Philadelphia. He completed his internship and residency at George Washington University Medical Center in Washington, D.C., and completed his fellowship at Case Western Reserve University Hospital in Cleveland, Ohio. Dr. Boden is a member of numerous professional societies, including the American Academy of Orthopaedic Surgeons, the American Orthopaedic Association, the American Society for Bone and Mineral Research, the Eastern Orthopaedic Association, the North American Spine Society and the Orthopaedic Research Society.

Lawrence F. Borges, MD (Massachusetts General Hospital, Boston). Dr. Borges is an attending neurosurgeon and director of the Neurosurgical Spine Center at Massachusetts General Hospital. He is also an associate professor of surgery at Harvard Medical School. Dr. Borges has published extensively on spine surgery and the treatment of spinal tumors. He received his medical degree from Johns Hopkins University School of Medicine in Baltimore and completed his residency in neurosurgery at Massachusetts General Hospital.

Keith H. Bridwell, MD (Washington University School of Medicine, St. Louis). Dr. Bridwell is chief of orthopedic spine surgery at Washington University School of Medicine, which operates Barnes-Jewish Hospital and St. Louis Children's Hospital. He is also the co-director and founder of the university's Pediatric/Adult Spinal Deformity Service and the spinal fellowship program. He specializes in pediatric and adult spinal deformities, revision spinal surgeries, complex spinal disorders, cervical thoracic and lumbar pathology and spinal tumors, among other areas. Dr. Bridwell has published numerous articles and sits on the editorial boards of

several medical publications, including *Spine*, for which he serves as editor. He received his medical degree from and completed an orthopedic surgery residency at Washington University. He went on to complete three spine/scoliosis research fellowships at Rush-Presbyterian-St. Luke's Hospital, the University of Illinois Hospital and the Chicago Shriner's Hospital, all located in Chicago.

Craig Brigham, MD (OrthoCarolina, Charlotte, N.C.). Dr. Brigham is a surgeon at the Spine Center, part of OrthoCarolina. He has specialized in spine surgery since 1988. His areas of expertise include scoliosis and adult deformity surgery, minimally-invasive surgery and athletic spine injuries. Dr. Brigham received his medical degree from and completed his internship at Northwestern University in Chicago. He completed a residency in orthopedic surgery at Northwestern University McGaw Medical Center and completed a fellowship in orthopedic spine surgery at the State University of New York.

John R. Caruso, MD (Neurosurgical Specialists, Hagerstown, Md.). Dr. Caruso is a neurological surgeon with more than 16 years experience who currently practices with Neurosurgical Specialists in Hagerstown, Md. He has performed numerous spinal procedures including minimally-invasive procedures to complex instrumentation of the cranial, thoracic and lumbar spine. He also serves a chairman of the board and medical director of Parkway Surgery Center in Hagerstown. He is cofounder of "Save Our Doctors, Protect Our Patients" which brought liability reform awareness to the state of Maryland and forced a special legislative session. He is a board member of the Maryland State Surgical Association, which evolved out of the "Save Our Doctors" efforts and was established through the Maryland Chapter of the American College of Surgeons. He is a national spokesman for Doctors for Medical Liability Reform as well.

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Dr. Caruso attended Eastern Virginia Medical School in Norfolk, Va., and completed residencies at the Eastern Virginia Graduate School of Medicine in Norfolk and at the University of New Mexico, Albuquerque.

G. David Casper, MD (OSSO Healthcare Network, Oklahoma City, Okla.). Dr. Casper is a spine surgeon with OSSO Healthcare and has been in private practice since 1977. He affiliated with Oklahoma Sports Sciences and Orthopaedics in 1999. For the past 15 years, Dr. Casper has been professionally and academically involved in minimally-invasive spinal surgery and has authored several publications involving his research and has taught minimally-invasive surgical procedures for spine conditions both nationally and internationally. He continues to use laser surgery in many spinal surgeries and is currently involved in the development of a technique for minimally-invasive spinal fusion. Dr. Casper is a graduate of the University of Oklahoma College of Medicine and completed an internship at Maricopa County General Hospital in Phoenix, Ariz. He completed a residency at the Phoenix Orthopaedic Residency Program in Arizona.

Leonard Cerullo, MD (NorthShore University HealthSystem, Chicago). Dr. Cerullo is a neurosurgeon with more than 30 years experience and is the founder and medical director of Chicago Institute of Neurosurgery and Neuroresearch, which recently joined with NorthShore University HealthSystem. He helped pioneer the use of lasers in neurosurgery and has published several articles and books on this subject. Dr. Cerullo attended medical school at Jefferson Medical College in Philadelphia and completed his residency training in neurosurgery at Northwestern University Medical School in Chicago. Dr. Cerullo held fellowships at the Neurological Institute of New York and Columbia-Presbyterian Medical Center, both in New York City, and at Hôpital Foch in Suresnes, France. Dr. Cerullo has been featured repeatedly in *Chicago Magazine's* "Top Doctors" issues.

Bruce V. Darden II, MD (OrthoCarolina, Charlotte, N.C.). Dr. Darden is a spine surgeon with the Spine Center at OrthoCarolina. A lifetime resident of North Carolina, Dr. Darden earned his medical degree from the University of North Carolina School of Medicine. He completed his internship and residency in orthopedic surgery at Carolinas Medical Center and was awarded a fellowship in spine surgery at Baylor College of Medicine in Houston. Dr. Darden is a member of the Cervical Spine Research Society, the North American Spine Society, the Spine Society of Europe and the Scoliosis Research Society. He is an expert in spine surgery, including cervical spine and scoliosis surgery.

Vedat Deviren, MD (UCSF Medical Center, San Francisco, Calif.). Dr. Deviren is an assistant clinical professor of orthopedic surgery at UCSF. He specializes in the treatment of spinal disorders in children and adults, with particular interest in problems affecting the cervical, thoracic and lumbar spine, including deformities such as adult scoliosis, spondylolisthesis, failed back surgeries and degenerative conditions such as herniated discs, spinal stenosis, fractures and tumors. He has published numerous articles and abstracts on spinal disorders and their surgical outcomes. Dr. Deviren has completed postgraduate theoretical and practical courses in orthopedics and traumatology at Hacettepe University in Ankara, Turkey. He had additional training in spine surgery as a clinical and research fellow at UCSF.

Curtis Dickman, MD (Barrow Neurological Institute, Phoenix). Dr. Dickman is the director of spinal research and associate chief of the spine section at Barrow Neurological Institute. He also serves as clinical assistant professor at the University of Arizona College of Medicine in Tucson. Dr. Dickman has been involved in many clinical and laboratory research projects related to surgical spinal treatments, including cervical interbody fusion devices and pedicle screw fixation. He also serves as a reviewer for

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many spine-related journals and currently serves as deputy editor of *Spine*. Dr. Dickman received his medical degree from the University of Arizona and completed his internship at Phoenix Integrated Surgical Residency. He completed his residency in neurological surgery at Barrow Institute and his spine fellowship at the University of Florida in Gainesville.

John Dietz Jr. (OrthoIndy, Indianapolis). Dr. Dietz is a spine surgeon with OrthoIndy and serves as secretary of the board of directors. He is an inventor and has been awarded patents on surgical instruments used in endoscopic spine surgery. He has authored many articles published in medical journals and has presented at numerous national meetings of orthopedic surgeons. Dr. Dietz graduated from the United States Military Academy at West Point with a concentration in civil engineering and received his medical degree from Duke University School of Medicine. He then completed an internship in general surgery and a residency in orthopedic surgery at Madigan Army Medical Center in Tacoma, Wash. Dr. Dietz completed a fellowship in spine surgery at Swedish Hospital Medical Center in Seattle.

Egon Doppenberg, MD (NorthShore University HealthSystem, Evanston, Ill.) Dr. Doppenberg specializes in the treatment of brain and spine tumors and complex degenerative and traumatic spinal disorders as well as minimally-invasive neurosurgical procedures. He also serves as clinical assistant professor of neurosurgery at the University of Chicago Pritzker School of Medicine. He has published dozens of articles and textbook chapters and has provided presentations and lectures on spinal treatment. Dr. Doppenberg received his medical degree from University Utrecht in the Netherlands and completed residencies at Academic Hospital Dijkzigt in Rotterdam, Netherlands, and at the Medical College of Virginia in Richmond, where he completed a fellowship in neurotrauma and stroke. He also completed a fellowship in neurosurgical oncology at M.D. Anderson Cancer Center in Houston.

Jason Garber, MD (Western Regional Center for Brain & Spine, Las Vegas). Dr. Garber is a neurosurgeon with Western Regional Center for Brain & Spine, where he concentrates on the treatment of complex spinal disorders, as well as intracranial disorders. He is a member of the American Association of Neurological Surgeons, the Cognitive Neuroscience Society and the North American Spine Society. Dr. Garber received his medical degree from the University of Texas Health Science Center at San Antonio. He completed his internship in general surgery and his residency in neurological surgery at Baylor College of Medicine in Houston. He completed a spine surgery fellowship at the Medical College of Wisconsin in Milwaukee.

Ziya Gokaslan, MD (Spine Center at Johns Hopkins University, Baltimore, Md.) Dr. Gokaslan is a professor of neurosurgery and director of the Spine Center at Johns Hopkins, where he focuses on the surgical treatment of spinal tumors and complex spinal reconstructions. He has developed novel surgical methods to treat some of the most difficult types of spinal cancers. Dr. Gokaslan received his medical degree from the University of Istanbul in Turkey. He completed an internship in general surgery, a fellowship in neurotraumatology and a residency in neurological surgery at the Baylor College of Medicine in Houston. He completed a fellowship in clinical spinal surgery in the department of orthopedics and neurosurgery at the New York University Medical Center.

Michael Goldsmith, MD (Summit Orthopaedics, Chevy Chase, Md.) Dr. Goldsmith specializes in diagnosis and treatment of spinal conditions at Summit Orthopaedics. He has research experience at institutions including the Twin Cities Spine Center, Georgetown University, Hospital for Joint Disease, New York University, Children's Hospital of Philadelphia and the National Institute of Health. He has published and presented numerous papers and has contributed chapters to several medical textbooks. Dr. Goldsmith attended New York University Medical School. Following his internship and residency at Georgetown University Medical Center in

Washington, D.C., he performed a pediatric orthopedic rotation at Alfred I. duPont Hospital for Children in Wilmington, Del., and completed a fellowship in orthopedic spine surgery at the Twin Cities Spine Center in Minneapolis.

