



Western Orthopaedic Association News

Spring 2012

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President's Message

Peter J. Mandell, MD



Ladies and Gentlemen,

Lush parks, gorgeous plants and wildlife, your choice of relaxing or challenging hiking trails, an active volcano and the highest point in Oregon beckoning to be climbed, lakes and streams for canoeing and fishing, average June high temperatures in the mid 70s, the Columbia River and its gorge where the adventurous can sail and windsurf, great dining, avant-garde brewpubs. Sound like paradise?

Well it is, but now we call it Portland, OR, "The City of Roses." More than that, it's the site of the 76th Annual Meeting of the Western Orthopaedic Association. To match the grandeur and majesty of our host city, we're planning an outstanding and enjoyable educational experience for you and your family. Our home base will be the Hilton Portland and Executive Tower. Its central location is ideal for sightseeing, shopping, and enjoying great dining, sports, and a myriad of cultural events.

Brian Jewett and his Program Committee have put together up to 28.75 hours of cutting edge education while still allowing time in the afternoons to "smell the roses." With the London Summer Games starting shortly after our meeting ends, I'm sure there will be great interest in Rudolf Hoellrich, MD's symposium on "Care of the Athlete," including views on concussions, stress fractures, and plasma-rich protein injections. Val Lewis, MD will moderate the "Tumor Update" symposium, covering the management of skeletal metastases. Bill Maloney, MD will oversee the "Total Joints: Back to Basics" symposium with discussions on infected joints, instability, and venous thrombo-embolism prevention. David Lowenberg, MD will lead the discussion at the "Common Fractures in the Elderly-Current State of the Art" symposium. David's panel will look at distal radius, proximal humeral, hip, and spinal compression fractures. Ken Butters, MD and his symposium colleagues will tell us about the "Elbow – Cradle to Grave," including pediatric and adult fractures and advanced imaging. Last but not least, Steve



WOA's 76th Annual Meeting
June 13-16, 2012
Hilton Portland
Portland, OR

Ross, MD and his expert panel will conclude our 2012 six-symposium cycle with the latest on the "Foot and Ankle," including tendonopathies and midfoot injuries.

We're honored to welcome John Tongue, MD, AAOS President and a native Oregonian, to deliver the AAOS report at our meeting. I am delighted that my Presidential Guest Speaker, Kevin Bozic, MD, the current Chair of the AAOS Council on Research and Quality, will be with us as well. Our Howard Steel Lecturer is Bruce Paton, MD, who will tell us about "Doctors in the Wilderness" in the early days of America and Oregon.

In addition to our symposia, we will have a wide selection of original research papers, young investigator award papers, resident

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Self Assessment Exam Available at Annual Meeting

The WOA has been working extremely hard to bring a very valuable benefit to its members and all attendees at the WOA Annual Meeting. The SAE (Self Assessment Examination) Team, chaired by Dr. Nitin Bhatia, and including Drs. Brian Jewett, Valerae Lewis, William Maloney, and Richard Haynes, has prepared a program that will provide 10 SAEs that are required for every doctor's MOC (Maintenance of Certification). The SAE program is embedded in the WOA Annual Meeting, which allows you, the physician, to attend the meeting and receive a possible 28.75 CMEs and at the same time receive your 10 SAEs.

The development process is a lengthy one requiring a significant amount of manpower and time. The WOA program is now being reviewed by the American Board of Orthopaedic Surgeons (ABOS) for SAE approval and we are hopeful that we will receive approval soon. So come to the WOA meeting prepared to satisfy your MOC requirements; the cost is significantly less for WOA members than other programs. Due to our format, you can earn your 10 SAEs at the same time you are earning the valuable CMEs.

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President's Message continued

award papers, and instructional course lectures. There will be scientific posters and multimedia education sessions.

We won't lack social events either. Attendees will have an opportunity to take a tour of the Nike headquarters, sign up for an epicurean's walk to taste Portland's fine food and drink, and enjoy a half-day excursion to the Columbia Gorge and Waterfalls. Our Friday evening Gala Dinner will feature entertainment from

Dave Anderson, a nationally touring comedian who has appeared on numerous TV shows and written for Jay Leno.

