

News for you

American Association of Hip and Knee Surgeons

President's Message

Clifford W. Colwell, Jr., MD

As my Presidential year comes to a close, I want to thank the many AAHKS members who contributed so much of their time and energy to the Association's successful activities. If you add together the efforts of our entire membership with special recognition to the individuals below it is understandable to see why this year has been so successful for AAHKS. We are already one of the strongest subspecialty societies and based on the quality and work ethic of our membership we should continue to become stronger in 2004.

A special acknowledgement to the following individuals and Committees:

Tad Vail and the Education Committee for organizing the outstanding program for the 2003 Annual Meeting.

Terry Clyburn, Mike Jacobs and the Industry & Technology Committee for filling the Exhibit Hall with vendors of goods and services that enhance our practices.

Government & Insurance Affairs Committee Chair **Carlos Lavernia** for closely monitoring activities in Washington, DC and within the RUC that affect the economic well-being of our membership.

Dave Dalury for heading the Membership Committee for two years in a row and implementing the new categories of Candidate and non-physician Associate membership. Under his stewardship, the AAHKS increased its total membership by almost 100 new members. He also initiated correspondence with hip and knee fellowship program directors to encourage early membership of Fellows recently in practice.

Norm Dunitz and **Mike Jacobs** for serving as our faithful AMA delegates for so many years.

Joe McCarthy for organizing the Committee on Committees to take on the Herculean task of restructuring the existing Committees.

Jim Stiehl for overhauling the By-Laws to reflect these changes.

Rich Santore for participating in the AHRQ Consensus report review and organizing a unified presence at the recent NIH Conference on Total Knee Replacement.

COMSS representatives **Bill Robb** and **Joe McCarthy** for representing our interests within the Specialty umbrella group.

Submit Your 2004 Annual Meeting Abstracts Online

The Nov. 5-7, 2004 AAHKS Annual Meeting Abstract submission information is posted on the AAHKS Website at

<http://www.aahks.org/index.asp/fuseaction/meeting.abstract>

The deadline for receipt of online Abstracts is April 15, 2004. Registration information and the Preliminary Program will be available on the Website in early Summer.



The brand-new Gaylord Texan Resort near the DFW Airport in Dallas, TX is the site of the Nov. 5-7, 2004 Annual Meeting.

There are plenty of activities at the Resort and in nearby Grapevine for spouses and children—visit the Gaylord Texan website for details at <http://www.gaylordhotels.com/gaylordtexan/>

President's Message *(continued from page 1)*

Bill Robb for heading the COMSS Health Policy Committee and championing the AAHKS-led initiative for a shared advocacy staff person in the AAOS Washington, DC office.

Dave Lewallen for wearing his AAHKS hat while serving as COMSS Chair.

Doug Dennis for his leadership in 2002-03 and his continued support of our organization.

The entire Board for fully endorsing the TJR Documentary fund-raising efforts and contributing personal funds to the Orthopaedic PAC and the AAOS Professional Liability campaign.

Congratulations to Past President and Founding member **Jim Rand** on the honor of the first annual AAHKS James Rand Award given to a young investigator for clinical excellence in knee-related research.

As our financial status strengthens and grows, the AAHKS has hired the new accounting services firm of Mann, Weitz, and Associates. The accountant will work with the new Finance Committee to oversee the Association's investment strategies and budgeting process. The Finance Committee will be composed of the Treasurer, Immediate Past President and the First Vice President.

It has been a pleasure to serve as your President this year, and I am grateful for the support and cooperation of the Board. I look forward to staying active in the Association and encourage all of you to do the same.

Secretary's Report

James Stiehl, MD

Two years ago, an adhoc Committee on Committees was established by President **Doug Dennis** to look at the committee structure of AAHKS, and to suggest improvements. **Joe McCarthy** was the chairman of this group with members **Jim Rand**, **Wes Mesko** and myself. Our organization has made much progress in the past 12 years, and we now face substantial governance issues, with large cash reserves, as well as important scientific and political agendas that require careful planning and attention. The Committee made several suggestions that have evolved into proposed bylaws changes that will be circulated to the general membership for approval after the March 10 Board meeting.

Under the proposal, four new standing committees will be organized, including a Committee on Committees, Finance Committee, Research Committee and a new Patient Advocacy Committee that combines the Government Affairs/ Insurance and the Coding committees. Currently, the standing Committees include Education, which organizes the annual meeting; Membership, which reviews applications and recommends new members to the organization; and Nominating, which prepares the annual slate of open Board positions. The composition of these committees are determined mainly by the presidential line, with each new Third Vice President choosing members of the Education and Membership Committees. All other committees are Ad Hoc, established by the President at the time of need, and then loosely supervised by the Board.

(continues next column)

AAHKS Announces New Board of Directors for 2004-2005

The AAHKS membership approved a new Third Vice President and two At-Large members at the Nov. 1, 2003 Business Meeting. The new Board begins its term on March 13, 2004 following the Specialty Day meeting in San Francisco.