James S. Harrop, MD (Thomas Jefferson University Hospital, Philadelphia). Dr. Harrop is director of the division of spine and peripheral nerve disorders at Thomas Jefferson University and is co-associate director of acute care for Jefferson's Spine Cord Injury Center. He is actively involved in the care and treatment of patients with spinal cord injuries through surgical modalities and has worked with scientists in the field of improving clinical outcomes with cell regeneration and prevention of neuronal loss. Dr. Harrop is the author of more than 30 publications and book chapters and is co-author of *The Residents and Fellows Guide to the Fundamentals of Spine Surgery*. He received his medical degree from Jefferson Medical College and completed his internship and residency at Thomas Jefferson University Hospital. He also completed a fellowship at Cleveland Clinic.

Regis W. Haid Jr., MD (Atlanta Brain and Spine Care, Atlanta). Dr. Haid is a founding partner of Atlanta Brain and Spine Care and medical director of the Piedmont Spine Center and Neuroscience Service Line at Piedmont Hospital in Atlanta. His research interests include spinal reconstruction techniques, and he holds several patents concerning such techniques as cervical lateral mass plating, anterior cervical plating, posterior and transforaminal lumbar interbody fusion techniques and cervical arthroplasty. Dr. Haid has served as a visiting professor at more than 30 universities worldwide and has lectured and published on spine treatment. He has served on the editorial and review boards of several journals including *Journal of Neurosurgery*, *Journal of Neurosurgery-Spine*, *Neurosurgery*, *Spine*, *The Spine Journal* and *Journal of Spinal Disorders*. Dr. Haid received his medical degree and completed his neurosurgical residency at West Virginia University in Morgantown. He also completed a fellowship with Joseph Maroon, MD, in Pittsburgh. Dr. Haid has been honored as the Richard C. Schneider Lecturer for the American Association of Neurological Surgeons and the Charles Drake Lecturer for the University of Virginia.

Roger Hartl, MD (NewYork-Presbyterian Hospital, New York). Dr. Hartl is the chief of spinal surgery here at Weill Cornell Medical College and serves as the neurosurgeon for the New York Giants. He is also a co-director of NewYork-Presbyterian's Spine Center. Dr. Hartl specializes in complex spine procedures, minimally invasive surgery and treatment of patients with head and spinal cord injury, among other areas. He has lectured and published extensively on the surgical treatment of spine disorders and traumatic brain and spinal cord injury. Dr. Hartl received his medical degree from the Ludwig-Maximilians University in Munich, Germany, and he completed his neurosurgery residency at Weill Cornell Medical College. After finishing a fellowship in complex spine surgery at the Barrow Neurological Institute in Phoenix, Ariz., he re-joined the department of neurosurgery at Weill Cornell Medical College as an attending surgeon.

Iain H. Kalfas, MD (Cleveland Clinic, Cleveland). Dr. Kalfas is a neurosurgeon at the Cleveland Clinic's Center for Spine Health and the head of spinal surgery for the Clinic's department of neurosurgery. His specialties include complex spinal surgery and reconstruction including instrumentation and fusion, image-guided spinal navigation, neck and back disorders and minimally-invasive surgery. Dr. Kalfas attended medical school at Northeastern Ohio Universities College of Medicine in Rootstown, Ohio, and completed his internship and residency in neurological surgery at the Cleveland Clinic. He completed fellowships at Barrow Neurological Institute in Phoenix and at Allegheny General Hospital in Pittsburgh. Dr. Kalfas edited the book, *Spinal Reconstruction: Clinical Examples of Applied Basic Science, Biomechanics And Engineering*, and has written numerous book chapters.

Dean Karahalios, MD (NorthShore University HealthSystem, Evanston, Ill.) Dr. Karahalios is a leading authority on the treatment of patients with complex spinal disorders and is particularly well known

for his use of implants, fusion systems, instrumentation and innovative complex spine techniques to treat patients with degenerative problems and traumatic injuries to the spine. His other interests include a unique and aggressive multi-modality approach to primary and metastatic tumors of the spine, which includes cutting-edge surgical approaches and spinal radiosurgery. He is highly skilled in the use of image-guided and minimally-invasive surgical techniques, which reduce the risks and speed the recovery time of spine surgery. Dr. Karahalios earned his medical degree from Northwestern University Medical School in Chicago. He completed an internship in general surgery at the Maricopa Medical Center in Phoenix, and a residency neurological surgery at the Barrow Neurological Institute, St. Joseph's Hospital and Medical Center in Phoenix. Dr. Karahalios is an active author, lecturer, educator and researcher and written numerous articles and book chapters on the topic of complex spinal surgery.

Jordi Kellogg, MD (Kellogg Brain & Spine, Portland, Ore.). Dr. Kellogg is a neurosurgeon who has published more than 40 professional articles and abstracts since 1997 and is a regular speaker at neurosurgery conferences. In private practice since 2001, Dr. Kellogg is an investor-owner in the highly successful East Portland Surgery Center. He also practices at Portland Adventist Medical Center and Providence Portland Medical Center. Dr. Kellogg attended medical school at the University of Southern California in Los Angeles and completed his residency and fellowship at Oregon Health Sciences University in Portland. He is a member of the American Association of Neurological Surgeons, the Congress of National Surgeons and the American Medical Association.

A. Jay Khanna, MD (Johns Hopkins Orthopaedics, Baltimore). Dr. Khanna is co-director of the division of spine surgery at John Hopkins Orthopaedics at Good Samaritan Hospital in Baltimore. He specializes in

the treatment of a wide range of spinal diseases and disorders including spine tumors, spine trauma, cervical, thoracic and lumbar stenosis and osteoporotic spine fractures. Dr. Khanna received his medical degree from George Washington University in Washington, D.C. He completed an internship at Beth Israel Hospital-Harvard Medical School in Boston and an orthopedic surgery residency at Johns Hopkins Hospital. He completed a spine surgery fellowship at the Cleveland Clinic. Dr. Khanna is a member of several professional societies, including the American Medical Association, the North American Spine Society and the American Academy of Orthopaedic Surgeons.

James Lynch, MD (SpineNevada, Reno, Nev.). Dr. Lynch is a neurological surgeon who specializes in complex spine surgery, as well as minimally-invasive spine surgery. He is the founder and CEO of SpineNevada and chairman and director of spine at the Surgical Center of Reno. He is on staff at St. Mary's Hospital and Renown Regional Medical Center, both located in Reno. Dr. Lynch also serves as director, spine services, for Regent Surgical Health, where he directs Regent's program to help physicians develop spine-focused ASCs and specialty spine hospitals. He earned his medical degree from Trinity College in Dublin, Ireland, followed by a residency at the Mayo Clinic in Rochester, Minn. Dr. Lynch completed three spine fellowships at the Mayo Clinic, National Hospital for Neurology and Neurosurgery in London, England, and the Barrow Neurological Institute in Phoenix. His work has been published in several professional publications including *The Journal of Neurosurgery and Neurosurgery* and *Spine*.

Steven Mardjetko, MD (Illinois Bone and Joint Institute, Morton Grove, Ill.). Dr. Mardjetko is a spine surgeon at the Illinois Bone and Joint Institute, where he specializes in spinal surgery, pediatric and adult spinal deformities and pediatric orthopedics. His areas of interest

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include scoliosis and other spinal disorders, spinal cord injuries and tumors neuromuscular disorders and complex cervical spine disorders. Dr. Mardjetko holds several academic appointments, and is a fellow in the American Academy of Pediatrics and the Scoliosis Research Society, where he serves on its board of directors. He received his medical degree from the University of Illinois College of Medicine and stayed for his residency training in orthopedic surgery at the University of Illinois Medical Center. He received expert specialty training by completing two postgraduate fellowships at Rush University, one in pediatric orthopedics and the other in spinal deformity and reconstruction.

Alan Moelleken, MD (The Spine & Orthopedic Center, Santa Barbara, Calif.). Dr. Moelleken is an orthopedic surgeon specializing in disorders of the spine. Aside from seeing patients at The Spine & Orthopedic Center, he also performs surgery at Carrillo Surgery Center and is on the attending staff of Santa Barbara Cottage Hospital and Goleta Valley Community Hospital. Dr. Moelleken has published numerous articles and presentations on the treatment of spinal disorders and has been the chairman of the monthly Tri-County Spine Conference for the past nine years. He received his medical degree from the University of Pennsylvania School of Medicine in Philadelphia and completed an orthopedics residency at UCLA. He then went on to complete a fellowship in neurosurgery and orthopedic spine surgery at New York University.

Daniel Murrey, MD (OrthoCarolina, Charlotte, N.C.). Dr. Murrey is the CEO of OrthoCarolina and a physician at the OrthoCarolina Spine Center. He specializes in treatment of both surgical and nonsurgical spinal disorders, with special interest in cervical spine surgery, spinal deformities and disk replacement. He is involved in teaching and training other surgeons and in developing new spine technologies. Dr. Murrey is a graduate

of Harvard Medical School in Boston and completed his orthopedic surgery residency at Vanderbilt University in Nashville, Tenn., and his fellowship in spine surgery at Carolinas Medical Center in Charlotte, N.C.

John D. Pelozo, MD (Center for Spine Care, Dallas). Dr. Pelozo is an internationally recognized orthopedic surgeon specializing in spine care, with offices in Dallas and Frisco, Texas, where he serves as medical director of the Center for Spine Care. He has served as a clinical investigator for many medical research studies related to the spine and has launched several spine devices including SEXTANT, MET-Rx and the MAVERICK total disc replacement. He received his medical degree with highest honors from Northwestern University Medical School in Chicago. He completed his internship and residency at the University of Texas Southwestern Medical Center in Dallas. He has completed fellowships in knee and shoulder reconstructive surgery and spine surgery. He is also an associate with the prestigious Steadman Hawkins Clinic in Vail, Colo., and is a spine consultant to the U.S. Ski Team.

Kenneth A. Pettine, MD (Rocky Mountain Associates, Loveland, Colo.). Dr. Pettine is a co-founder of Rocky Mountain Associates and a surgeon at Loveland Surgery Center, a spine center of excellence for Blue Cross/Blue Shield. He has an extensive background in spinal surgery, research and rehabilitation. He is co-inventor and co-designer of the Maverick Artificial Disc, a patented disc replacement device for the neck and back. He is a distinguished speaker at national and international symposiums and the author of nearly 20 research publications. Dr. Pettine received his medical degree from the University of Colorado School of Medicine. He completed his residency and his master's degree in orthopedic surgery at the Mayo Clinic in Rochester, Minn., and completed a fellowship at the Institute for Low Back Care in Minneapolis.

