



Alabama Orthopaedic Society *News*

Summer 2016



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2016 AOS/MOS Joint Meeting

The 2016 AOS/MOS Joint meeting was held at the Grand Hotel in Point Clear, Alabama. More than 100 Orthopaedists from Alabama and Mississippi attended the meeting receiving up to **9.25 AMA PRA Category 1 Credits™**.

The opening reception was held on Bay Terrace and provided opportunities for our physicians and sponsors to catch up, visit, and make new friends. Families enjoyed a delicious buffet and an evening of entertainment including live music, a putt-putt contest, and bean-bag toss games.

Continued on page 14.



To view all photos from AOS/MOS 2016 Joint Conference, go to: AOSDocs.com/Meetings



AOS President's Message *Chris Heck M.D.*

The Insomniac Society

Since our meeting in Point Clear, you may think that not much has gone on involving the AOS. However, we have already gotten started planning the meeting for 2018. As a reminder, the 2017 meeting is at Ross Bridge Golf Resort & Spa in Birmingham from May 4-6, 2017. Plan to bring your seersucker best for Derby Day!

As I have alluded to in the past, communication with the membership, as well as those who are not members, is the best way to keep our group strong and preserve our duties and privileges as orthopaedic surgeons. To that end, I have a couple of legislative updates to provide. First, I have previously discussed the VCC (virtual credit card) issue which would have subjected us to a 5% fee on all related payments. I am happy to announce that our efforts at the state legislature, along with those of MASA (Medical Association of the State of Alabama), were successful in preserving our earned reimbursement without losing it to the banking/insurance lobbying efforts.

The legislation – **SB 291** by Sen. Quinton Ross (D-Montgomery) and Rep. Kyle South (R-Weaver) – ensures all health insurers and RCOs make physicians aware in their contracts of a physicians' right to request payment via flat-fee "direct deposit" methods over VCCs, which charge a

percentage-of-claims-based fee. The new law requires that all such physician requests for payment preference be honored. *Rotunda, 2016*

On a federal congressional note, after my trip to the NOLC (National Orthopaedic Leadership Conference) where we lobbied congressional staffers for general medical and orthopaedic issues, I am pleased to announce that our voices have been heard. As you may have been aware, the 2016 MU (Meaningful Use) standard had previously been for a full 365 days. Anything less would have resulted in a financial penalty. Fortunately, CMS has heard our concerns, and a proposal has been issued on 7/6/16 to decrease this to a 90 day period.

Following months of pressure from healthcare providers and EHR vendors to adjust the meaningful use reporting from a full year to a 90-day period, the Centers for Medicare and Medicaid Services on Wednesday joined the chorus.

CMS is now calling for clinicians, hospitals, and critical access hospitals to use a 90-day EHR reporting period in 2016 – down from a full calendar year for returning participants in the government's EHR Incentive Program.

"This increases flexibility and lowers the reporting burden for hospital providers," CMS stated. *HealthcareITNews.com, 2016*

As a final bit of business, I need to correct an error in my last message. Our newest board of director member is Dr. Skip Gilbert from UAB in Birmingham (not Mobile as previously mentioned). I look forward to meeting Dr. Gilbert so I don't make the same mistake in the future.

The AOS board of directors will meet next in November in Montgomery to plan the 2017 meeting. I am fortunate to have trained under Dr. Will Shaffer, a spine surgeon, at the University of Kentucky who is now the Medical Director for the AAOS. He has committed to speaking at our meeting. I anticipate similarly impressive speakers to complete the agenda.

Please encourage your peers who are not members of the AOS to join the organization and attend the meeting each spring. We are only as strong as our numbers!

"We are what we repeatedly do. Excellence, then, is not an act, but a habit." - Aristotle

Respectfully submitted,

Chris Heck, MD, President,
Alabama Orthopaedic Society

AOS President-Elect's Message

Howard G. Miller, M. D.



The Majority Who Participate

I feel honored to have been nominated President of the Alabama Orthopaedic Society for 2018. I will strive to continue the tradition of leadership and advocacy exemplified by the previous presidents.

In Alabama we have 470 licensed orthopaedics. Of these 226 (or 48%) are members of our state organization and of those, there is a much smaller number who participate in the politics of orthopedics.