2004-05 Executive Board

President
Richard F. Santore, MD

First Vice President
Joseph C. McCarthy, MD

Second Vice President
William J. Hozack, MD

Third Vice President
Daniel J. Berry, MD

Secretary
James B. Stiehl, MD

Treasurer
Carlos C. Lavernia, MD

Immediate Past President
Clifford W. Colwell, Jr., MD

Members at Large
2003 – 2005:
Richard L. Wixson, MD
J. Wesley Mesko, MD

2004 – 2006:
Brian S. Parsley, MD
Thomas K. Fehring, MD

2004-2005 Standing Committees

Education Committee
Mary O'Connor, MD – Chair
Arlen Hanssen, MD
Daniel Berry, MD
Thomas Schmalzried, MD
Thomas P. Vail, MD – Past Chair

Membership Committee
William Hozack, MD – Chair
Peter Sharkey, MD
Richard Iorio, MD
Robert Trousdale, MD
David Dalury, MD – Past Chair

Nominating Committee
Clifford Colwell, MD
John Callaghan, MD
William Robb, MD
Jay Mabrey, MD
C. Lowry Barnes, MD

COMSS Representatives
William S. Robb, III, MD
Joseph C. McCarthy, MD

With the new standing Committees, the membership and charges will be determined and supervised closely by the Board and detailed annual reports and financial proposals will be required. For example, if approved, the Patient Advocacy Committee will support and oversee a new staff person in the AAOS office in Washington, DC who will report to the Board on important regulatory and legislative issues that directly affect our members. The Research Committee now has a sizeable budget to determine new grants to members for ongoing research judged as valuable to the practice of total joint reconstruction.

Younger members who would like to be involved in the governance of the AAHKS are asked to volunteer for committee membership at the Annual Meeting sign up or by notifying Executive Director Priscilla Majewski (Priscilla@aaahks.org) or one of the Board members of an interest. This is a great opportunity to help out and learn what is going on in the joint replacement community.

TJR Documentary Premieres March 13 in San Francisco

The hour-long television documentary focusing on the dramatic improvements in the quality of life for joint replacement patients will be shown for the first time at the AAOS Annual Meeting in San Francisco.

The film follows the lives of four patients in California and New York – from first symptoms to post-operative rehabilitation – with the story unfolding from the patients' perspective.

The documentary does not focus on the actual surgical procedure, but more on the human-interest side of the patients' lives and how they improved as a result of the surgery. With Emmy-Award winning Producer Peter Rosen's successful track record, the AAHKS hopes that



this documentary will be picked up this Spring for national distribution by many of the 300 stations within the Public Broadcast System (PBS), or appropriate cable television channels such as

the Discovery Channel. Information on when and where the documentary will air will be posted at <http://www.aahks.org/documentary/> in early March.

The AAHKS has linked up with the Orthopedic Research Education Foundation (OREF) to solicit grants for the project. To date, the following corporations and individuals have provided funds through OREF for the Documentary production:

- Dr. and Mrs. Dane Miller
- DePuy Orthopaedics (<http://www.depuy.com>)
- Smith & Nephew Orthopaedics (www.smith-nephew.com)
- Stryker Howmedica Osteonics (www.howost.com)
- Zimmer, Inc. (www.zimmer.com)

The AAHKS is sponsoring this project because of its commitment to education and helping the general public better understand the surgery. To increase visibility of the documentary, AAHKS members are encouraged to actively promote the film to their patients, hospital(s), colleagues, community residents and local healthcare policy-makers.

For more information about the documentary, visit <http://www.aahks.org/documentary>. There you will find background on the documentary, the patients, corporate sponsors, OREF, Peter Rosen Productions, photographs from filming and more.

Joint Registry Pilot Research Project Underway

By David Lewallen, MD

The AAHKS has been given the opportunity by the AAOS to nominate members for each of the three committees governing the recently established American Joint Replacement Registry (AJRR). AAHKS will soon have seated representatives on the Joint Registry Data Committee, the Joint Registry Hospital Recruitment Committee and the Joint Registry Oversight Board.

The AJRR will be conducted through the partnership between the AAOS and Sun Clinical, a private company that currently provides software systems and support for a large network of hospitals in the U.S. The AJRR will be used in part as a subset of the National Orthopaedic Surgical Outcomes Database (NOSOD), a large data base developed by SunClinical, and gathered from its member hospitals. It is hoped that recent and ongoing discussions with AHRQ and CMS will eventually result in the registry dataset being adopted by CMS as part of the information required of hospitals regarding Medicare and Medicaid patients undergoing arthroplasty.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) and the FDA will provide additional input and assistance from industry will be sought throughout. During the initial pilot phase, recruited hospital sites will collect the minimum data set, and SunClinical will be responsible for providing and developing the tools and infrastructure needed for central data collection, storage and validation.