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Frank Phillips, MD (Midwest Orthopaedics at Rush, Chicago). Dr. Phillips is the director of the section of minimally-invasive spine surgery at Midwest Orthopaedics at Rush. He specializes in the spine and has special interests in cervical and lumbar reconstructive surgery, with expertise in motion-preserving and minimally-invasive spinal procedures. He is the principal investigator of various national US FDA clinical trials evaluating cervical and lumbar disc replacement procedures. Before joining Midwest Orthopaedics, Dr. Phillips served as the director of The Spine Center at The University of Chicago. He is currently the vice president of the Society for Minimally Invasive Spine Surgery and is on various committees of the North American Spine Society and the Spine Arthroplasty Society. He received his medical degree from the University of Witwatersrand in Johannesburg, South Africa. Dr. Phillips completed his orthopedic residency at The University of Chicago Medical Center and completed a fellowship at Case Western Reserve University School of Medicine.

Joan O'Shea, MD (The Spine Institute of Southern New Jersey, Marlton, N.J.).

Dr. O'Shea is a dually-trained neurological and orthopedic spine surgeon. She has concentrated her training and dedicated her career to the treatment of spinal disorders. She helped found the Spine Institute of Southern New Jersey and previously practiced neurosurgery at Cooper Medical Center in Camden, N.Y. She received her medical degree at the State University of New York Upstate Health Center in Syracuse. She completed a residency in neurosurgery at Mount Sinai Medical Center in New York and completed an additional orthopedic spine surgery fellowship at the Hospital for Joint Disease and the Spine Institute of Beth Israel Medical Center, both located in New York City. She has been an invited lecturer for the American Association of Neurological Surgeons and the Congress of Neurological Surgeons annually since 1996. Dr. O'Shea was recognized in 2009 in *SJ Magazine* as a "Top Doc" in Southern New Jersey for neurosurgery.

Mike Russell, II, MD (Azalea Orthopedics, Tyler, Texas).

Dr. Russell is a spine surgeon at Azalea Orthopedics in Tyler, Texas and is president-elect of Physician Hospitals of America, a national trade organization representing physician-owned hospitals. He holds hospital privileges at the Texas Spine and Joint Hospital, Trinity Mother Frances Hospital and the East Texas Medical Center, all located in Tyler. Dr. Russell attended medical school and completed his orthopedic training at the University of Texas Southwestern Medical School in Dallas. He completed a fellowship in spine surgery at the Carolinas Medical Center in Charlotte, N.C. He is a member of the National Association of Spine Surgeons, the American

Academy of Orthopaedic Surgeons the Texas Orthopedic Association and the Texas Medical Association.

Navinder Sethi, MD (Potomac Valley Orthopaedic Associates, Gaithersburg, Md.).

Dr. Sethi is board certified and practices general orthopedic surgery with a specialty in spine surgery at Potomac Valley Orthopaedic Associates. He received his medical degree from the Johns Hopkins University School of Medicine in Baltimore. He completed his orthopedic residency at the Washington University School of Medicine in St. Louis, Mo. He then completed a spine fellowship at the Emory Spine Center in Atlanta. He joined Potomac Valley Orthopaedics in 2001.

Arya Nick Shamie (UCLA Comprehensive Spine Center, Los Angeles).

Dr. Shamie is a board-certified spine surgeon, associate professor of orthopedic surgery and neurosurgery, and co-director of the UCLA Comprehensive Spine Center in Los Angeles. Among his areas of clinical focus are minimally-invasive approaches to the spine, clinical trials and spinal stenosis, for which he has also conducted his own clinical research on devices indicated for treatment of this condition. He was recently named as co-medical director for VertiFlex. Dr. Shamie received his medical degree from Northwestern University Medical School in Chicago. He completed his internship in general surgery at Los Angeles County + University of Southern California Medical Center in Los Angeles and a residency in orthopedic surgery at St. Mary's Medical Center. He finished his training with fellowships in spinal surgery and bone research at UCLA School of Medicine.

Volker K. H. Sonntag, MD (Barrow Neurological Institute, Phoenix).

Dr. Volker Sonntag is a spinal neurosurgeon who specializes in spinal disorders and serves as vice chairman of the division of neurological surgery, chief of the spine section and director of the neurosurgery residency program at Barrow Neurological Institute.

His subspecialties include spine disease, spine tumors and fractures. Dr. Sonntag has published more than 200 articles and 60 book chapters on neurosurgery. He received his medical degree from the University of Arizona and completed his neurosurgical residency at Tufts New England Medical Center Hospital in Boston. He is certified by the American Board of Neurological Surgery and is on the board of directors of the American Board of Neurological Surgery and the American Association of Neurological Surgery.

John T. Stinson, MD (The Orthopaedic Center, Rockville, Md.).

Dr. Stinson is a board-certified orthopedic surgeon who specializes in spinal disorders in children and adults. He received his medical degree from New York Medical College in Valhalla, N.Y., and he trained in general and orthopedic surgery in Boston at hospitals affiliated with Tufts and Harvard Universities, including Massachusetts General Hospital. Dr. Stinson completed a fellowship in reconstructive spine surgery at St. Luke's/Case Western University in Cleveland where he also performed research on electrical monitoring of the spinal cord during surgery. He is responsible for the publication of original clinical research, several text book chapters, numerous presentations and lectures. He

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also co-edited a symposium entitled *Spine Problems in the Athlete*, published in 1993. He has received commendations from the governments of Ecuador and Afghanistan for surgical services rendered to injured children in these countries. He is a member of the American Academy of Orthopaedic Surgeons, the American College of Surgeon and the North American Spine Society. Dr. Stinson is a clinical professor in orthopedic surgery at Georgetown University in Washington, D.C., and is an adjunct clinical professor of surgery at the Uniformed Services University for the Health Sciences.

Larry L. Teuber, MD (Black Hills Surgery Center, Rapid City, S.D.). Dr. Teuber serves as director of Medical Facilities Corp. and as the physician executive of Black Hills Surgery Center in Rapid City, S.D., which he founded in 1997. Dr. Teuber is also the founder and current managing partner of The Spine Center in Rapid City. He provides consultative services and frequently speaks to physician organizations concerning the development of surgical facilities for neurosurgical and spinal care. Dr. Teuber earned his medical degree from the University of South Dakota in Vermillion. He completed his general surgery internship and neurosurgery residency at the Medical College of Wisconsin in Milwaukee. Dr. Teuber served for 17 years in the active and reserve Army, retiring with the rank of major after serving in Desert Storm.

Terry Trammell, MD (OrthoIndy, Indianapolis). Dr. Trammell is a spine surgeon with OrthoIndy and is a certified as a diplomat of the American Board of Orthopaedic Surgery and American Board of Spinal Surgery. He is best known for his work in providing care to motorsports athletes as the past medical director and senior orthopedic consultant to CART. He is currently an orthopedic spinal consultant to the Indy Racing League. Dr. Trammell received medical degree from Indiana University School of Medicine in Indianapolis. He completed a residency in orthopedic surgery at Indiana University Affiliated Hospitals and a fellowship in spinal surgery under the direction of E.H. Simmons, MD, at the University of Toronto.

Alexander Vaccaro, MD, PhD (Rothman Institute, Philadelphia). Dr. Vaccaro is a professor of orthopedic surgery and co-director of the Regional Spinal Cord Injury Center of the Delaware Valley and of the Spine Fellowship Program at Thomas Jefferson University Hospital in Philadelphia. At Jefferson's Rothman Institute, he is co-director of the Reconstructive Spine Service. Dr. Vaccaro is currently working on

a prospective, randomized study to evaluate the timing of surgery on neurologic recovery following spinal cord injury and is also conducting several grant-sponsored investigations concerned with the cervical spine. He has served on committees for the Cervical Spine Research Society, the North American Spine Society and the Federation of Spine Surgery. Dr. Vaccaro is the recipient of many awards and has published more than 200 chapters, papers, abstracts and presentations on topics related to the adult and pediatric spine, the disorders and conditions that can afflict it, surgical and medical treatment options available and rehabilitation of the patient. He has served as editor of various publications and is currently on the editorial review committees for *Spine*, *Current Opinion in Orthopedics*, the *Journal of the American Academy of Orthopedic Surgery* and *Emedicine*, among others.

Corey J. Wallach, MD (Anderson Orthopaedic Clinic, Arlington, Va.). Dr. Wallach is medical director for the Anderson Clinic Spine Center, where he addresses spine care with an emphasis on conservative management, as well as the latest in minimally-invasive treatment options. He has overseen the development and growth of the new center and remains actively involved in clinical research aimed at improving spine care. Dr. Wallach received his medical degree at the University of California, Davis, where he received the Lipscomb Award for Excellence in Orthopaedic Surgery. He completed his residency at the University of Pittsburgh Medical Center and completed his spine fellowship at the UCLA Comprehensive Spine Center.

William Watters, III, MD (Bone & Joint Clinic of Houston, Texas). Dr. Watters is an orthopedic surgeon who specializes in spinal surgery at the Bone & Joint Clinic of Houston. He is the current research council director for the North American Spine Society and is the chairman of the American Academy of Orthopaedic Surgeons' Guideline and Technology Assessment Oversight Committee, which oversees all clinical practice guideline development and technology assessments produced by the AAOS. He also serves as clinical associate professor in the department of orthopedic surgery at Baylor College of Medicine. Dr. Watters attended Harvard Medical School and completed two residencies, one in internal medicine and one in orthopedic surgery at the University of Pennsylvania in Philadelphia.

Jeffrey C. Wang, MD (UCLA Spine Center, Los Angeles). Dr. Wang is currently chief of the University of California Los Angeles Spine Service and director of the UCLA Spine Surgery Fellowship. In addition to a busy clinical practice, Dr. Wang runs a science laboratory where he develops new methods for treating spinal disorders. Dr. Wang has received numerous research grants and is currently involved in many clinical trials in the treatment of spine problems. Dr. Wang attended medical school at the University of Pittsburgh School of Medicine. He completed a residency in orthopedic surgery at UCLA and a fellowship in spine surgery at Case Western Reserve University in Cleveland.

