

COMMENTARY

What Happens If TOA No Longer Exists?

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ABSTRACT

Since 1936, the Texas Orthopaedic Association (TOA) has served as the unified public policy voice and networking home for over 1,000 Texas orthopaedic surgeons. It is the only organization dedicated to the public policy interests of Texas orthopaedic surgeons. In addition, TOA produces valuable clinical, legal, business, and coding seminars and conferences specific to orthopaedics throughout the state of Texas. In this commentary, the current president of TOA explores a hypothetical scenario of what it would be like if TOA ceased to exist.

INTRODUCTION

It's autumn, which means that our children are going back to school, football is starting, and our mailboxes will be filled with invoices from trade associations seeking our membership dues for 2016. Many orthopaedic surgeons will quickly submit their dues. Meanwhile, some orthopaedic surgeons, facing increasing practice costs and declining reimbursements, may take a harder look at the invoice and wonder what the value is.

Trade association memberships play an integral role in our medical practices. But how do we know if all of the orthopaedic and general medicine associations to which we belong are delivering value for our memberships? A trade association is a unique

entity in that it does not necessarily produce a tangible product, which can make it difficult to measure the benefit.

One of my primary duties as a board member of the American Academy of Orthopaedic Surgeons (AAOS) and the Pediatric Orthopaedic Society of North America (POSNA) and president of the Texas Orthopaedic Association (TOA) is to ensure that the associations are delivering strong value to their members. Over the past few months, I have found myself taking a deep look at these orthopaedic associations and examining the products and services that they deliver and measuring their utility.

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THE TOA EXAMPLE

Orthopaedic surgeons in other states often cite TOA as one of the strongest state medical societies in the nation. This is primarily

due to the number of legislative and regulatory victories that TOA has achieved over the past few years.

But sometimes we may take TOA's existence and efforts for granted because TOA's extensive behind-the-scenes efforts often take care of harmful threats before they become visible and threaten our practices. Also, if you're like me, you probably see dozens of patients a day and have little time left to engage in the public policy process and industry actions that affect our orthopaedic practices.

In just the first six months of 2015, TOA played a central role in over a dozen policy issues that have a direct impact on the delivery of orthopaedic care in Texas. The following is a brief sample of some of the state and federal efforts in which TOA was engaged.

INAPPROPRIATE EXPANSION OF SCOPE

Allied health providers attempted to use the 2015 Texas Legislature as a vehicle to expand their scope into inappropriate areas of care. Physical therapists attempted to change state laws so that they could have direct access to patients, despite the fact that physical therapists have neither the licensing nor the training to determine a medical diagnosis.

Other inappropriate scope expansion attempts in the musculoskeletal arena included proposed legislation by podiatrists and chiropractors. Podiatrists introduced legislation that would have mandated payment parity and hospital staff privilege parity that would have equated their education and training to that of orthopaedic surgeons. Meanwhile, chiropractors unsuccessfully pushed sports medicine legislation

that would have added them to the providers who may participate in school sports concussion medical teams in Texas.

COMMERCIAL INSURANCE ATTACKS ON PHYSICIANS

Declining commercial insurance provider networks continue to dominate the health care landscape. Commercial health insurance plans unsuccessfully pushed legislation in the 2015 Texas Legislature that would have prevented physicians providing out-of-network emergency care in a hospital from sending a balance bill to a patient. Instead, the legislation would have required a physician to send the bill to the commercial health plan for negotiation.

Meanwhile, another bill would have required out-of-network assisting surgeons to go into a negotiation or potential mediation with patients for any balance bill for services. Ultimately, TOA and other groups negotiated a \$500 threshold for when the out-of-network balance bill would be triggered.

These are two examples of the commercial health insurance issues that are challenging orthopaedic surgeons in Texas public policy arena.

AN SGR OVERHAUL AND NEW BUNDLED PAYMENTS

It has been a busy year in Washington, DC. An overhaul of the Medicare sustainable growth rate (SGR) payment policy and a surprise proposal by the Centers for Medicare and Medicaid Services (CMS) now require that all Medicare total hip and knee arthroplasties be reimbursed with a bundled payment

in targeted regions of Texas. Health care is one of the most regulated industries in America. Rules and regulations touch on almost every aspect of a medical practice and have a direct impact on the way that we deliver medicine. Physicians do not have a choice—we must be engaged in the public policy process. Otherwise, our opponents will take advantage of our absence and define policy issues by using their own terms.

I find it comforting to know that TOA has been structured to meet all of these challenges for Texas orthopaedic

surgeons. I encourage you to subscribe to TOA's e-mail newsletter (please visit www.toa.org for details) to keep up with the changes.

Perhaps we should ask ourselves what our practices would look like without TOA representing Texas orthopaedic surgeons. I personally do not ever want to practice medicine in a state without a strong organization such as TOA to ensure that my patients have access to the outstanding musculoskeletal care that they deserve.