Following the one-year pilot data collection period, the AJRR will execute a Mock Implant Recall within 1 week of notification by the Data Committee as a test of the system. The Oversight Board will assess the progress of the initial Pilot Project and a report will be provided in April 2005. The AAOS will seek federal and not-for-profit foundation support for the registry project, and for studies using AJRR data.

If the Pilot Project is deemed successful, the AJRR will help develop a long-term funding mechanism to provide ongoing support for a comprehensive national registry for collection of data on all arthroplasty patients.

The AAHKS is sponsoring a complimentary cocktail reception and Premier showing of the 52-minute documentary for all interested viewers from 5:30-6:30 PM on Saturday, March 13, 2004 in the Gateway Ballroom of the Moscone Center in San Francisco, immediately following the Knee Society Specialty Day program. All AAHKS members and their guests are invited to attend.

Legislative Report

William J. Robb, III, MD

—AAHKS Representative to COMSS

While the Medicare Prescription Drug, Improvement and Modernization Act signed into law by President Bush on December 8 contains a temporary fix for physicians of a 1.5 percent increase for two years beginning in 2004, some procedures, including total joint replacements, continue to be targets of reductions. The next issue of the AAOS Bulletin will provide an analysis of what the Medicare cuts would have been had this legislation not been approved. However, unless significant changes are made during the next two years, the results still will be major declines in reimbursement, since this positive update borrows from the existing sustainable growth rate (SGR) formula. Current estimates range as high as 4.6 to 4.9 for years 2006 to 2009. In exchange for support for the Medicare drug bill, physicians were promised that this important issue will be addressed by Republican leadership, and we should continue to hold Members of Congress for this assurance. We now have a two-year window to permanently fix this payment formula, and make sure that we are compensated fairly for our services.

Upon passage of the Medicare Prescription Drug bill, President Bush also announced that the next issue to be addressed by the Republican leadership would be the passage of Federal medical liability reform. Votes on medical liability reform are expected in the U.S. Senate in early Spring 2004. While the U.S. House of Representatives has consistently passed liability reform, the U.S. Senate remains a roadblock.

In 2003, the Orthopaedic Political Action Committee (PAC) raised almost \$900,000 in contributions, and in 2004, in this two-year election cycle, we hope to raise an equal amount of money. This puts the orthopaedic community in a position to more actively pursue our agenda on Capitol Hill, by supporting candidates who share our viewpoint. In this election cycle, an orthopaedic surgeon, Tom Price, MD, current State Senator from Georgia and former majority leader of the Senate, is running for Congress in Georgia. He is running for an open seat, and if he wins his Republican primary, he is very likely to be elected to Congress, since he is running in a very Republican District, once represented by former Speaker of the House Newt Gingrich, who was the keynote speaker at the AAHKS meeting in 2002. Tom Price's principal opponent in this Republican primary is a trial lawyer, and with the State of Georgia, listed as a medical liability crisis state by the AMA, this race will help focus national attention on the liability reform issue.

Under the circumstances, if there was ever an occasion to get involved in the political process, now is the time. It is critical to our profession, that medical liability and Medicare reimbursement be addressed by the U.S. Congress, and if we do not push for the consideration of these critical issues, who will?

***“The time is
always right to
do what’s right.”***

—Martin Luther King, Jr.

The Orthopaedic PAC needs your continued support to help elect physicians to Congress. Tom Price, MD, an orthopaedic surgeon from Georgia, is running for Congress in Georgia's 6th District. The 6th District is an open seat, due to Rep. Johnny Isakson's (R) bid for the Senate. More information on Dr. Price can be found at www.tomprice.com

The Orthopaedic PAC encourages its members to participate in events for Members of Congress in their home states. If you are an Orthopaedic PAC member, and know of an upcoming event, please contact the PAC at PAC@aaos.org

Visit the Orthopaedic PAC website at <http://pac.aaos.org> (requires AAOS password)

To make a PAC donation, call the Washington, DC Office toll-free at 1-877-389-AAOS for details.

AAHKS Members urged to attend Town Hall Meeting in San Francisco

Fluctuating medical reimbursements, tort reform, maintenance of competence vs. recertification and advocacy are issues that affect joint replacement surgeons and all orthopaedists in varying degrees. In response to these issues, the AAOS will hold a Town Hall Meeting on Thursday, March 11, 2004 in the Gateway Ballroom of the Moscone Convention Center, beginning at 11:45 AM. Attendees will hear first-hand what the Academy plans to do to represent your interests. An open mike will be available to voice your opinion about these or other issues of interest.

RUC Committee: Time for a Closer Look?

Richard Santore, MD

—AAHKS First Vice President

With the RUC Committee once again looking at the value of physician work in terms of time, joint surgeons need to be prepared to counter the argument that we now deserve less per case because we are better at what we do.