Richard Wohns, MD, MBA (South Sound Neurosurgery, Puyallup, Wash.). Dr. Wohns is a spine surgeon and one of the first physicians involved with the development of ambulatory spine practices. He is the founder and president of South Sound Neurosurgery in Puyallup, Wash. He also founded NeoSpine, a spine ASC development company, which is currently part of Symbion Healthcare. His areas of expertise in the field of neurosurgery include brain tumor and skull base surgery, numerous complex minimally invasive spinal surgical techniques, teleradiology, computer-based neuronavigation and stereotaxis. He was one of the first neurosurgeons in the United States qualified to perform the XLIF technique for minimally-invasive lumbar fusions. Dr. Wohns attended medical school at Yale University School of Medicine and completed his neurosurgery residency at the University of Washington in Seattle. He holds an executive MBA from the University of Washington and is currently pursuing a law degree from Seattle University School of Law. ■

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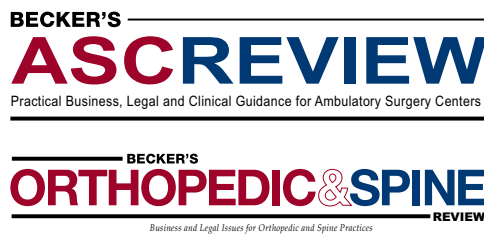
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PROGRAM SCHEDULE

Pre Conference – Thursday, June 10, 2010

11:30am – 1:00pm	Registration
12:00pm – 4:30pm	Exhibitor Set-Up
1:00pm – 5:20pm	Pre-Conference Workshop • Concurrent Sessions A, B, C, D, E, F
5:20pm – 7:00pm	Reception, Cash Raffles and Exhibits

Main Conference – Friday, June 11, 2010

7:00am – 8:00am	Continental Breakfast and Registration
8:00am – 5:15pm	Main conference, Including Lunch and Exhibit Hall Breaks
5:15pm – 7:00pm	Reception, Cash Raffles, Exhibit Hall

Conference – Saturday, June 12, 2010

7:00am – 8:00am	Continental Breakfast and Registration
8:15am – 1:00pm	Conference

Thursday, June 10, 2010

Track A – Improving Profits, Turning Around ASCs, and Benchmarking

1:00 – 1:45 pm	5 Keys to Maximizing an Orthopedic-Driven ASC's Returns in a Tough Economy - Brent Lambert, MD, FACS, President & Owner, Ambulatory Surgical Centers of America
1:50 – 2:30 pm	Running Your Orthopedic Program Smarter - Benchmarking - Improving Revenues per Case, Reducing Hours per Case, Supply Costs per Case, Staffing and More - Thomas J. Bombardier, MD, FACS, Founding Principal, Ambulatory Surgical Centers of America
2:30 – 3:15 pm	The Changing Future of Health Care in the United State - Joe Flower, Healthcare Futurist
3:20 – 4:00 pm	Assessing and Improving the Profitability of Orthopedic and Spine in ASCs - Luke Lambert, CFA, MBA, CASC, CEO, Ambulatory Surgical Centers of America
4:05 – 4:40 pm	A Step by Step Guide to Recruiting Orthopedic and Spine Surgeons - Chris Suscha, VP of Business Development, Meridian Surgical Partners
4:45 – 5:20 pm	Selling Shares and Resyndication - Larry Taylor, CEO, Practice Partners in Healthcare, and Melissa Szabad, JD, Partner, and Bart Walker, JD, Attorney, McGuireWoods, LLP

Track B – Business Planning for ASCs, Spine, Orthopedics, and Pain

1:00 – 1:45 pm	Business Planning for Orthopedic and Spine Driven Centers - Tom Mallon, CEO, Regent Surgical Health, Jeff Simmons, President Western Region, Regent Surgical Health
1:50 – 2:30 pm	Building Outstanding and Profitable Pain Management Programs, Making Pain Profitable - Robin Fowler, MD, Executive Director & Owner, Interventional Spine & Pain Management

3:20 – 4:00 pm	Establishing an ASC - 10 Keys for Success - Bill Southwick, President & CEO, Healthmark Partners
4:05 – 4:40 pm	Enterprise Risk Management - Dottie Bollinger, RN, JD, LHRM, CHC, CASC, Laser Spine Institute
4:45 – 5:20 pm	Handling 5 Key Problems in the ASC Life Cycle - Joseph Zasa, JD, Partner, ASD Management

Track C – Special Procedures Issues

1:00 – 1:45 pm	Minimally Invasive Spine Surgery in ASCs - Greg Poulter, MD, Surgeon, Peak One Surgery Center, Lisa Austin, RN, CASC, Vice President of Operations, Pinnacle III
1:50 – 2:30 pm	The Best Procedures to add to ASCs Now - John Hajjar, MD
3:20 – 4:00 pm	Recruiting Great Doctors - 5 Key Concepts from an Industry Veteran - Robert Zasa, MSHHA, FACMPE, Partner, Woodrum ASD
4:05 – 4:40 pm	Handling Complex Spine Cases in an ASC, Clinical and Financial Issues - Marcus Williamson, President, Neospine Services Symbion Healthcare
4:45 – 5:20 pm	Extending the Life Span of Your ASC - 10 Key Concepts - Boyd Faust, CPA, CFO, Titan Health

Track D – General Management

1:00 – 1:45 pm	How An Existing, Successful Orthopedic/Pain ASC in New Jersey is Planning for Impending Rate Compression in the State, and Adjusting its Strategy Going Forward Now That a Moratorium on New ASC Development Has Gone Into Effect - David Hall, Chairman or Sean Rambo, Vice President of Operations, Titan Health, Key Physician from Titan NJ ASC
1:50 – 2:30 pm	How to Reduce Hours Per Case, How to Hire Great DONs and Staff - Joyce Deno, Chief Operations Officer, Eastern Region, Regent Surgical Health

3:20 – 4:00 pm

The Success, Failure and Demise of ASCs - An MD Leaders Perspective - Larry Parrish, Illinois Sports Medicine & Orthopedic Surgery Center, Dave Raab, MD, Illinois Sports Medicine & Orthopedic Surgery Center, Jeff Visotsky, MD, Illinois Sports Medicine & Orthopedic Surgery Center

4:05 – 4:40 pm

How to Effectively Measure and Track Patient Quality - David Shapiro, MD, Director of Medical Affairs, AMSURG

4:45 – 5:20 pm

5 Tips for Managing Anesthesia in Your ASC - Marc Koch, MD, President & CEO, Somnia Anesthesia

Track E - Billing, Coding and Contracting for ASCs

1:00 – 1:45 pm

Managed Care Negotiation Strategies for Orthopedic and Spine - 10 Key Concepts- Naya Kehayes, MPH, CEO, Eveia Health Consulting and Management

1:50 – 2:30 pm

10 Ways to Improve an ASCs Orthopedic Spine and Pain Coding - Stephanie Ellis, RN, President, Ellis Medical Consulting

3:20 – 4:00 pm

A 40 Minute Billing Boot Camp - What Centers Need To Do To Improve Their Billing and Coding - Caryl Serbin, RN BSN LHRM, President & Founder, Serbin Surgery Center Billing

4:05 – 4:40 pm

How to Hire Great Administrators and What Should They Be Paid? Greg Zoch, Partner & Managing Director, Kaye Bassman International

4:45 – 5:20 pm

Driving Revenues Up by Driving Denials Down - Bill Gilbert, VP of Marketing, AdvantEdge Healthcare Solutions

Track F - Buying and Selling ASCs and Hospitals, Valuation Issues For ASCs, Anti Kickback Issues

1:00 – 1:45 pm

ASC Transactions, Current Market Analysis and Valuations, Greg Koonsman, Senior Partner, VMG Health

1:50 – 2:30 pm

5 Anti Kickback and Stark Act Cases - Scott Becker, JD, CPA, Partner, Elissa Moore, JD, and Lainey Gilmer, Associate, McGuireWoods LLP

3:20 – 4:00 pm

Excelling Without Orthopedics and Spine -Key Concepts for Great ASC Performance - Joseph Zasa, JD, Partner, ASD Management, Skip Daube, MD, Founder, Surgical Center for Excellence, Panama City

4:05 – 4:40 pm

Buying, Selling and Syndication ASCs - Henry H. Bloom, Founder, and Robert S. Goettling, Esq., The Bloom Organization, Todd Mello, ASA AVA MBA, Principal & Founder, Healthcare Appraisers

4:45 – 5:20 pm

Physician Owned Hospitals - Key Concepts to Increase Profits - Tom Michaud, CEO, Foundation Surgery

5:20 pm

Cocktail Reception, Cash Raffles and Exhibits

Friday, June 11, 2010

8:00 am

Introductions - Scott Becker, JD, CPA, Partner, McGuireWoods, LLP

8:10 – 9:00 am

The Best Ideas for Orthopedic and Spine Driven ASCs Now - Brent Lambert, MD, FACS, President & Owner, Ambulatory Surgical Centers of America, Joseph Burkhardt, MD, Brookside Surgery Center, Kenny Hancock, President, Meridian Surgical Partners, James T. Caillouette, MD, Chairman, Newport Orthopedic Institute

9:05 – 10:00 am

The Politics of Health Care Reform, Ron Brownstein, Political Director, Atlantic Media Company

10:00 – 11:00 am

Networking Break & Exhibits

General Session A

11:05 – 11:45 AM

Key Developments That Will Transform the Business of Orthopedic Surgery - John Cherf, MD MPH MBA, OrthoIndex

11:50 – 12:30 PM

Key Concepts to Improve the Profitability of Spine Programs, John Caruso, MD, Jim Lynch, MD, Founder, Surgery Center of Reno, Moderator, Jeff Leland, Managing Director, Blue Chip Surgical Center Partners

GENERAL SESSION B

11:05 – 11:45 AM

A National View of Political Advocacy Efforts and ASCs, Andrew Hayek, CEO Surgical Care Affiliates, Chairman ASC Coalition

11:50 – 12:30 PM

Effective Cost Cutting and Benchmarking for Your ASC - 5 Examples - Robert Welti, MD, Medical Director & Administrator, Santa Barbara Surgery Center, Introduced by Tom Mallon, CEO, Regent Surgical Health

12:30 – 1:30 PM

Networking Lunch & Exhibits

Concurrent Sessions A, B, C, D, E, F

A - Improving Profits, and Fixing ASCs

1:30 – 2:05 pm

10 Key Concepts for Managed Care Contracting Orthopedics, and Spine and Pain - Naya Kehayes, MPH, CEO, Eveia Health Consulting & Management

2:10 – 2:40 pm

Key Tips for Success - Orthopedics in ASCs - What Works and What Doesn't - Greg Deconciliis, Administrator, Boston Out-Patient Surgical Suites

2:40 – 3:35 pm

Networking Break & Exhibits

3:35 – 4:10 pm

10 Keys to Improve Billing and Collections - Caryl Serbin, RN BSN LHRM, President & Founder, Serbin Surgical Center Billing

4:15 – 4:45 pm

Out of Network - Will it Still Work? What Do I Need to Know? What is the Future? Thomas J. Pliura, MD, JD, President & CEO, Zchart

4:50 – 5:20 pm

The 5 Best Ways to Improve Billings and Collections and to Improve Revenue Cycle Management - Lisa Rock, President, National Medical Billing Services, and Michael Storch, National Client Representative, MNET Financial, Inc.