Please join us in Portland, June 13-16, 2012, for a great educational experience and summer fun as well.

Sincerely,
Pete and Jeanne Mandell

2012 Award Recipients

RESIDENT/FELLOW AWARDS

Congratulations to the following 2012 WOA Resident/Fellow Award Recipients. The award papers will be presented during the Scientific Program on Thursday 11:35 am – 12:44 pm.

The Lloyd Taylor, Vernon Thompson, Harold and Nancy Willingham, Sanford and Darlene Anzel, and Resident Award Winners will be announced Friday evening.

Adam Bevevino, MD

Incidence and Morbidity of Concomitant Spine Fractures in Combat Related Amputees

Tom Chao, MD

Blockade of Matrix Metalloproteinase-3 after Traumatic Nerve Injury Offers a Novel Treatment for Improving Functional Recovery

Daniel G. Kang, MD

The Effect of Pedicle Screw Hubbing on Pull-out Strength in the Thoracic Spine

Kevin D. Martin, DO

Arthroscopic Basic Task Performance in Shoulder Simulator Model Correlates with Clinical Shoulder Arthroscopy Experience

Jared A. Niska, MD

Daptomycin and Tigecycline Have a Broader Effective Dose Range Than Vancomycin as Prophylaxis Against a Surgical Implant Staphylococcus Aureus Infection

Joel C. Williams, MD

A Biomechanical Comparison of Plate Fixation and Calcium Phosphate Cement for Distal Femoral Metaphyseal Defects

Rosanna Wustrack, MD

Change in Physical Activity One Year after Lumbar Decompression With or Without Fusion, Is it Correlated to Self-Reported Outcome Scores?

YOUNG INVESTIGATOR AWARDS

WOA has added three new awards this year for Young Investigators. Congratulations to the following 2012 WOA Young Investigator Award Recipients. The award papers will be presented during the Scientific Program on Friday 8:30 am – 9:00 pm.

Ivan Cheng, MD

Functional Assessment of Acute Local Versus Distal Transplantation of Human Neural Stem Cells Following Spinal Cord Injury

Kenneth J. Hunt, MD

Surgical Treatment of Insertional Achilles Tendinopathy With or Without Flexor Halucis Longus Tendon Transfer: A Prospective, Randomized, Controlled Trial

Brian Feeley, MD

Evaluation of Akt/mTOR Activity in Muscle Atrophy and Fatty Infiltration after Rotator Cuff Tears in a Rat Model

2012 Program Chair's Message



I was honored when the WOA Board and President Pete Mandell asked for my help in developing this year's WOA Annual Meeting's Scientific Program. The Program Committee has been hard at work creating a dynamic and interesting program.

With 2012 being an Olympic year, we begin the program on Thursday with our Sports Medicine Symposium *Care of the Athlete*, where distinguished faculty will discuss topics on stress fractures, concussions, and PRP injections. Following that, our Tumor faculty will be discussing bone and soft tissue tumors, what to look for and updates on management of skeletal metastases. Thursday will also have concurrent paper topics on sports medicine and tumor.

Friday is a busy day for the scientific program. In addition to the new Young Investigator Award papers, the Total Joint Symposium will review topics on thromboembolism controversies, instability management, infections, and complications with new bearings. We have a special lecture on osteoporosis coupled with our Trauma Symposium on management of osteoporotic frac-

tures. We also have an exciting Practice Management Symposium covering emerging topics on physician hospital relationships and ACOs.

On Saturday, we have Symposia on current topics on foot and ankle maladies, and difficult adult and pediatric elbow problems. Podium papers will be presented on topics from foot and ankle, pediatrics, spine, and upper extremity.

The Program Committee would like to invite you to bring challenging, troubling, or otherwise interesting cases to discuss at three early morning sessions. Thursday morning before the General Session we will have a panel to discuss sports medicine cases, specifically focused on stress fractures and concussions, and on Friday morning we will be discussing topics on arthroplasty, and on Saturday we will have a panel reviewing elbow cases. Be sure to come with cases or topics for which you would like expert help.