Arthroplasty is the main battleground because of the volume of cases and its importance to the Medicare/Medicaid budget. The failure to defend the right to bill and collect for the various components of the overall service at the time of the promulgation of the global service package for arthroplasty surgery over a decade ago has had a huge impact. Because of this, our fate compares very poorly with our spinal surgery colleagues.

Preop teaching, templating, positioning the patient, prep, surgery and placing the patient on therecovery room bedare just some of the components of the surgical service. Additionally, we need to consider time answering follow-up questions with patient and family on the phone; ordering and verifying implants, bone grafts, special instruments; time lost during turn over between cases; time for dictation of the operative report; time for writing the post-op orders; time for daily rounds, including primary dressing change, removal of drain (if used) and written or computer entered progress notes; coordination of care at the time of discharge, especially if this involves transfer to a SNF; writing of prescriptions; refilling of prescriptions for three months post-op; all office based care for the 90 days immediately following the surgery; conference with the family after surgery; office staff time allocated to verification of benefits; review of pre-op lab data and medical consults; evening rounds on the day of surgery; dictation of note to referring MD at the time of discharge, etc, etc.

Though we cannot go back in time to rectify past errors of omission, had we been spine surgeons in mentality at the time of the global service review, we would now be paid separately for the acetabular and femoral parts of the procedure!

What I suspect is an effort to say that we deserve less per case because we are doing the operation more predictably and efficiently. Correct me if I am wrong, but an experienced criminal attorney, architect or CPA does not receive less per hour or case as his/her experience and success grows.

We can't let this happen again. The measly 1.5% increase in the Medicare fee schedule will translate into another decrease for arthroplasty surgeons if the work component is adjusted downward.

The AAHKS Government and Insurance Affairs Committee is looking at ways to actively address this situation, and a proposal will be brought before the membership very soon. If you would like to become more involved in this process and contribute to the AAHKS advocacy efforts, please contact the AAHKS office.

NIH Consensus Panel Confirms Effectiveness of TKR

A three-day consensus development conference that reviewed all available evidence on total knee replacement (TKR) found it safe and cost-effective for people suffering from intractable and persistent knee pain and disability. The panel, which convened at NIH headquarters in Baltimore Dec. 8-10, 2003, found clear evidence of racial, ethnic and gender disparities in the provision of TKR but no clear reasons for the disparities and called for additional research.

Other findings of the panel: Surgeons and hospitals with higher volumes of TKRs performed tend to have lower complication rates; the primary reason for revision procedures is loosening of the implant; computer navigation may reduce the risk of malalignment, but is unproven and currently cost-prohibitive for many hospitals.

AAHKS members who participated in the panel included:

Mike Keating, MD, Joshua Jacobs, MD, Peter Sharkey, MD, Dick Scott, MD, Jerry Engh, MD, Mike Keating, MD, Chit Ranawat, MD and Aaron Rosenberg, MD.

Also attending the Conference as observers were AAHKS members **Richard Santore, MD, Richard Coutts, MD and David Heck, MD.**

To view the draft consensus statement, click on:

http://consensus.nih.gov/cons/117/117cdc_intro.htm

The final version of the Statement will be posted on the NIH site following an open comment period.

Total Knee Replacement. Summary, Evidence Report/Technology Assessment: Number 86. AHRQ Publication Number 04-E006-1, December 2003. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/epcsums/kneesum.htm>

Plan to visit the AAHKS Scientific Exhibit (SE080) at the Moscone West First Level during the AAOS Meeting March 10-14. The Exhibit, coordinated by Carlos Lavernia, MD, is entitled "Medicare Reimbursement of Arthroplasty Surgery: A Time Analysis."

AMA Report

Norman L. Dunitz, MD

—AAHKS Rep. to the AMA House of Delegates

You have probably all heard the news that the American Medical Association (AMA), leading a coalition of multiple specialties, was successful in pushing Congress to pass the so-called Medicare Reform Bill. Some of these items are not ideal but the overall balance is positive for physicians and particularly the AAHKS.

More modification will need to be done in the future. Basically, the proposed cut in reimbursement fees has been rescinded and replaced with a 1.5% increase. In the next two or three years, we will have to continue to work to change the formula system so that fairness can be obtained. The entire credit cannot go to the AMA, since many Specialties were involved, but the leadership and stature of the AMA has certainly been the most significant part in accomplishing this goal.

Most important, this year members of AMA will have the opportunity to identify themselves with a designated sub-specialty organization represented in the House of Delegates. This data will determine the representation level in the House of the AMA.

It is vitally important that each member of AAHKS identifies himself or herself for this purpose as a member of the AAHKS and **NOT THE AAOS**. This allows the AAHKS to maintain our seat in the House, and as a sub-specialty requires fewer members than the AAOS would need to increase their representation an equal amount.

In effect, since all of us are extremely supportive of the Academy (AAOS), our seat would require more than **four times** as many members for AAOS to obtain the same degree of influence. This is a "win-win" situation and both the Academy and our own AAHKS sub-specialty benefit tremendously if all of our members identify themselves with the AAHKS as our specialty representation.