Track B – Orthopedic and Spine ASC Issues

1:30 – 2:05 pm

New Procedure Advancements for Spine Centers - Jimmy St. Louis, VP of Integrated Business Development, Laser Spine Institute

2:10 – 2:40 pm

Key Thoughts on Handling Total Joints in ASCs - James T. Caillouette, MD, Chairman, Newport Orthopedic Institute

2:40 – 3:35pm

Networking Break & Exhibits

3:35 – 4:10 pm

Hand Surgery in ASCs - Key Concepts for Clinical and Financial Success - R. Blake Curd, MD, Orthopedic Institute, Todd Flickema, SVP, Surgical Management Professionals, Kyle Goldammer, SVP Finance, Surgical Management Professionals

4:15 – 4:45 pm

Uni Knees in the Outpatient Setting - Is This Right Fit for Your ASC? - Clinical and Financial Issues - Joseph Burkhardt, D.O., Brookside Surgery Center, Sarah Martin, R.N., Regional Vice President, Meridian Surgical Partners, Becky Klein, Director of Clinical Operations, Brookside Surgery Center

4:45 – 5:20 pm

Creating a Spine Center in a Small Community, Daniel Tomes, MD, Introduced by Jeff Leland, Managing Director, Blue Chip Surgical Center Partners

Track C – Pain Management, Spine and Implant Costs

1:30 – 2:05 pm

Pain Management at an ASC: Benefits and Pitfalls - Brannon Frank, MD, Arise Healthcare

2:10 – 2:40 pm

Pain Management in ASCs - Current Ideas to Increase Profits - Amy Mowles, President & CEO, Mowles Medical Practice Management

2:40 – 3:35 pm

Exhibit Hall Break

3:35 – 4:10 pm

Negotiating Implant Payments with Payors and Payments for Multiple Procedures and Other Issues - Marcus Williamson, President Neospine Division, Symbion Healthcare, and Jamie Pearlman

4:15 – 4:45 pm

Managing Pain Practice-Protocols, Branding and Other Tips to Improve Profitability - Faisal M. Rahman, MD, CEO, APAC Group of Healthcare Companies

4:45 – 5:20 pm

Leadership in the ASC Context - What is Great Leadership and How Can it Make a Difference - Ed Hetrick, President & CEO, Facility Development Management

Track D – Physician Owned Hospitals, Spine Cost Comparison

1:30 – 2:40 pm

The Best Ideas for Physician Owned Orthopedic and Spine Focused Hospitals Now - Tom Macy, CEO, Nebraska Orthopedic Hospital, John Rex-Waller, CEO National Surgical Hospitals, Tom Michaud, CEO, Foundation Surgical Affiliates, R. Blake Curd, MD, Orthopedic Institute, and Scott Becker, JD, CPA, Partner, McGuireWoods, LLP, Moderators

2:40 – 3:35 PM

Exhibit Hall Break

3:35 – 4:10 pm

Leveraging Engagement to Maximize the Supply Chain - Tom Macy, CEO, Nebraska Orthopedic Hospital and Anna McCaslin, CFO, Nebraska Orthopedic Hospital

4:15 – 4:45 pm

Converting an ASC to a Hospital - Russ Greene, RN, CEO, Physicians Specialty Hospital, Fayetteville

4:50 – 5:20 pm

Ambulatory Spine Surgery - ASC vs. Hospital Reimbursement Comparison - David Abraham, M.D., Reading Neck & Spine Center

Track E – Orthopedic and Spine Practice Issues, Selling Units and Implants

1:30 – 2:05 pm

Physician Practice Partnering with Medical Centers - The Good, Bad and the Ugly - Dennis Viellieu, CEO, Midwest Orthopaedics at Rush

2:10 – 2:40 pm

Key Ideas for Improving Orthopedic Practice Profits - John Martin, CEO, OrthoIndy

2:40 – 3:35 PM

Exhibit Hall Break

3:35 – 4:10 pm

Selling Units to Physicians - How Are Shares Valued - Todd Mello, Healthcare Appraisers

4:15 – 4:45 pm

Buyers Perspective on Selling Your ASC, What ASCs Need to Know Now, Acquisition Strategy, ASC Acquisitions in the Current Economic Environment, How Buyers Value ASCs - Evie Miller, CPA, VP Development, USPI, William Kennedy, SVP Business Development, CFA, Senior Partner, NovaMed, Greg Koonsman, CFA, Senior Partner, VMG Health, Moderator Scott Downing, JD, Partner, McGuireWoods, LLP

4:50 – 5:20 pm

Marketing Your ASC and Attracting Patients and Physicians - Mike Lipomi, President, RMC Medstone Capital

Track F – Clinical Quality, Governance and Profits

1:30 – 2:05 pm

The Impact of Healthcare Reform on ASCs

2:10 – 2:40 pm

Clinical and Quality Management of Newer Events in ASCs - Holly Hampe, Director, Patient Safety and Quality, Amerinet

2:40 – 3:35 pm

Exhibit Hall Break

3:35 – 4:10 pm

Improving ASC Performance Through Innovative Governance Techniques - Michael Grant, MD, Center for Ambulatory Surgery, David Myers, MD, Center for Ambulatory Surgery, Ravi Chopra, CEO, The C/N Group

4:15 – 4:15 pm

3 Great Ways to Improve Profitability - Nicola Hawkinson, CEO & Founder, Spine Search, Mel Gunawardena, Founder & CEO, Medigain, Inc., Tom Jacobs, CEO, MedHQ, Moderator, Robert Zasa, MSHHA FACMPE, Partner, ASD Management

4:50 – 5:20 pm

Building Smart in 2010 - John Marasco, Principal & Owner, Marasco & Associates

5:25 – 7:00 PM

Cocktail Reception, Cash Raffles and Exhibits

Saturday, June 12, 2010

8:00 – 8:15 am

Opening Remarks - Dr. Tom Price, US Congressman

8:15 – 8:45 am

Washington Update - Kathy Bryant, JD, President, ASC Association

Concurrent Track Sessions A, B, C, D, and E

Track A

8:50 – 9:30 am

Financial Benchmarking - Rob Westergard, Chief Financial Officer, Ambulatory Surgical Centers of America

9:35 – 10:10 am

Key Concepts to Managing an Effective Interventional Pain Management Practice and Center - Laxmaiah Manchikanti, MD, CEO & Chairman of the Board, American Society of Interventional Pain Physicians

10:15 – 10:50 am

An Analysis of Clinical Outcomes for Spine Procedures Performed in ASCs - Ken Pettine, MD, Loveland Surgery Center

10:55 – 11:30 am

Recruiting & Syndication of Orthopedic, Pain Management and Spine Physicians - Updates, Challenges and Strategies - Kenny Spittler, Senior VP Development, Healthmark Partners

11:35 – 12:10 pm

A Successful Spine Surgery Center That Includes Neuro and Orthopedic Spine Surgeons, Lessens Learned, Problems to Avoid - Thomas Forget, MD, Neurosurgeon

12:15 – 1:00 pm

4 Key Topics (1) Healthcare Reform and ASCs, (2) Should You Convert Your ASC to a HOPD (Hospital Outpatient Department) - The Pros and Cons and Key Issues to Consider, (3) Safe Harbors and (4) Out of Network - Scott Becker, JD, CPA, Partner, and Amber Walsh, JD, Attorney, McGuireWoods, LLP

Track B

8:50 – 9:30 am

The 7 Best Ways to Increase ASC Profits Now - Larry Taylor, CEO, Practice Partners in Healthcare

9:35 – 10:10 am

The 10 Statistics Your ASC Should Examine Each Week - Michael Rucker, COO, Surgical Care Affiliates

10:15 – 10:50 am

Surgeon Owned Implant Distribution - John Steinmann, DO, Founder & CEO, Synergy Surgical Technologies

10:55 – 12:10 pm

Case Costing and Benchmarking for Orthopedic, Spine and Pain Driven ASCs - Susan Kizirian, COO, Ambulatory Surgical Centers of America and Anne Geier, VP, Ambulatory Surgical Centers of America

Track C

9:35 – 10:10 am

Current Business, and Clinical Thoughts on Spine Procedures in an ASC - Richard A. Kube II, MD, FACS, Owner/CEO, Prairie Spine & Pain Institute, and Bryan Zowin, President, Physician Advantage

10:15 – 10:50 am

How Changes in the Reimbursement Market will Change the Orthopedic, Spine and Pain Management Device Market - Carl R. Noback, MD, Medical Director, Innovative Pain Solutions, LLC

10:55 – 11:30 AM

Managing Orthopedic Device Costs in the ASC - John Cherf, MD MPH MBA, OrthoIndex

11:35 – 12:10 pm

Back to the Future - Hospital Employed Physicians, How Big Will This Be? - Les Jebson, Executive Director, University of Florida, Orthopaedics and Sports Medicine Institute

Track D

10:15 – 10:50 am

Current Challenges in Financing ASCs and Financing Acquisitions and Expansions - Robert Westergard, CPA, CFO, Ambulatory Surgical Centers of America and Mike Karnes, CFO Regent Surgical Health, Moderator, Anthony Mai, SVP Healthcare Finance, Sun National Bank

10:55 – 11:30 am

Does a Captive Insurance Company Make Sense for your Large Orthopedic or Spine Practice, Pat Sedlack, SVP, Marsh McLennan, J. Brian Jackson, Partner, McGuireWoods LLP

11:35 – 12:10 pm

Uniknees in ASCs - Walter Shelton, MD, Mississippi Surgical Center

Track E

10:15 – 10:50 am

5 Steps to a More Prosperous ASC - How to Improve Billing and Coding - Kim Woodruff, VP Corporate Finance and Compliance, Pinnacle III

10:55 – 11:30 am

Key Concepts on the Smart Use of Information Technology in ASCs - Marion Jenkins, CEO & Founder, QSE Technologies, Craig Veach, SVP Operations, Amkai

11:35 – 12:10 pm

Maximizing the ROI on Technology Use and Investments - Sean Benson, Co-Founder and Vice President of Consulting, ProVation Medical

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- The Changing Future of Health Care in the United States - Joe Flower, Healthcare Futurist
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Westin Hotel has set aside special group rates for conference attendees. To make a reservation, go to http://www.starwoodmeeting.com/Book/orthopedic2010

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A Big-Picture Vision for Spine Care: Q&A With Dr. John Caruso

By Cole Ollinger

Neurosurgeon John Caruso, MD, FACS, president of Parkway Neuroscience & Spine Institute/Parkway Surgery Center in Hagerstown, Md., has been the driving force behind Parkway, an integrated treatment facility that features an ASC, imaging center and physical therapy practice that offers patients and physicians the convenience of “one-stop shopping.”