In addition to the scientific program, Dr. Pete Mandell has invited Dr. Kevin Bozic from UCSF to speak as the Presidential Guest Speaker. Dr. John Tongue will address the WOA with updates from the AAOS. Our

2012 Program Committee

The Western Orthopaedic Association gratefully acknowledges the following orthopaedic surgeons for their contributions to the development of the scientific program.

Brian A. Jewett, MD, Chair
Nitin N. Bhatia, MD, FACS
Michael P. Dohm, MD
James P. Duffey, MD
Melvyn A. Harrington, MD
Bryan S. Moon, MD
Steven J. Morgan, MD

Howard Steel Lecturer, Dr. Bruce C. Paton will be presenting his talk "*Lewis and Clark: Better than Most Doctors*", a topic relevant to the history of Portland, Oregon and general medicine.

Our Portland meeting is shaping up to be one of the best in years. The Program Committee and many distinguished faculty are excited to present the scientific program to you this year, while the WOA Board is equally anticipating a fun, interactive social program. We look forward to seeing you in Portland!

Sincerely,
Brian A. Jewett, MD

2012 Scientific Program Highlights

Thursday – June 14, 2012

GENERAL SESSION I – Clinical Case Presentation Review
SYMPOSIUM I – Care of the Athlete
CONCURRENT GENERAL SESSION II – Tumor & Basic Science
CONCURRENT GENERAL SESSION III – Sports Medicine
GENERAL SESSION IV – Howard Steel Lecture
Bruce C. Paton, MD, "Lewis and Clark: Better Than Most Doctors"
SYMPOSIUM II – Tumor Update
GENERAL SESSION V – Resident Award Papers
GENERAL SESSION VI – Recredentialing Updates: MOC and MOL & BOC Report
POSTERS (Open daily to all participants before and after the Scientific Program.)
MULTIMEDIA EDUCATION SESSION (Following Poster Session)

Friday – June 15, 2012

GENERAL SESSION VII – Clinical Case Presentations Review
SYMPOSIUM III – Total Joints: Back to Basics
GENERAL SESSION VIII – Young Investigator Award Papers
GENERAL SESSION IX – Special Lecture
Susan Bukata, MD "Osteoporosis: Orthopaedic Knowledge and Management"
SYMPOSIUM IV – Common Fractures in the Elderly-Current State of the Art
GENERAL SESSION X – AAOS Report and Presidential Guest Speaker, Kevin Bozic, MD
SYMPOSIUM V – Practice Management
CONCURRENT GENERAL SESSION XI – Trauma
CONCURRENT GENERAL SESSION XII – Total Joint
POSTERS (Open daily to all participants before and after the Scientific Program.)
MULTIMEDIA EDUCATION SESSION (Following Poster Session)
EXHIBITOR AND POSTER PRESENTATION RECEPTION

Saturday – June 16, 2012

GENERAL SESSION XIII – Case Presentations Review
SYMPOSIUM VI - Elbow – Cradle to Grave
GENERAL SESSION XIV – Advocacy Update II
CONCURRENT GENERAL SESSION XV – Upper Extremity
CONCURRENT GENERAL SESSION XVI – Foot & Ankle/Practice Management
SYMPOSIUM VII – Foot & Ankle
GENERAL SESSION XVII – OREF Update & Presidential Address
CONCURRENT GENERAL SESSION XVIII – Pediatrics
CONCURRENT GENERAL SESSION XIX – Spine
POSTERS (Open daily to all participants before and after the Scientific Program.)
MULTIMEDIA EDUCATION SESSION (Following Poster Session)

2012 Presidential Guest Speaker

Kevin J. Bozic, MD, MBA



It is a great pleasure for WOA to have Dr. Kevin J. Bozic as the 2012 Presidential Guest Speaker for the Annual Meeting to be held in Portland, Oregon. Dr. Bozic is an orthopaedic surgeon who specializes in complex hip and knee replacement with an emphasis on minimally invasive techniques. He has extensive experience in all aspects of joint replacement and arthritis management. In research, his interests are in health care policy, health care technology assessment, cost-effectiveness analysis, and the impact of care delivery reform on cost and quality.