Please help out. We are an advocacy organization and we need to maintain our position in the AMA. We have already had significant benefits from this position in addition to the recent Medicare changes and hopefully will have even more in the future.

Mike Vessely, MD is taking over as the AAHKS Representative to the AMA House of Delegates, and I am sure he would welcome your comments. You can contact him through the AAHKS office.

Advisory Statement Regarding Performance of Two Overlapping Surgeries

(This statement was adopted by the AAHKS Board of Directors 11/01/03 and developed in cooperation with Sherwin Memel, JD)

As a result of the changing demographics of America, there is a steadily increasing number of elderly persons in our population. For this reason, there is a proportionate increase in the number of hip and knee surgeries required by this older population.

While this aging population continues to increase, there is not a commensurate increase in the number of qualified orthopedic surgeons who are experienced and skilled in hip and knee procedures. As a result, the AAHKS is concerned about the potential for delays in needed hip and knee surgeries. Such delays could result in serious medical complications for the patients waiting for surgery.

To deal with this problem, it has become increasingly common for skilled and experienced orthopedic hip and knee surgeons to schedule two overlapping surgeries. By doing this, these orthopedic surgeons are able to reduce wait times for needed surgery and to increase the volume of surgeries they do. AAHKS believes, and numerous studies on morbidity and mortality demonstrate, that surgeons who perform a high volume of specific types of surgeries generally have better outcomes for the patient.

The Medicare program has recognized this practice of having two surgeries by a single teaching physician in progress at the same time, and Medicare will pay for the physician's services in both surgeries, provided certain conditions are met. As recited in the Medicare Carriers Manual, Part 3, dated November 22, 2002, in order to bill for both procedures, the surgeon must be present during all critical and key portions of the procedure and be immediately available to furnish services during the entire procedure. However, if circumstances prevent the teaching physician from being immediately available, then such physician must arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed.

These provisions of the Medicare Carriers Manual are substantially similar to the provisions in earlier versions of the Medicare Carriers Manual. However, in the November 22, 2002 version of the Manual a new definition of "Critical or key portion" was added. That definition is as follows: "Critical or key portion means that part (or parts) of a

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By the Numbers...

Joint replacement surgeons helped more than 1.4 MILLION people regain their mobility in 2001 and 2002. These aggregate figures represent procedure codes 8151-8155 (total hips/partial hips/revision hips/total knees, including unicondylar/revision knees) for inpatient surgeries. That's a lot of happy feet!

2001: 680,311

2002: 758,049

(Solucient figures derived from Medicare's dataset, hospitals and other sources.)

Research Committee Update

Steven Teeny, MD

—Chairman

Thank you to all AAHKS Members who responded in a timely fashion to the Blood Conservation survey, championed by **Fred Cushner, MD**. To date, nearly 55% of the Active and Candidate members surveyed have responded to this important study.

The Research Committee is currently working with **Richard Iorio, MD** in developing a hip fracture survey related to the DFACTO study, which will describe current femoral neck fracture treatments to determine current practices. The goal of both surveys is to present results at the 2004 AAHKS Annual Meeting.

On-going Research projects:

2000 – 2 year research project grant of \$100,000 to **Dr. Carlos Lavernia** entitled “Gender Differences in Pre-Operative Pain and Function in Arthroplasty”

2001 – 2 year research project grant of \$100,000 to **Dr. David Ayers** entitled “Pilot Study of Psychological Assessment and Support in Total Joint Patients”

2002 – Research project grant of \$15,000 to **Dr. Michael Ries** and his resident, Dr. Vikas Patel entitled “Three Dimensional Morphologic and Kinematic MRI Analysis of the Knee”

2003 – 2 year research project grant of \$50,000 by **Dr. William Macaulay** entitled “An Evaluation study Comparing Total Hip Arthroplasty to Hemiarthroplasty in the Treatment of Displaced Femoral Neck Fractures”

Start the New Year Right—Support AAHKS Research Activities through the OREF Designated Fund

By sending your contribution now to the AAHKS Designated Fund, you can avoid those pesky mailings from OREF for the rest of the year! Your designated funds are used to grant high-quality peer-reviewed research projects that enhance the practice of hip and knee replacement surgery.

Did you know that Shands Circle members can elect to automatically deposit the annual interest generated from their OREF donation to the AAHKS Designated Fund? Perhaps you have a grateful patient who would like to make a contribution to the AAHKS Endowment? Call the OREF at (847) 698-9980 or contact OREF Annual Giving Director Ed Hoover at email hoover@oref.org for more details. OREF donations can be made online at www.oref.org/research/research.html

The AAHKS Members’ survey on “Long-term Follow-up Care Recommendations after Total Hip and Knee Arthroplasty” was recently published in the December issue of the *Journal of Arthroplasty*. Members are encouraged to share the news release about the survey results, which can be downloaded at <http://www.aahks.org/pdf/Long-term%20follow-up%20care%2012-23-03.pdf>

Your hospital media department and your patients may be interested in the results of the study, which recommends regular followup visits.