Q: At a high level, what is the opportunity for outpatient spine at the moment?

John Caruso: I think the opportunities are excellent for surgeons. But you have to work hard to understand and then seize the opportunity. It took a great deal of effort for us to realize our vision of “one-stop shopping” for spine care. We wanted to make spine care as easy and convenient as calling an 800 number. We knew the patients would love the convenience, but we had to invest a lot of time in studying the regula-

tions and payor contracts to address the requirements for structuring all the businesses. I'm very proud that we figured out operating models that enable imaging, PT and our practice to work together easily and efficiently. In a perfect world, we would've opened a physician-owned hospital, but the regulations wouldn't allow it. For now, we just want to expand our vision so we can serve more patients.

Q: Do you agree with the consensus that outpatient spine will continue to grow?

JC: I am quite optimistic for the simple reason that outpatient spine surgery works at every level. It is a more satisfying and comfortable experience for patients. Surgeons have more control over the clinical environment and the economics make more sense for everyone, including the payors. It's a win-win-win and that's why I am a strong advocate for outpatient spine.

Q: Is there a specific innovation in surgical technique, pharmaceuticals or equipment that is most exciting to you?

JC: It's really the combination of advancements in all these areas that makes outpatient spine ASCs so attractive. Even with more serious cases, like multilevel ACDFs and extensive decompressions, there is less trauma for patients and reduced risk of complications. But, for all the innovations and new technology, careful patient selection and building the right team are the real difference makers when it comes to successful outpatient spine surgeries.

Q: What is the ideal role for a business partner to play in a successful ASC?

JC: I've found that physicians can make excellent business decisions if they have access to good information and are focused on the right elements of operating a business. Business partners should provide that information.

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For example, in opening a new center, you need rock-solid estimates around case mix and volume. A partner needs to validate surgeons' guesses of the types and numbers of cases they'll bring. Later on, you need good numbers around things like cash flow and accounts payable, as well as benchmark data and performance targets for these processes. Operational discipline is important, too. So a partner should provide best practices around staffing, training and scheduling.

Q: What advice would you give to younger spine surgeons considering an investment in an ASC?

JC: Work with people you trust. That includes everyone from your back-office team to your OR nurses to your fellow surgeon-owners. A strong, trust-based relationship with your business partner — like we've established with Blue Chip Surgical — is also a great asset for ASCs. But the real value of trust is that it enables surgeons to focus on treating patients and have confidence that the business side of operations is being managed effectively. ■

Thank you to Blue Chip Surgical Center Partners for arranging this article. Blue Chip developed Parkway Surgery Center, along with Dr. Caruso and other surgeon-owners. You can learn more about Blue Chip and read more surgeon stories at www.bluechipsurgical.com/insights.

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8 Statistics About Orthopedic Surgeon Compensation

Here is the median compensation for orthopedic surgeons for 2005-2008, according to the *AMGA 2009 Medical Group Compensation and Financial Survey*.

1. 2008 — \$476,083
2. 2007 — \$450,000
3. Percent change 2007-2008 — 5.08 percent
4. 2006 — \$436,481
5. Percent change 2006-2008 — 9.07 percent
6. 2005 — \$409,518
7. Percent change 2005-2008 — 16.25 percent
8. Dollar change 2005-2008 — \$66,565 ■

To order a copy of the complete *2009 Medical Group Compensation and Financial Survey*, visit <https://ecommerce.amga.org/iMISPublic/>.

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Becker's ASC Review, the Ambulatory Surgery Center Association and Becker's Orthopedic & Spine Review Announce 8th Annual Conference on Orthopedic, Spine and Pain Management-Driven ASCs: Improving Profitability and Business and Legal Issues

CHICAGO — Ambulatory Surgery Center Association, the national association for surgery centers, and ASC Communications, publisher of *Becker's ASC Review* and *Becker's Orthopedic & Spine Review*, announce details of its upcoming 8th Annual Orthopedic, Spine and Pain Management-Driven ASCs: Improving Profitability and Business and Legal Issues on June 10-12, 2010, at the Westin Hotel on North Michigan Avenue in Chicago.

HIGHLIGHTS INCLUDE:

- 91 sessions and 112 speakers focused on immediately useful guidance for orthopedic, spine and pain management surgeons who own ambulatory surgical centers and hospitals
- Last year's event include 600 attendees and 75 exhibitors
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4. **Fax.** Visit www.BeckersASC.com, print the conference brochure, fill-out the registration on p. 7 and fax it to (703) 836-2090.

Here are just 15 of the 91 sessions:

1. Minimally Invasive Spine Surgery in ASCs –

Greg Poulter, MD, Surgeon, Peak One Surgery, Center, and Lisa Austin, RN, CASC, Vice President of Operations, Pinnacle III

2. Key Concepts to Improve the Profitability of Spine Programs – John Caruso, MD, Jim Lynch, MD, Founder Surgery Center of Reno, Moderator, and Jeff Leland, Managing Director, Blue Chip Surgical Partners

3. Key Concepts to Managing an Effective Interventional Pain Management Practice and Center – Laxmaiah Manchikanti, MD, CEO & Chairman of the Board, American Society of Interventional Pain Physicians

4. The Changing Future of Health Care in the United State – Joe Flower, Healthcare Futurist

5. The Politics of Healthcare Reform – Ron Brownstein, Political Director, Atlantic Media Company

6. Hand Surgery in ASCs: Key Concepts for Clinical and Financial Success – R. Blake Curd, MD, Orthopedic Institute, MD, Todd Flickema, SVP, Surgical Management Professionals, and Kyle Goldammer, SVP Finance, Surgical Management Professionals

7. 5 Keys to Maximizing an Orthopedic Driven ASC's Returns in a Tough Economy – Brent Lambert, MD, President and Co-Founder, ASCOA

8. Business Planning for Orthopedic and Spine Driven Centers – Tom Mallon, CEO, Regent Surgical Health, and Jeff Simmons, President Western Division, Regent Surgical Health

9. An Analysis of Clinical Outcomes for Spine Procedures Performed in ASCs – Ken Pettine, MD, Loveland Surgery Center

10. The 7 Best Ways to Increase ASC Profits Now – Larry Taylor, CEO, Practice Partners in Healthcare

11. Excelling Without Orthopedics and Spine: Key Concepts for Great ASC Performance – Joseph Zasa, JD, Partner, ASD Management, Skip Daube, MD, Founder, Surgical Center for Excellence

12. A National View of Political Advocacy Efforts and ASCs – Andrew Hayek, CEO Surgical Care Affiliates, Chairman ASC Coalition

13. A Step by Step Guide to Recruiting Orthopedic and Spine Surgeons – Chris Suscha, VP of Business Development, Meridian Surgical Partners

14. The Best Ideas for Orthopedic and Spine-Driven ASCs Now – Brent Lambert, MD, FACS, President & Co-Founder, Ambulatory Surgical Centers of America, Joseph Burkhardt, MD, Brookside Surgery Center, Kenny Hancock, President, Meridian Surgical Partners, James T. Caillouette, MD, Chairman, Newport Orthopedic Institute

15. 10 Keys to Improve Billing and Collections – Caryl Serbin, CEO, Serbin Surgical Center Billing

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4 Trends in Orthopedic and Spine Services in Hospitals and Surgery Centers

By Renée Tomcanin

Economic and generational shifts have resulted in many experts predicting changes in how orthopedic and spine services are run in hospitals. Here are four trends in how hospitals and ASCs operate orthopedics and spine lines.

1. Bundled charges will be a big draw for hospitals. More payors, both federal programs and commercial payors, are leaning towards bundling charges as opposed to paying for single services. In this process, a payor will pay a single base charge for a single procedure and not pay separate fees to the facility or the surgeon.

According to Bob Kahn, CEO of Orthopedic Specialists of Texarkana (Texas), this trend will have a huge impact on how orthopedic and spine departments are managed. "Payors want more control over how healthcare providers are paid for their services, and this process has been growing and evolving over many years. Bundled charges appeal to payors because they only have to pay a single charge, and then it is up to the facility to handle the rest," he says.

Mr. Kahn notes that payors want to be able to have a definable charge, which can be amended should complications arise. "It's similar to when you go to McDonald's. You know what the base price is for your value meal, but if you want to add on or super-size, you can see what those charges are," he says.

This trend means that more payors will look to arrange contracts with hospitals, which can better negotiate these arrangements than private orthopedic and spine practices. However, Mr. Kahn says complications may arise when determining who will be paid what percentage of the bill. Physicians who are employed by hospitals will more than likely see these payments as part of their annual salaries. Physicians who are in private practice may have to work out additional arrangements with hospitals moving forward, Mr. Kahn says.

2. Hospitals will continue to develop Centers of Excellence.

Centers of Excellence distinctions are important for hospitals, especially when it comes to orthopedic and spine service lines. The distinction can help hospitals negotiate better payor rates and allow hospitals to better market their services and physicians to the outside community. Recently, the Blue Cross Blue Shield Association extended its Blue Distinction program to include spine surgery and knee and hip replacement services.

Mr. Kahn says, "It is easier to market the entire Center of Excellence as opposed to a physician group or individual physician. Hospitals will need to focus on drawing in traffic from outside areas, especially as the number of orthopedic surgeons is decreasing, leading to orthopedics becoming more centralized than it has been in the past. Therefore, patients will have to travel to see an orthopedic specialist and will be more likely to shop around before coming to a hospital or a surgery center for care."

Hospitals may also be able to use a Center of Excellence to better negotiate bundled rates with payors, according to Mr. Kahn.

The establishment of these Centers of Excellence will also encourage hospitals to focus on quality, efficiency and patient safety within the hospital and can be a great opportunity for private practice physicians to maintain some autonomy while partnering with a hospital.

Central Maine Orthopedics in Auburn, Maine, recently partnered with Central Maine Medical Center to create the Orthopaedic Institute of Central Maine, a hospital within a hospital. The orthopedic group is able to help the hospital improve its orthopedic profile and in return has been able to use some of the hospital's resources to improve the practice's marketing efforts, while maintaining its status as an independent orthopedic group. Additionally, practices can take advantage of the hospital's access to updated technology, including surgical and imaging devices.