Our state society and our national organization, the AAOS, were founded as forums for knowledge and that continues to be the primary focus of these groups. However, with the progressive intrusion of government, insurers, and others into the physician/patient relationship, the role of these organizations has morphed to include advocacy...advocacy for patients and for our profession. The cost of care for

musculoskeletal problems has grown to where it now amounts to about 5% of our GDP. Government and other payers are adopting increasingly intrusive payment models to control that growth. It is up to us to direct the discussion from a cost saving perspective to a patient-centric position.

Delegates from all state societies comprise the Board of Councilors of the AAOS. This body is, in effect, your representation on a national level to provide guidance to the AAOS Board of Directors. This body also participates in advocacy on Capitol Hill on your behalf. John Killian and I are your current delegates, but, without your input, we cannot discuss those issues which truly concern you.

I urge you to participate. You can help by urging your colleagues who are not members of the state society to join. You can help by donating to the OrthoPac at both state and national levels.

And, if you have the urge, you can participate by joining the leadership of these organizations and even consider running for an elected office.

A statement attributed to Thomas Jefferson is "*We in America do not have government by the majority-we have government by the majority who participate.*"

I encourage all of us to be in that latter group.

Respectfully,

A handwritten signature in dark ink, appearing to read "Howard G. Miller". The signature is written in a cursive, flowing style.

Howard G. Miller, M. D.
President-Elect, Alabama
Orthopaedic Society

Foot Club 2017 Annual Meeting

Thursday, May 4, 2017

Ross Bridge Resort
7:00 a.m. – 1:00 p.m.





AOS Executive Director's Message

Terri Mendez

Why We Do Things The Way We Do

Years ago, I heard the story of a young bride who was going to bake a ham for her husband. She neatly cut off both ends of the ham before placing it in the pan. Her husband, curious about this technique, asked her why she cut off the ends. Her reply was, "That's the way mother taught me." After thinking about that for a while, she called her mother to ask why *she* always cut off the ends of the ham before cooking. Her mother replied, "That's the way mother taught me." Now the bride was really curious, so she called her grandmother to ask the reason. Grandmother's answer was simple: "The ham didn't fit in my pan."

A silly story, but it makes us think about why we do things the way we do. Often, the reason is, "because that's the way we've always done it." Sometimes it's good to take a step back to reconsider the way we do things. This year, as we planned our Annual Meeting, we decided to take the plunge and try a few things that were different from "the way we have always done it". For instance:

- We collaborated with the Mississippi Orthopaedic Society for a joint meeting, adding additional opportunities for education and fellowship.
- Expanding the exhibit hall and adding cocktail tables allowed room for physicians to eat breakfast and visit with their

colleagues and with exhibitors. Rather than a quick grab-and-go continental breakfast, we offered an American breakfast for a heartier meal.

- The exhibit hall boasted poster presentations from our residents who did not present a podium presentation.
- A chance to win a Yeti Hopper was an enticing prize to encourage attendees to visit vendor booths and fill out a Bingo Card.

We also made some changes in the social events creating a more family-friendly and inviting environment.

- The opening reception included entertainment including live music, a putt-putt contest, and a bean bag toss to create a casual and fun first-night gathering.
- The family-friendly atmosphere also included a bouncy-house plus games and prizes at the Presidential Reception and Dinner.

The scientific meeting room was also a bit more friendly. We changed the layout of the room by creating a sense of community with half-round tables rather than a classroom-style setting. Physicians from Alabama and Mississippi Orthopaedic Societies had an opportunity to attend lectures and discuss topics in a less formal setting.

I have heard many positive comments that lead me to believe this year's changes enhanced the experience for our physicians and their families, without changing the content and purpose of the Annual Meeting. And, as I think about what the future holds for this association, and what else we've "always done this way," I've been thinking of how we communicate. In the old days, a phone call was usually the only way to *quickly* communicate important issues that face medical practitioners. Think about how we communicate today: text, email, Facebook posts, Twitter, and, often as a last resort, a phone call. With so many issues affecting our medical practices, we usually need to communicate quickly for an immediate call-to-action. I'm excited that we are working with MASA to develop a communication alert process to keep you aware of legislation and regulations that may impact your practice. Stay tuned as we continue to make improvements in our methods of communication!

And, as we look forward to future communications of email blasts, texts, videos and tweets – I also hope to enjoy an old-fashioned phone conversation with you!

Sincerely,

Terri Mendez
AOS Executive Director

NOLC Recap

by Chris Heck, M.D.