Dr. Bozic is a graduate of the University of California, San Francisco School of Medicine

and the Harvard combined orthopaedic residency program. He completed a fellowship in musculoskeletal traumatology at Massachusetts General Hospital, an affiliate of Harvard Medical School, as well as training in adult reconstructive surgery at Rush Medical College in Chicago. In addition, he earned a master's degree in business administration at Harvard Business School. He is an active member of the board of directors of the American Academy of Orthopaedic Surgeons and has been involved in numerous regional and national health policy initiatives including the Medicare Evidence Development and Coverage Analysis Committee.

2012 Howard Steel Lecturer

Bruce C. Paton, MD



WOA is pleased to have Bruce Paton, MD as this year's Howard Steel Lecturer. Dr. Paton was born in India, where his father was a doctor in the Indian Medical Service, and lived there for six years. He was educated in Scotland and received his medical degree from the University of Edinburgh. He also served in the military as a Lieutenant in the Royal Marines, serving in the 41st and 45th Commandos in Europe and Hong Kong.

After graduating from medical school, Dr. Paton spent a year at the Church of Scotland Hospital at Chogoria, Kenya. During that time, he was the doctor on the first Outward Bound School course ever held in Africa. The main purpose of the course was to climb Kilimanjaro, which he successfully accomplished with his group.

Returning to Edinburgh he trained first in cardiology, then in surgery, and finally immigrated to the United States in 1958 as a research fellow at the University of Colora-

do. During the next 21 years he rose through the academic ranks, becoming a professor and Chief of the Cardiac Surgical Service. During his last year at the school he was the Acting Dean. Dr. Paton went into the private practice of cardiovascular surgery for the next 16 years and finally retired in 1995 as Emeritus Clinical Professor of Surgery.

His outside interests of climbing, bird-watching, painting, and photography began when he was a boy in Scotland and have continued ever since. These interests got him involved in the Colorado Outward Bound School, in which he served as Chairman of the Board, and the Denver Audubon Society, and the Wilderness Medical Society, serving as President for both organizations.

Dr. Paton has an extensive medical bibliography of 200 papers and contributions to 15 books. Apart from writing about heart surgery, he has done research and written about frostbite and hypothermia, two topics very pertinent to the Lewis and Clark expedition.

Upcoming WOA Meetings



76th Annual Meeting
June 13-16, 2012
The Hilton Portland
Portland, OR



77th Annual Meeting
July 31 - August 3, 2013
Resort at Squaw Creek
Lake Tahoe, CA

He has traveled in every continent of the world, and except in Antarctica, he has usually hiked, climbed, and slept in tents rather than visiting the capital cities and sleeping in comfortable hotels. He was the doctor lecturer and leader on six trips for Mountain Travel to Africa, Chile, Alaska, the Alps, and Nepal. His interest in expeditions and history got him interested in Lewis and Clark. His book, "Lewis and Clark: Doctors in the Wilderness" was published in 2001 and has received complimentary reviews as a highly readable account of the medical problems encountered by the expedition and how they might be handled now. The book covers the medical preparations for the expedition and the state of medicine in 1800 and discusses such controversial subjects as the death of Sgt. Floyd, the illness of Sacagawea, and Lewis' gunshot wound.

Multimedia Education Sessions

The WOA will provide a multimedia education session following the Scientific Program on Thursday, Friday, and Saturday, June 14-16. A comprehensive selection of AAOS DVDs will be available for your review. These DVDs will highlight surgical procedures and current concepts in orthopaedics. Registered attendees should find these DVDs informative and helpful in their practice.



Will You Conquer the Cash Crunch in Retirement? How to Meet the #1 Financial Challenge Facing Baby Boomers...and Avoid Common Pitfalls

David Mandell, JD, MBA and Dinah Bird, Ph.D., CFP®, CIMA

“More U.S. Baby Boomers fear running out of money in retirement than they fear death.”* Those of you born between 1946 and 1964 are part of the 77-million strong Baby Boomer generation – one that is now contemplating retirement. If you were born before 1946, you may already be retired or seriously considering it. If you fit into either of these groups, the following issue will be paramount for all of your financial decisions moving forward: “How do I take the wealth I have saved and efficiently turn it into cash income to sustain me during retirement?” No wonder, as the quote above makes clear, many soon-to-be retirees are worried about running out of money in their retirement.