3. Changes are needed to ensure new orthopedic surgeons are well-trained to handle increasing demand.

Hospitals, surgery centers and private practices have raised concerns over the potential shortage of orthopedic specialists as demand for orthopedic services increases. Aging Baby Boomers and the growing numbers of elderly patients who wish to remain active will continue to drive the demand for orthopedic services and the need for qualified orthopedists will continue.

According to data from the Department of Health and Human Services' Health Resources and Services Administration, around 26,320 orthopedic surgeons were projected to be in practice in 2010, 980 short of the projected baseline requirement of 27,300 surgeons. With the increase in the elderly population, the demand for orthopedic surgeons may reach 31,600 in 2020 — an increase of 23 percent from 2005-2020 — while the agency is projecting only 26,630 surgeons to be in practice by then, an increase of only 3 percent from 2005-2020.

Healthcare facilities have, as a result, been concerned with how current orthopedic residents are trained and what the generational shift may mean for how care is delivered.

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A recent report in the *Journal of Bone and Joint Surgery* showed that the heads of 17 of the country's leading orthopedic training programs believe changes are needed to training programs so orthopedic residents are better prepared for these demands. Work-hour restrictions, generational and gender differences were listed among the major concerns. For example, residents can work no more than 24 hours and must have one day off in seven, which some say limit the scope of treatment they are permitted to provide to patients. Additionally, residents today balance training with family life and more extra activities than their mentors, according to the report.

As a result, hospitals, surgery centers and practices are creating initiatives to address this generational shift, which may indicate why more new orthopedic surgeons are looking for employment by hospitals or other corporations.

"Younger orthopedic surgeons are trained to be part of a team and are looking to work within an institutional setting," Mr. Kahn says. "They are used to a digital environment, opposed to older physicians, and hospitals and larger orthopedic groups are the ones who have the funds for the technology and the team environment they are looking for."

4. Spine and more complex procedures are moving toward the outpatient setting. Spine surgery continues to be of interest for surgery centers as it can be an excellent way for ASCs to grow their centers. New technologies and more minimally invasive surgeries have led to more spine procedures approved for the hospital outpatient department and ASC settings.

According to a Sept. 2009 report from Accelero Health Partners, outpatient spine surgery increased 10 percent from 2002-2008, with a 2 percent decrease in inpatient back and neck non-fusion surgeries. In comparison, outpatient cervical fusion procedures increased 4 percent in the same time period.

Mr. Kahn agrees with this outlook. "We've seen more outpatient procedures [across our services] and more complexity in the type of cases that are performed in the outpatient setting. This means greater usage and strain on the post-op observation areas as the number of 23-hour stays [due to the complexity of the cases]," he says. ■

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CHICAGO —ASC Communications, publisher of *Becker's Orthopedic & Spine Review*, *Becker's ASC Review* and *Becker's Hospital Review*, has launched a free, daily healthcare news alert featuring the top healthcare business and legal news of the day.

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Becker's Healthcare Alert is published by Becker's Healthcare/ASC Communications, the leading source of cutting-edge business and legal information for owners and operators of ambulatory surgery centers, hospital executives and physicians and administrators of orthopedic and spine practices. ASC Communications' platforms include three print titles (*Becker's Orthopedic & Spine Review*, *Becker's ASC Review* and *Becker's Orthopedic & Spine Review*), Web sites for these titles, weekly e-newsletters, three conferences relating to improving profitability and business and legal issues for ASCs and hospitals and a variety of Webinars and teleconferences.


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10 Orthopedic and Spine Surgeon-Inventors

By Leigh Page

Wilson Asfora, MD (Sanford Clinic Neurosurgery & Spine, Sioux Falls, S.D.). This Brazilian-born neurosurgeon developed the Bullet Cage, a lumbar intervertebral body fusion device to treat degenerative disc disease. It recently won FDA 510(k) market clearance and Dr. Asfora's company, Sioux Falls-based Medical Designs, is arranging manufacturing and marketing of the product.

Dr. Asfora says the concept behind the Bullet Cage has been around since 1941, when a Hawaiian surgeon developed an approach to treat sailors injured in the attacks on Pearl Harbor replacing spinal discs in patients with bone. But the technique was suspended because it caused nerve damage. Several iterations later, Dr. Asfora's version incorporates improvements such as being minimally invasive and using a posterior surgical approach instead of going in through the belly.

Dr. Asfora earned his MD from the Federal University of Pernambuco in Recife, Brazil, and undertook his residency in neurological surgery at Massachusetts General Hospital, University of California San Francisco Medical Center and the University of Ottawa Faculty Medical Hospital.

Oheneba Boachie-Adjei, MD (Hospital for Special Surgery, New York). Dr. Boachie-Adjei has developed a method of enhancing bone density using a nucleic acid to encode an angiogenic protein to produce the angiogenic protein. He is currently researching spinal instrumentation design and application.

A native African, Dr. Boachie-Adjei's special clinical interest is in scoliosis and spine reconstructive and deformity surgery in pediatric and adult patients.

Born in Ghana in 1950, he emigrated to the United States in 1972 and earned a bachelor of science degree (summa cum laude) from Brooklyn College in 1976. He received his MD from Columbia University College of Physicians and Surgeons in 1980 and held fellowships in orthopedic pathology at the Hospital for Special Surgery and in spine, reconstructive and deformity surgery at Twin Cities Scoliosis Center in Minneapolis.

Robert S. Bray Jr., MD (DISC Sports and Spine Center, Marina del Rey, Calif.). Dr. Bray is the developer of the InterPlate L interbody device, manufactured by RSB Spine in Cleveland. Approved by the FDA in 2007, the InterPlate L is designed to facilitate rapid fusion and is used in conjunction with graft material to fuse spinal vertebrae.

While in neurosurgery training in Houston, his attending told him, "You're a smart guy. Go invent what you need to build the field." He set about designing equipment for minimally-invasive spine surgery. To modify the Zeiss microscope for spine surgery, he flew to Germany and worked with Zeiss engineers on prototypes that were later put on the market.

Dr. Bray is one of many surgeon-inventors with roots in engineering. His father was dean of engineering at California State Polytechnic University in Pomona, Calif., but Dr. Bray always had a medical career in mind. He received his MD from the University of California, San Diego, and completed his neurosurgery residency at Baylor College of Medicine in Houston.

Michael G. Brown, MD (Brown Hand Center, Houston). This Houston surgeon has been a pioneer in introducing minimally-invasive procedures for hand surgery. He holds two U.S. patents for the Brown Procedure for endoscopic carpal tunnel surgery and he developed an endoscopic trigger finger procedure.

The Brown Procedure involves making a 9-mm incision very near the wrist and a 4-mm incision in the palm. The instrumentation is inserted, isolat-

ing the transverse carpal ligament from the contents of the carpal tunnel. The ligament is then divided with endoscopic visualization as the surgeon watches the video monitor and the surgeon's assistant holds the patient's hand hyperextended and moves the endoscope.

Dr. Brown earned his MD from Baylor College of Medicine in Houston, where he was a protégé of Michael E. DeBakey, MD, the late, great heart surgeon. Dr. DeBakey urged Dr. Brown to become a heart surgeon, but after three years in the Baylor surgery program, Dr. Brown decided to become a hand surgeon instead and attended hand surgery fellowships in California, finishing at San Joaquin General Hospital.

Kingsley Chin, MD (Institute for Minimally Invasive Spine Surgery, West Palm Beach, Fla.). Dr. Chin is co-developer Stryker Spine's Mentis spinal system, a minimally-invasive system for percutaneously placing implants to treat degenerative spinal disorders. Mantis allows placement of spinal devices such as pedicle screws and rods in a manner similar to open surgeries, minimizing the learning curve for minimally-invasive spine surgery.

Dr. Chin originally intended to be an engineer. But when he graduated from Columbia University's Fu Foundation School of Engineering and Applied Science in 1989 with a major in electrical engineering, he changed his career focus. After spending two years as a management consultant for Andersen Consulting (now Accenture) in New York, he entered Harvard Medical School. Dr. Chin earned his Harvard MD in 1996 and completed an orthopedic residency at Harvard in 2002.

After completing a spine surgery fellowship at Case Western Reserve University, Dr. Chin changed his career focus once again and became an inventor of medical devices for spine surgery. He now has more than 24 issued and pending patents under his name. He sold the Mantis device to Stryker in a multimillion-dollar deal. In the first year after the FDA cleared Mantis in 2007, it generated more than \$20 million in sales.

Henry A. Finn, MD (University of Chicago Bone and Joint Replacement Center at Weiss, Chicago). Dr. Finn developed the Finn Knee System, an orthopedic prosthesis for limb salvage and challenging knee surgeries, introduced in 1991. According to Biomet, maker of the implant, more than 12,000 Americans have benefited from the Finn Knee System, which evolved in 2000 into the OSS Orthopaedic Salvage System featuring the Finn Knee, a complete salvage revision/oncology limb-reconstructive system.

Dr. Finn has also helped invent other orthopedic prostheses, including the Balance Hip, a cementless hip replacement that enables patients immediate weight-bearing on the hip; the Vanguard SSK Knee, a superstabilized knee used in complicated and revisional knee surgeries; the Balance Microplasty Hip, used in minimally-invasive surgery; and the OSS Salvage Cage for revisions in cases of catastrophic failure of hip-replacement sockets.

He received his MD from Hahnemann University in Philadelphia, completed an orthopedics residency at Hahnemann and a fellowship in orthopedic oncology at the University of Chicago. Dr. Finn is now director of the Bone and Joint Replacement Center at Weiss.

Ken Y. Hsu, MD (St. Mary's Spine Center, San Francisco). Dr. Hsu is co-inventor — with James F. Zucherman, MD, also at St. Mary's — of the X Stop Interspinous Process Decompression System, which alleviates the symptoms of lumbar spinal stenosis. The process, FDA-approved in 2005, was first in the category of interspinous process devices. It can be surgically implanted during a minimally-invasive procedure that is typically performed with local anesthesia in less than an hour.

Dr. Hsu, who holds 43 patents, has been the director of spine surgery at St. Mary's Medical Center since 1988 and is a member of the clinical faculty at Stanford University.

He received his MD from State University of New York, completed a residency in general surgery at Mt. Zion Hospital in San Francisco and an orthopedic surgery residency at St. Mary's. He completed a fellowship in spine and pediatric orthopedic surgery at the University of Hong Kong.

Jeffrey Kozak, MD (Fondren Orthopedic Group, Houston). Dr. Kozak has participated in the design of several spinal implants and holds several patents for spinal fixation devices and interbody constructs, including an orthopedic fixation device from Aesculap, a division of the B. Braun Melsungen. He is a specialist in spinal reconstructive surgery.