What have you done for me lately? This phrase probably underscores the suppressed feeling you have every time you renew your membership with the AOS (or any other professional organization), give to a PAC (AAOS's Orthopaedic PAC, NASS's SpinePAC, or our state AlaPAC), or give your child some requested spending money. However, while you may never know what your child does with that money, I'm here to let you know what the AOS has done for you lately!

May 4-7, 2016, I accompanied our 2 state delegates to the AAOS Board of Councilors (BOC), Dr. Howard Miller from Huntsville and Dr. John Killian from Birmingham, appointed residents from USA, Dr. Patrick Barrouse, and UAB, Dr. Johnathan Williams, and our Executive Director, Terri Mendez, to the National Orthopaedic Leadership Conference (NOLC) in Washington, D.C. Along with the BOC delegates from all other states, we reviewed upcoming legislation pertaining to our practice and patient access. On Thursday, we visited our state congressional staffers (since Congress was not in session) to lobby for support for four bills recommended by the AAOS.

H.R. 2513 – Protecting Access, Competition and Equity (PACE) Act for Physician Owned Hospitals. This bill would place a 3 year moratorium on the PPACA suspension of expansion on physician owned hospitals. Recent studies have shown that 42% of physician owned hospitals receive a 5 star rating while only 0.5% of

non-physician owned hospitals received this premier rating. During this moratorium, any physician owned hospital could expand to meet patient needs. However, at the conclusion of the 3 years, only physician owned hospitals maintaining a rating of 3 stars or higher for 12 consecutive quarters would be granted further expansion options.

H.R. 4848 – Healthy Inpatient Procedures Act. This bill would postpone the bundled reimbursement for all hip and knee joint replacements under the new Comprehensive Care for Joint Replacement (CJR) model that began April 1, 2016 until January 1, 2018. While the AAOS agrees that this model has potential for value improvement in joint replacement surgical care, the logistics of implementing this model into a profitable one in such a short time frame appears unlikely. This additional time would allow all parties involved to produce a cohesive care product that is financially sustainable long term.

S. 2822/H.R. 5001 – Flexibility in Electronic Health Record Reporting Act. As described later, the new MACRA bill (known mostly for burying the maligned SGR payment formula) passed



Chris Heck, Dr. Patrick Barrouse, Dr. Howard Miller, Terri Mendez, Johnathan Williams.

last year created a new form of Meaningful Use (MU) for our EHR...Merit-based Incentive Payment System (MIPS) which will begin in 2017. However, despite having one foot in the grave, MU must be reported for an entire 365 days for 2016 as opposed to only 90 days in 2015. This, thus, requires that every new condition to MU for 2016 must be reported from the first day of 2016 without time to modify our practice accordingly. Therefore, the requested 90 day reporting would allow a more thorough evaluation of the regulations and modification of our practice to avoid a penalty for incomplete reporting (even if you reported for 364 days).

S. 689/H.R. 921 – Sports Medicine Licensure Clarity Act. This bill provides licensure and malpractice coverage to physicians who travel with an athletic team to another state in which the provider does not have privileges. While no

NOLC Recap (continued)

known malpractice cases have developed, there have been reports of state licensure investigations due to care provided in such instances.

As mentioned previously, this meeting also offered education on the Medicare Access and CHIP Reauthorization Act (MACRA) set to begin in 2017. Kate Goodrich, MD (a practicing hospitalist), Director of the Center for Clinical Standards and Quality at the Centers for Medicare and Medicaid Services provided an in depth description of this program. Also known as the Quality Payment Program, MACRA accomplished three main goals... elimination of the SGR, altering Medicare payments to a value over volume mentality, and streamlining 3 quality reporting measures (MU, PQRS, and Value-based Modifiers) into MIPS. This is accomplished by the development of Alternative Payment Models (APM's) which are based on three elements. First is utilization of a certified EHR (50% of clinicians in a practice in year one and 75% in year two). The second element is basing payment on at least 1 outcome measure on the MIPS list (of which there are over 90 from which to choose). And finally, the third element involves risk sharing by clinical providers either in a predetermined model or as part of a Medical Home Model which

(similar to the CJR model) inherently involves risk sharing. Our payment under MIPS will be based upon our Composite Performance Score (CPS) which results from results from 4 elements. 1) Quality – This will require reporting of 6 measures selected by the physician or group from a list of over 300 or selecting a specialty specific reporting set. 2) Resource Use – This is solely based upon your claims (how much you bill) and, therefore, requires no reporting Those who bill less per CMS beneficiary scores higher and vice versa. 3) Clinical Practice Improvement Activity – The physician must choose 1 or more options from a list of 90 or more activities from which to “improve” his/her practice. 4) Advanced Care Information – This relates to the utilization of EHR. However, as opposed to the prior Meaningful Use, it is not an “all or none” program.