In this article, we will discuss problems with the solutions retirees typically rely on to generate cash income in their retirement and suggest alternatives which may be safer and more efficient.

Conventional Wisdom on Generating Cash in Retirement

“Conventional wisdom” suggests that financial planning for retirement should include various investment strategies for generating cash to live on. Let’s examine the leading strategies for generating cash and the significant risks inherent in each of them:

1. Periodically liquidate a portion of investments

This technique is used in almost all retirees’ planning. It simply means periodically selling assets to generate cash to live on – whether those assets are in IRAs, personally-held securities and investments, real estate, the family home, business, etc. The problems with periodic liquidation are:

Risk #1: Market Timing Timing the sale of an asset can be tricky, as many retirees can attest to in the aftermath of the stock market crash of 2008. The investment you are selling may be discounted 30 to 50 percent at the time you need to sell. Being stuck in a “liquidation only” strategy in market downturns can be dangerous.

Risk #2: Taxes When selling almost any asset, you will pay capital gains taxes at both the federal and state level. These taxes can eat up 25% of the gains. For distributions from a qualified retirement plan or IRA, the tax bite can be as high as 45%! Relying solely or significantly on liquidation strategy means being subject to these taxes and to the risk that such rates will increase. Given that federal capital gains tax rates are at the lowest in their history, being subject to future tax increase is not a risk to overlook.

2. Allocate heavily to a ladder bond portfolio/dividend producing stocks

A laddered bond portfolio is a strategy commonly used by retirees whereby an investor purchases a group of bonds with different maturities, attempting to match cash flows with the demand for cash. One bond might mature in one year, another in three years, and the remaining bonds might mature in five-plus years. Each bond represents a different rung on the ladder.

Risk #1: Inflation As inflation goes up, the bonds in the laddered portfolio do not keep up with buying power. The bonds and their interest may pay the same, but the investor can purchase fewer goods with the same amount of money.

Risk # 2: Interest Rate As rates rise, the prices of a fixed rate bond will fall, and vice versa. Although bond laddering is a tried and true approach, consider the problems of allocating a substantial amount of money to a laddered portfolio in light of today’s interest rate environment and a seven-year treasury paying 2.875%!

Risk #3: Market Timing/Downturns In terms of dividend-paying stocks, dividend pay outs are based on a percentage of the stock’s price. As the stock market fluctuates, so does the yield from the stock. The stock dividend will go down

dollar-wise if the market takes a down turn -- just when the dividend is most needed.

3. Purchase an annuity

The life annuity (not to be confused with the variable annuity) is designed by actuaries to pay interest and principal back to you over your lifetime. Essentially, you write an insurance company a check today and they pay you monthly, quarterly, or annually for the rest of your life (or the longer of your life and your spouse’s). The benefits of this strategy include:

1. The amount the insurance company pays you is “fixed” and will not decrease if the stock market crashes or if interest rates fall.
2. Even if you outlive your life expectancy, the insurance company continues to pay you or your spouse for as long as you are alive.

However, as interest rates have been at historic lows for a number of years, annuity payment rates are also extremely low. This makes their internal rate of return (IRR) very poor. As with any insurance product, the strength of the insurance company is also a risk. Since you may want payments for decades in the future, only the strongest carriers should be considered.

Finally, the inflation risk to this technique also weakens its attractiveness. If inflation repeats itself like the early 1980s with the prime rate at 21% or even a reasonable 8%, then a 3% annual check from the annuity (not uncommon in today’s market) is not as attractive. For these reasons, a life annuity can be part of a balanced cash income strategy, but it typically should not be heavily relied upon.