Dr. Kozak earned his bachelor's degrees in Biomedical Engineering and Electrical Engineering with honors from Duke University. He completed his MD and orthopedic surgery residency at Baylor College of Medicine in Houston, then studied with many of the world's leading spinal specialists in a spinal fellowship in England, France and Germany.

Seyed Rezaian, MD (California Orthopaedic Medical Clinic, Beverly Hills, Calif.). Dr. Rezaian developed the Rezaian Spinal Fixator, a turn-buckle appliance with a fixation mechanism that replaces a damaged body of the vertebra. His minimally-invasive laser surgery technique, the universal endoscopic laser discectomy, is designed to relieve back pain.

Dr. Rezaian earned his MD from Meshed University in Iran in 1963 and completed his residency in London. He has been a member of the Royal College of Physicians and the Royal College of Surgeons in London since 1969 and is an active member and fellow of the British Orthopaedic Surgeons as well as of American orthopedic societies.

Todd Swanson, MD (Desert Orthopaedic Center, Las Vegas).

Dr. Swanson serves as a consultant for orthopedic implant companies and directs the Desert Orthopaedic Research Foundation, which has been involved in several research studies and orthopedic implant design innovations.

Working with Smith & Nephew Orthopedics, Dr. Swanson and other surgeons are designing a new mini-stem total hip prosthesis for young patients. He has completed 17 surgeries with the prosthesis, including one on a 17-year-old male who needed a total hip replacement because of a slipped capital femoral epiphysis, a developmental disorder of the hip ball, that resulted in chondrolysis, destruction of the hip joint cartilage, at a very young age.

He earned an MD from Washington University Medical School, completed an orthopedic residency at the University of California, Davis, completed a fellowship on total joint replacement at the Metropolitan/Mount Sinai Medical Center in Minneapolis in 1991, and has practiced at Desert Orthopaedic Center since then. ■

Contact Leigh Page at leigh@beckersasc.com.

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Brett Gosney: 5 Tips for Maintaining Orthopedic Implant Costs

By Renée Tomcanin

Implants for procedures can either make or break a hospital's profits when it comes to orthopedic surgery. Good contracts for these items consist of more than just a low price; other factors such as quality and payor issues are also important to success at your hospital.

Brett Gosney, CEO of Animas Surgical Hospital in Durango, Colo., shares five tips for keeping orthopedic implants costs low while providing quality care.

1. Include surgeons at every step of the process. Orthopedic surgeons are essential to the overall success of your hospital's program, both on the clinical and business end of operations. Since they are the ones who are going to use the implants, Mr. Gosney says it is critical to bring surgeons in early on the decision-making process.

"Leaving surgeons out of the equation often leads to senseless conflict [between administration and physicians]," Mr. Gosney says. "Aligning physician and hospital incentives is just one key to the hospital's success."

With a large choice for implants and manufacturers, it may be difficult for hospital administrators and materials managers to be certain they are getting the best value for their money. Surgeons can aid in the process because they will be able to evaluate the quality of implant as well as the knowledge and honesty of the sale representative.

"Administrators tend to look solely at cost, which is way it is important to involve physicians. If an implant is not working out the best or your sales rep is only interested in selling more products, surgeons can let you know much earlier in the process," Mr. Gosney says.

2. Sales reps should do more than just sell products. The scope of an implant sales representative's expertise should be wider than just what his or her company makes. According to Mr. Gosney, a quality sales rep is important to a good implant contract.

"Good sales reps are essential in orthopedics, especially in total joint replacements," Mr. Gosney says. "They should be well-educated on all areas of the implant, from surgical techniques to payor issues."

Mr. Gosney says that a quality rep should possess the following traits: 1) excellent clinical competence; 2) effective communication with staff and surgeons; and 3) good sales skills. He stresses that these traits should be evident in this

order. "If a rep makes sales his or her number one priority, then you probably have a suboptimal rep," he says.

3. Check reimbursements prior to signing a contract. Hospitals can often be surprised after researching implant providers to find that particular implants have low reimbursement or are not covered by payors. Consequently, hospitals should know how an implant is reimbursed in its market and other similar markets to ensure that they are receiving the best return on their investments.

"We have learned to push the burden of proof of coverage back on the vendor and the sales rep," Mr. Gosney says. "If we like a product, we ask the sale rep to show us proof that the implant has been covered in other markets. They are increasingly asked to do this kind of research, so a good rep should be able to provide you with this information."

Mr. Gosney also suggests researching reimbursements on some common CPT codes to make sure the procedures are covered.

"It's a highly competitive market, and, overall, quality is similar for implants," Mr. Gosney says. "We've had to be honest with a few companies. We asked them to supply proof that the implant would be covered, and they couldn't provide us with the information. We had to say, 'Sorry, but we have to cover costs.'"

4. Schedule regular reviews of implant contracts. Animas Surgical Hospital reviews its contracts on a regular cycle. For example, total joint replacement procedures are reviewed every two years. Mr. Gosney says this review process is essential to keeping the hospital and its surgeons up to date on what is happening in the orthopedic implant market.

"We review what is currently going on in journals and the literature. We then send out request for proposals to the companies we are interested in, and we bring in reps and evaluate the products," Mr. Gosney says.

Through this process, Animas can demo new implants and make sure they have the best contracts in place for the hospital and its patients. "We aren't just looking at a price point. We want to see the new techniques and surgeries and see if they will improve our outcomes," Mr. Gosney says.

Running regular reviews can also incentivize your current vendor to offer you the best deal. For example, Animas has returned to the same



vendor for three consecutive two-year cycles. "It has kept our current vendor honest," Mr. Gosney says.

Another important feature to Animas' review process is that it is closely monitored and run only by the hospital's administration and surgeons.

5. Don't be afraid to use similar techniques for other surgical products. Although implants tend to be the biggest expense for orthopedic surgery, similar evaluation can be performed for all types of surgical equipment, especially commonly used items such as shavers and anchors, according to Mr. Gosney.

"The key element is standardization," he says. "Variations in big implants will get the most notice, but standardizing smaller pieces is critical."

Similar to the evaluation process for implants, standardization begins with the surgeons. The first step, according to Mr. Gosney, is to ask your surgeons what kinds of equipment and systems they are interested in. The administrators can then work with operating room or materials managers to narrow the field to several candidates, send out requests for proposals and set up trials of the equipment.

"We've had reps run cadaver labs for shoulder anchors. Many vendors are willing to let the surgeons demo the products to see how they can work for them," Mr. Gosney says.

The final step is to follow up with surgeons to see which products they liked the best, and then, based on quality, price and support from the rep, decide which vendor to choose. "It should be a collegial, collaborative experience," Mr. Gosney says. ■

Mr. Gosney is the CEO of Animas Surgical Hospital in Durango, Colo., and president of Physician Hospitals of America. Learn more about Animas Surgical Hospital at www.animassurgical.com.

Study Calls for Changes in Training of Orthopedic Surgeons

Changes are needed in the programs that train orthopedic surgeons to ensure these doctors are adequately trained, according to a study by researchers at Hospital for Special Surgery in New York, published in the January issue of the *Journal of Bone and Joint Surgery*, according to an HSS news release.

Researchers evaluated feedback from 17 heads of orthopedic programs across the country, including New York University School of Medicine, University of California at Los Angeles Medical Center, Duke University School of Medicine, Johns Hopkins University School of Medicine and Case Western Reserve University, and from 12 of these individuals gathered during a two-day meeting held at HSS, according to the release.

Participants were asked to evaluate whether the traditional residency model is appropriate for the training of future surgeons and to discuss current approaches that have been successfully implemented in orthopedic training programs. The group identified four basic areas of need: addressing compromises to the learning experience caused by work-hour restrictions, identifying a body of core orthopedic knowledge with specific goals and expectations, developing common benchmarks to measure and improve program effectiveness and addressing the challenges caused by generational differences between faculty and residents, according to the release.

Work-hour restrictions was named as the biggest factor, which require residents work no more than 24 hours, have shift breaks and one day off in seven. This can be problematic in training as residents no longer treat patients from pre-surgery through post-surgery, compromising the continuity of care, according to the release.

Generational and gender differences also played a part in affecting the training of orthopedic surgeons, as residents today balance training with family life and more extra activities than their mentors, according to the release. The desire to learn via electronic technologies was another complicating factor. The increased number of women surgeons going into orthopedics also meant more challenges, such as maternity leave, affecting training programs than in the past.

Researchers also noted that orthopedic programs need to accept more trainees, as the demand for orthopedic surgeons is increasing. "We know from projections in studies that there won't be enough orthopedic surgeons in the future for the baby boomers who will need joint replacements," Laura Robbins, DSW, vice president of academic affairs at HSS, said in the release. "The groups that establish how many trainees you have and how many surgeons you need really need to be looking at this and making some very broad sweeping recommendations." ■

Read the release at www.eurekalert.org/pub_releases/2010-01/hfss-cnt123109.php.

Supply of Orthopedic Surgeons Won't Keep Up With Surging Demand

By Leigh Page

It is unlikely there will be enough orthopedic surgeons in the United States to perform the number of hip and knee replacements that would be in demand by 2016, according to a study presented at the 2009 American Academy of Orthopedic Surgeons Meeting.

The study estimated that in 2016 there would only be enough orthopedic surgeons to perform 54 percent of all needed hip replacements and 18 percent of all needed knee arthroplasties.

On the demand side, baby boomers would be entering ages when joint replacements are common and a rise in obesity would exacerbate that trend, according to the senior author of the study, Thomas K. Fehring, MD, from OrthoCarolina in Charlotte, N.C.,

On the supply side, a 60 percent decline in reimbursements since 1990 (in inflation-adjusted dollars) means that fewer young surgeons are entering the field to replace retiring orthopedic surgeons, Dr. Fehring said.

"Wait times of one to two years may ensue, which will be unacceptable to the general public," he told Reuters.

Asked for a solution to the problem, Dr. Fehring suggested that the CMS set aside its prohibition against balance billing and allow physicians to charge Medicare patients extra for joint replacements, thereby luring more young doctors into orthopedics. ■

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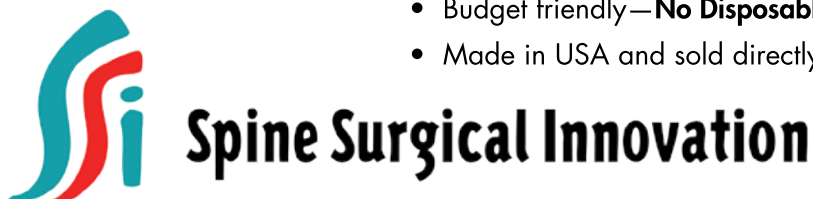


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