2003 Annual Meeting Report

By Thomas P. Vail, MD

—Annual Meeting Program Chair

The 2003 fall meeting had a superb combination of never-before presented clinically relevant scientific papers on hip and knee arthroplasty, as well as valuable and informative symposia on subjects essential to the well-being of our specialty.

Of the 21 Scientific Posters exhibited at the Meeting, three were chosen as “Best in Show” by the Education Committee. They are:

Total Hip Replacement in Dwarfs
Author: **William L. Bargar, MD**

The UniSpacer: Update and Biomechanics
Author: Richard Hallock, MD

Factors Influencing Wear Rates After THA
Author: Robert H. Hopper Jr., MD

The first annual James A. Rand Award was presented to co-authors Shawn Nakamura, MD and **Robert Barrack, MD** in recognition of the most outstanding paper in the area of clinical knee research. Their presentation, entitled “Early Failure of Cementless Mobile Bearing TKA” earned a certificate and honorarium. The Award was established in 2003 to honor AAHKS founding member and Past President **James Rand, MD**.

A Hands-Down Grand Prize Winner

Steven Bubb, MD was the Grand Prize drawing winner of a hand-held iPaq PocketPC loaded with orthopaedic documentation software, valued at \$4,600, donated by Aristar®. Dr. Bubb's entry was selected from the large number of “Grand Rounds” cards completed by Meeting attendees who visited all of the Exhibit booths. Congratulations to Dr. Bubb and a big thanks to Aristar and all the Exhibitors for supporting the Annual Meeting. The 2003 Exhibitor Directory can be viewed at <http://www.aahks.org/index.asp/fuseaction/meeting.2003directory>

Advisory Statement *(continued from page 6)*

service that the teaching physician determines is (are) a critical or key portion(s). For purposes of this section, these terms are interchangeable.”

The AAHKS is pleased that the meaning of the phrase “critical or key portion” has, for the first time, been set forth as part of the Medicare Carriers Manual and recognizes that it is the teaching physician (surgeon) who has the right to determine what is (or are) a critical or key portion (or portions) of two overlapping surgeries. However, the AAHKS is firmly of the conviction that what a critical or key portion of a surgery is, has always been subject to determination by the professional judgment of the surgeon and that this new definition is merely a recognition by Medicare of what has always been the fact.

It is the view of the AAHKS that it is professionally appropriate for a single, skilled orthopedic surgeon experienced in hip or knee surgeries, to determine in his or her professional judgment, that two surgical cases within the scope of his or her experience may be scheduled for overlapping surgeries by such surgeon. Such orthopedic surgeon must be personally present for the key or critical portions of these cases, and be immediately available to furnish services during the entire procedure. However, if circumstances prevent such physician from being immediately available, it is appropriate for such physician to arrange for another qualified physician to be immediately available. What the critical or key portion or portions of a surgery (surgeries) is (are), should be determined by the physician, as set forth in this Position Statement. The terms “critical or key” are deemed interchangeable.

It is also the view of AAHKS that where the orthopedic surgeon has made a determination in surgical cases performed in the past or makes such a determination in future surgical cases regarding what the key or critical portion of a surgery is, except in an egregious case where such determination is outside any reasonable boundaries of professional judgment, the discretion of the orthopedic physician to determine what the key or critical portion of a surgery is, should be recognized and accepted by Medicare and other third party payers, and by other interested persons. Without such recognition and acceptance, orthopedic surgeons will be faced with the ever-present uncertainty as to whether their determinations of what the critical or key portions of a surgery are, will be second-guessed. An orthopedic surgeon should be able to make such a determination, utilizing his or her professional judgment, in the best interests of patient care with full confidence that his or her determination will not be subject to retrospective review and challenge in the normal course of events.

Dues are Due...

2004 Membership Dues notices were mailed Jan. 1. Please pay via check or secure credit card transaction online by March 1 in order to avoid additional collection activity.

MOVING? Please update your Member Profile on the AAHKS site at www.aahks.org, or call the office with your new address/contact information.

Please note—if your Journal of Arthroplasty subscription is being sent to a different address (home or other office, for example) please contact the JOA Customer Service office directly (US and Canada) at 1-800-654-2452, or 1-407-345-4000 or email elspcs@elsevier.com to update your Journal mailing address. The AAHKS provides Member address updates to the Journal on an annual basis, please contact the Journal with your new information so that you don't miss any issues.

AMA Releases CPT Code to Cover Online Consultations

In response to the onset of physicians communicating with their patients via email, the American Medical Association (AMA) has created a temporary code for reimbursement of online consultations. Current Procedural Terminology (CPT) code 0074T will become effective in July 2004. The new CPT code will cover a physician's response to a patient's online inquiry, but will not cover such patient contact as telephone conversations related to pre- or post-visit work. It will cover phone calls, prescriptions, and lab orders pertaining to the online consultation. It will be up to the discretion of each insurer whether to pay for email consultations. Currently, only a handful of health insurers reimburse for online consultations, many through pilot projects or other programs.