Case Study: Abby the Allergist

Abby is on the brink of retirement at 62. Abby has social security, a \$1.2 million home near her four grandchildren, a 4% life annui-

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Money Matters continued

ty on a \$500,000 policy, and an impressive 50/50 investment portfolio of stocks and bonds valued at \$3 million that is a combination of her IRAs, 401(k)s and savings. Abby enjoys semi-annual vacations with her grandchildren but otherwise expects to easily live on \$200,000 income per year during her retirement. She is in good health and, due to her family history, expects to live until the age of 90. Abby divorced many years ago and has no alimony liabilities. She has a long term care insurance policy that will pay her \$10,000 annually. All is looking good for Abby's retirement.

Abby's practice was bought out two years ago, and she has decided to retire five years earlier than planned. She considers this a safe decision, as she has a paid-off home, an annuity, long term care insurance and a \$3 million 50/50 stock/bond portfolio. Despite retiring earlier than anticipated, she has planned well and is better positioned than 99% of Americans at retirement.

Abby decides to keep her house to avoid selling at a loss. She forgoes a reversible mortgage because the "fees are outrageous." Current inflation is benign at 1.7%, which is a nice advantage. She has the cushion of long term care if needed. Abby is living within her \$200,000 per year budget.

Abby meets her \$200,000 annual cash needs by these income streams:

1. Social Security = \$30,000.00
2. Annuity payments (4% of \$500,000) = \$20,000.00
3. Dividend payments from her 50% in stocks (2.00%) = \$30,000.00
4. Interest payments from her 50% bond ladder of 1-10 years, Which has a blended yield of (3.00%) = \$45,000.00
Total in flows = \$125,000.00

Abby's two largest drains on her annual income are:

1. Income tax (\$50,000.00)
2. Property tax on her home (\$30,000.00)
Total out flows = (80,000.00)

Netting out the outflows from the income, leaves a shortfall of \$155,000 of cash.

Abby will need to liquidate stocks and bonds in her investment portfolio to make up the shortfall of \$155,000 for taxes and cash. Chances are very high she will have to liquidate some of her stock when the market is down due to normal stock market fluctuations. Consequently, Abby will have to sell even more stock to generate the appropriate amount of cash needed. Plus, there is a high probability that inflation will cause the price of her bonds to decrease as she liquidates them for cash.

Abby's investments will most likely not sustain her for the 28-year time horizon and her portfolio will be depleted before her death. Abby may very well experience the number one fear of retirees -- running out of money in retirement!

Can Abby modify her investment liquidation strategy so she will not outlive her income?
The Alternative Income solution can help Abby overcome this challenge. Instead of liquidating her portfolio of stocks and bonds for cash each year, Abby can add alternative cash income to her bond portfolio. By doing so, she will boost her income, provide an inflation hedge, and liquidate less of her stocks/bonds, allowing her portfolio to grow. An alternative income strategy will help extend the life of her investment portfolio so she will have investments for as long as she lives.

What is an ALTERNATIVE INCOME Strategy?

"Traditional" investments are considered stocks, bonds, currency, or hard assets, such as real estate. An "alternative cash income strategy" is one that involves combinations of such assets to create a unique portfolio designed to generate cash income.

REIT – Based Alternative Income Strategy

One Alternative Income Strategy provides a diversified cash flow stream from hard assets that are in the form of an investment security called a Real Estate Investment Trust or REIT. The advantages of using REITs for forming a foundation of a cash-focused retirement strategy are:

1. According to the law, at least 90% of the cash flow streams generated from properties in the REITs must be passed to the owner/investor of the REIT.

2. REITs can be an inflation hedge; as inflation increases, the property rents usually increase as does the value of the property.
3. REITs typically offer a low correlation to the U.S. stock market, which means that REITs help decrease volatility.

A REIT-based Alternative Income Strategy basically works like this:

An investor buys into an REIT portfolio, which will generate about 6.5% income to supplement the money needed for expenses. Consequently, fewer securities are needed to be sold out of the retiree's portfolio, which should generate more growth in their investments. Adding REITs as an alternative income to a portfolio has the potential to augment conventional strategies by enhancing cash flows and extending the life of the retiree's investment portfolio.

Conclusion

Generating income throughout retirement is a significant challenge. Common techniques, including asset liquidating, bonds, dividend-paying stocks and life annuities, all have significant risks associated with them. Therefore, the use of alternative income techniques is often recommended to augment traditional techniques.