Drs. Chris Heck, Howard Miller, Johnathan Williams, & Patick Barousse

Comments from Dr. Barousse, USA Resident

With the AOS, I was afforded the opportunity to travel to Washington, DC to take part in the National Orthopaedic Leadership Conference. We attended discussions on new changes with MACRA, CJR, payment restructuring, and were able to sit in on the Media Orthopaedic Reporting Excellence (MORE) Awards. The highlight of the trip was traveling to the “Hill” for lobbying efforts. While we didn’t get to meet with any senators or congressmen themselves, we were able to sit down with their staff. We discussed four proposed changes that the AAOS was backing. It was truly and eye opening experience to see how decisions are made in the US political machine. Aside from the events and meetings we found time to sneak in some excellent meals and do a little siteseeing including seeing the Magna Carta, original Constitution, and Declaration of Independence. Seeing these historical documents and exploring the history behind the founding fathers really gave greater meaning to what we were doing in DC. Playing an active part in our political system is the only way to stay relevant and dare I say, employed. I would encourage anyone with the time to get involved with AAOS, the Political Action Committee, or even at your local political level.



You obtain 50% credit for just reporting and 50% credit based on the quality of data you report. The percentage of the CPS for each element is weighted and changes over the years. Currently, the percentages are as follows for years 1 and 3: Quality – 50%, 30%; Resource Use – 10%, 30%; Clinical Practice Improvement Activities – 15%, 15%; and Advanced Care Information – 25%, 25%. MIPS is applicable to ALL physicians billing Medicare Part B with the exception of being in your first year of billing Medicare Part B, billing less than or equal to \$10,000 or 100 Medicare beneficiaries per year, and belonging to an Advanced APM (typically Medical Home models).

Finally, your CPS score will be evaluated against a median threshold. If your score is lower than the threshold, you are

penalized in payment up to a maximum of 4% if your score is more than 25% less than the threshold. However, if your score is above the threshold, you can obtain a maximum 4% payment bonus which can be multiplied by up to 3x (maximum 12% bonus) based on whatever coefficient allows the overall payment to be budget neutral. In addition, the top quartile of scores receives a 10% payment bonus.

I hope this enlightens you about the upcoming changes in our reimbursement and care coordination. Your financial commitment to the AOS and the associated PACs is helping to preserve the interests of you and your patients. Without all of us making this commitment to the political side of medicine, someone else will certainly decide what is best for us. Therefore, I encourage you to commit to the AOS and to your state and national PACs. In the words of Thomas Jefferson, **“We in America do not have government by the majority. We have government by the majority who participate.”**

Respectfully submitted,

Chris Heck
President-Elect, AOS

Comments from Dr. Johnathan Williams, UAB Resident

Attending the NOLC as a resident was a great experience. I certainly gained a perspective on advocacy that I did not possess going into the meeting. The AAOS is very active in making sure the government is informed about orthopedic issues and we had to the opportunity actually bring forward some of these issues to the legislator’s offices during our time there. Personally, it was beneficial to learn about CJR/ MACRA and how these new rules will evolve with time, and I was able to share this perspective with my fellow residents on my return. It was hammered home that as a specialty we need to be involved in the political process to avoid “ending up on the menu.” I completely agree with this and would encourage anyone with opportunity to go NOLC and participate.



Scoliosis Awareness Month

Dr. John Killian and Terri Mendez witness Governor Robert Bentley signing of Proclamation of Scoliosis Awareness Month, June 2016. Drs. Sharon Mayberry and John Killian of Orthopedics for Kids evaluate and treat nearly 1,500 children in Alabama for scoliosis. Early detection with school screening especially in rural and underserved areas in the state afford those children the opportunity to be treated without surgery.

Same Time Next Year

At the Presidential Dinner on Friday, May 13, all eyes were on 2 couples gliding across the dance floor. This wasn't the first time they had all danced together, and given their history, it certainly won't be the last.