(iHealthBeat.com, January 6, 2004)

AAHKS Meeting Attendance Clarification

All Active and Candidate members are reminded of the By-Laws requirement to attend at least every fourth Annual Meeting. If you haven't attended a Dallas meeting since the year 2000 or before, please plan on coming to the new Gaylord Texan Resort for the 14th Annual Meeting to be held Nov. 5-7, 2004.

NOTE: If you received a notification letter from Dr. Colwell about the By-Laws requirements, our records show that you have not attended an AAHKS Annual Meeting in the past five years. The Bylaws call for attendance at every fourth meeting to maintain membership in the Association.

If you attended any AAHKS meeting before 1998, but have not attended an Annual Meeting since then, you received a letter reminding you of this criterion. Attendance at the AAOS Specialty Day Meeting does NOT count towards the AAHKS requirement. If you have any questions regarding this policy, please contact the AAHKS office.



Membership Profile Update

If you would like to change your Member Profile as listed on the AAHKS Website, please follow these instructions:

Go to www.aahks.org Click on Member Login in the upper right corner—this takes you to the Members Only section. Under New User Login, type in your Last Name, City and Email as directed. This will pull up your Profile, where you can select your own User Name and Password.

The next time you log in, type in your User Name and Password in the Return Users section. Check the AAHKS site periodically for updated information on the Annual Meeting and other important activities.

Don't have an email address yet? Contact the AAHKS office for log-in instructions.

Reminder to new Candidate members: It is your responsibility to request an upgrade in status when you become an Active Fellow of the AAOS, and you meet all the other requirements for Active membership in the AAHKS. Submit a letter with documentation to the AAHKS Membership Committee requesting this change of status. You do not need to go through the entire membership application process again. The Candidate membership category is valid for up to three years.

Membership Application Materials Online

Please remind your joint replacement colleagues to apply for AAHKS membership by May 15, 2004 to be considered this year. New Active, Candidate and Associate members are welcome to join the AAHKS and enjoy the many benefits of belonging to an active Association that works hard to respond to the needs of arthroplasty surgeons in the U.S. A list of benefits and membership requirements are posted on the AAHKS website at <http://www.aahks.org/index.asp/fuseaction/membership.main>

Fellowship Corner

David Dalury, MD

—AAHKS Membership Chair

The AAHKS is committed to attracting Fellows who complete Adult Reconstruction Fellowship as future members. We would appreciate if the Directors of the Fellowships would send the names of their fellows and encourage their early participation in our organization.

As an additional benefit to the younger surgeons who join our organization, AAHKS is planning to offer a job opportunity section on the website where members and recent fellows can find and fill job openings, at no charge. Please submit a listing describing the position you are looking to fill via email to helpdesk@aaahks.org

Please check your Fellowship Program listing at:

<http://www.aahks.org/index.asp/fuseaction/resources.fellowship>

AAHKS Welcomes New Members

Fifty-seven new Active, Associate and Candidate Members were voted in at the November 1, 2003 Business Meeting. Please extend a welcome to:



ACTIVE MEMBERS

Frank V. Alusio, MD
Greensboro, NC

David E. Attarian, MD
Durnam, NC

Paul E. Beaulé, MD
Los Angeles, CA

Gregory L. Belcher, MD
Saratoga, CA

Michael E. Berend, MD
Mooreville, IN

Christopher V. Cox, MD
San Francisco, CA

David K. DeBoer, MD
Nashville, TN

Jack A. Drogot, MD
Maple Wood, MN

James Duffey, MD
Colorado Springs, CO

Stanley H. Dysart, MD
Marietta, GA

Warren S. Jablonsky, MD
Crystal Lake, IL

Joseph J. Jankiewicz, MD
San Diego, CA

James E. Jennings, Jr., MD
Greenville, SC

Paul G. Johnson, MD
St. Louis Park, MN

Daniel W. Junick, MD
Albuquerque, NM

Bertrand P. Kaper, MD
Prescott, AZ

Neil J. Kurtz, MD.
East Setauket, NY

William B. Macaulay, MD
New York, NY

Michael A. Masini, MD
Ypoilanti, MI

Mark T. McBride, MD
Coronado, CA

Eric A. Monesmith, MD
Indianapolis, IN

Michael P. Muldoon, MD
San Diego, CA

Steven R. Myers, MD
Colorado Springs, CO

Ali Oliashirazi, MD
Huntington, WV

Bradley P. Presnal, MD
Columbia, SC

Marc J. Rosen, MD
Glendale, AZ

David F. Scott, MD
Spokane, WA

William A. Shell, Jr., MD
Nashville, TN

James C. Slater, MD
Tulsa, OK

John B. Sledge, MD
Lynnfield, MA

Andrew M. Star, MD
Willow Grove, PA

Michael J. Star, MD
Santa Rosa, CA

Michael E. Trice, MD
Decatur, IL

Alan L. Valadie, MD
St. Petersburg, FL

Cornel C. Van Gorp
Amarillo, TX

CANDIDATE MEMBERS

Michael R. Dayton, MD
Boston, MA

Paul R. Greenlaw, MD
Wilson, NC

Howard D. Homesley, MD
Havertown, PA

Richard L. Illgen, II, MD
Madison, WI

R. Lance Johansen, MD
Biloxi, MS

Jefferson C. Morrison, MD
Nashville, TN

Alvin C. Ong, MD
Unwood, NJ

Javad Parvizi, MD, FRCS
Philadelphia, PA

E. Louis Peak, MD
Hendersonville, NC

David C. Pollock, MD
Winston-Salem, NC

James J. Purtill, MD
Philadelphia, PA

Amar S. Ranawat, MD
New York, NY

Stephen R. Ridgeway, MD
Greenville, SC

Scott M. Sporer, MD
Wheaton, IL

George B. Verghese, MD,
FRCS(ed)
Chebanse, IL

Barry Waldman, MD
Baltimore, MD

ASSOCIATE MEMBERS

Roy D. Crowninshield, PhD
Fort Wayne, IN

Chong Meng Lee, MD
Petaling Jaya, Malaysia

Orhun K. Muratoglu, PhD
Boston, MA

Philip Noble, PhD
Houston, TX

Prof. Werner Siebert
Kassel, Germany

Shrinard V. Vaidya, MS, FACS,
Prof.
Mumbai, Maharashtra, India

Medical Malpractice

(*NEJM Vol. 350:283-292, Jan. 15, 2004, Number 3*)

<http://content.nejm.org/cgi/content/short/350/3/283?query=TOC>

This article contains a health policy report on Medical Malpractice that reviews the current system, places it in the context of patient safety, analyzes various reforms and studies on their effectiveness, and calls for fundamental reform to remediate basic shortcomings in the system.

Translating Insurance-Speak for Patients

This article provides a simple guide to help physicians and their office staff assist their patients trying to translate the **Language of Managed Care**. (*Medical Economics, December 19, 2003*) The patient handout can be downloaded from

<http://www.memag.com/hostedfiles/clipcopy1219.doc>

The AAOS Washington office has posted a 2003 year-end legislative and regulatory round-up covering issues such as Medicare reimbursement, medical liability reform and musculoskeletal research funding on a national level. The report can be found at: <http://dc.aaos.org>

The AAOS department of socioeconomic and state society affairs has posted its 2003 December update of state legislative actions. The update covers issues such as medical liability reform at the state level, workers' compensation and prompt payment legislation and is available at <http://www.aaos.org/wordhtml/stateleg/dec03.htm>

AAHKS Supports Research Lobby Days in Washington, DC

The AAOS is again sponsoring Research Lobby Days on Capitol Hill, February 11-12, to urge Congress to increase funding for musculoskeletal research. The group is seeking \$538.25 million for National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) in FY 2004, a 10 percent increase. The President's Budget requests a 2.7% increase over the FY 2003 budget. After experiencing a doubling of funding of National Institutes of Health (NIH), researchers are witnessing much smaller increases.

This year, for the first time, several patients will accompany AAOS members taking the orthopaedic message to the U.S. Congress. In the past, attendees have given Representatives and Senators a packet of information that urges an increase in funding for NIAMS. The AAHKS has offered to provide videotape copies of the newly-produced TJR Documentary to include in the packets.

Meetings of Interest

The International Society for Computer Assisted Orthopaedic Surgery announces the CAOS International 2204 Meeting in Chicago, June 16-19, 2004. The Meeting will focus on State-of-the-Art and new developments in Computer Assisted Orthopaedic Surgery, including the integration of CAOS & Minimally Invasive Surgery.

Visit the CAOS website at

<http://www.CAOS-International.org/2004>

for more information, or call 1-619-232-9499.

Ad Rates

If you would like to place an advertisement in the AAHKS Newsletter, the black/white ad rates are as follows for camera-ready artwork. The AAHKS reserves the right to refuse advertisements that do not reflect the Mission of the Association. Advertisements for commercial activities will be charged at twice the rates shown below.

Banner ad across bottom or top of page (1" x 7") (\$200)

Quarter-page ad (5" x 3")(\$300)

Half-page ad (5" x 7") (\$400)

Full page ad (10" x 7")(\$600)

You're Invited

AAHKS Members and their guests are invited to attend a Cocktail Reception and Premier Showing of the TJR Documentary from 5:30 – 6:30 pm on Saturday, March 13, 2004 in the Gateway Ballroom of the Moscone Center in San Francisco. See details on page 3.



**Questions?
Comments?**

Please contact:

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Priscilla Majewski, *Executive Director*

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