Your financial needs are complex and the authors welcome your questions. You may contact them at (877) 656-4362 or through their website www.ojmgroup.com.

SPECIAL OFFER: For a free trial of the "Cash Income Calculator," please call (877) 656-4362.

Disclosure:

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The Chapter Connection

WOA Arizona Chapter

The Arizona Orthopaedic Society is pleased to announce that they will host their Annual Meeting, June 8 - 9, 2012 in the Phoenix/Scottsdale area.

The meeting will begin with a family-friendly opening night reception on Friday, June 8. On Saturday, June 9, they will celebrate the Arizona Orthopaedic Residents with a resident paper competition, in addition to inviting several speakers to address current socio-economic issues of interest. That evening, everyone will enjoy an Arizona Diamondbacks baseball game in a party suite.

Look for registration information online soon at www.azortho.org. Hotel rooms will be available for attendees on both Friday and Saturday nights.

For more information or questions, contact Patrice at patriceh@azmedassn.org.

WOA Northern California Chapter

The 79th Northern California Orthopaedic Society (formerly NCCWOA) Annual Meeting will be held June 1 - 3, 2012 at the Carmel Valley Ranch Hotel in Carmel, California.

To view the registration brochure and the complete Clinical & Scientific Program, please visit www.norcalortho.com or for more information, contact Karimi A. Ferguson at karmiferguson@norcalortho.com or call (707) 297-6576.

To All WOA Chapter Members

We want to include your Chapter news in the *WOA News* Chapter Connection. If your local WOA Chapter has a meeting, event, or announcement, please email information to hskinner@datatrace.com.

Smarter Accounts Receivable Management

Unpaid claims are a fact of life for many medical practices. Unfortunately, the longer patient bills remain uncollected, the less valuable the receivable becomes to the practice. Keeping the percentage of unpaid patient bills to a minimum should be a priority for all physicians.

Your practice can take a variety of steps toward greater profitability, including speeding up collections and minimizing the denial of claims. It should also focus on cleaning up and writing off old claims.

Develop Accurate Reporting Procedures

Your practice should have procedures in place that generate up-to-date information on the status of each outstanding account. Your accounting staff should have a report that includes the date each bill was sent, the current balance, and the number of days delinquent.

Using the information on that list, your staff should contact delinquent patients on a predetermined schedule. However, you should also consider sending out fewer notices before past due accounts are sent to a collection agency.

Require Payments Up Front

Whenever possible, have your front desk staff collect patient copays, deductibles, and prepaids at the time of service. Make paying up front easier for patients by accepting debit and credit card -- and possibly even online -- payments.

Focus on Accurate Coding

Since coding errors are the source of most denied claims, training staff to focus on accuracy in coding should be a priority. In addition, the submission of "clean" claims within a certain number of days after a service is rendered should be a goal of your staff.

Review and Write Off Old Receivables

Review your accounts receivable. You'll probably discover that, for certain accounts, your practice loses money every time it generates statements, considering labor costs, postage costs, and envelopes. Write off accounts that are not worth pursuing because they are either too old or are for small amounts. And consider writing off other accounts that seemingly never will be paid because your office failed to send the bill in a timely manner or because the patient did not obtain the correct referral for the services your practice provided.



We can help your practice implement procedures that can reduce the number of uncollected bills. Please contact us for more information.

Health Care Commentaries is provided by Somerset's Health Care Team for our clients and other interested persons upon request. Since technical information is presented in generalized fashion, no final conclusion on these topics should be made without further review. For additional information on the issues discussed, please contact a member of our Health Care Team. This document is not intended or written to be used, and cannot be used, for the purpose of avoiding tax penalties that may be imposed on the taxpayer.

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Do You Know a Qualified MD or DO Orthopaedic Colleague Who Is Not a WOA Member?

Member Incentive

Refer and sponsor one new member and receive 1/2 off the registration fee for the next annual meeting.

Refer and sponsor two new members and the registration fee for the next meeting is waived.

(Note: To qualify for incentive, new membership must be approved by the Board of Directors.)

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