1961 - The popular dance was The Twist, inspired by Chubby Checker's song of the same name. Alan Shepard was the first man in space, on the Freedom 7. The average home cost \$12,500, a gallon of gas was 27 cents, and UAB Orthopedic residents earned \$50 per month. 1961 also saw the beginning of a unique friendship between two of those residents.

Cecil Sanders graduated from the Medical College of Georgia in 1957 and after completing his internship headed to UAB to begin his residency in Orthopedics in 1960. A year later **John Morris**, who had graduated from the University of Louisville School of Medicine and completed his General Surgical residency in the Savannah Public Health Hospital, then moved his family from Savannah to begin his residency in Orthopedics at UAB.

Cecil and his wife, Doris, had married in 1957 and were parents to two small children (and would welcome a 3rd after they moved to Dothan). John and Genie Morris had married in 1955 and during John's medical career they had moved to Leavenworth, Kansas where he served as a physician in the prison system, then to Savannah Public Health Hospital. John had completed 2 years of general surgery residency, then the family moved to Birmingham so that he could begin his Orthopedic residency.

The Morrises arrived in Birmingham pulling a U-Haul trailer, and lived in a motel with their two children until they found a house they could afford to rent. Cecil jokingly said that John's wife was 14 months pregnant when they first met, and their 3rd child arrived within a month of moving to Birmingham.



The two couples met on the first day of John's residency, and immediately bonded. According to Dr. Sanders, "What cemented our friendship was our Christian values. I found a bosom buddy who had my values. We are all teetotalers."

After they had completed their residencies, the Sanders family moved to Dothan, where Dr. Sanders went into practice with Dr. Furnie Johnston, where they were the 1st and 2nd Orthopedic surgeons in the city. He tried to get Dr. Morris to come to Dothan (population 20,000 at the time - now 80,000), but Dr. Morris had grown up in a small town and didn't want to go back to one. While the Morrises had never intended to stay in Birmingham, they found that they loved it! After residency, he practiced Orthopedics at Medical Center East (later called St. Vincents East) from 1964 to 2014.

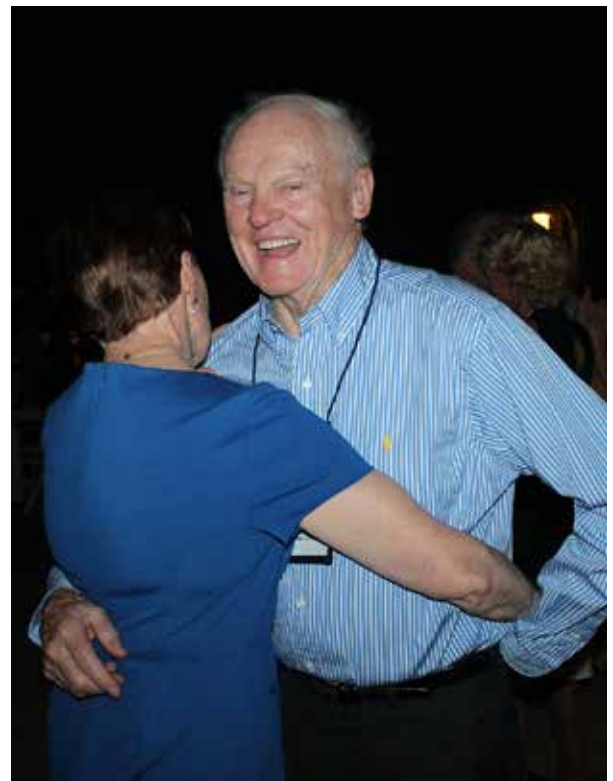
The Sanders and Morris families have not allowed 200 miles to get in the way of a deep friendship. Over the years they have gotten together to celebrate anniversaries and children's events. They traveled together on numerous occasions. The doctors took time from their practices to travel together on

several medical mission trips to Venezuela. The couples also traveled to Europe together, and had a memorable trip to the Holy Land in the early 90s. Doris tells a funny story about their night in the Sinai desert, where they were supposed to be at a resort but had to use a flashlight to avoid stepping on cactus!

These days, they get together once or twice a year, often for milestone family events. And they would never consider missing the AOS Annual Meeting. According to Genie Morris, "This meeting is a priority for us to get together." Doris Sanders echoes Genie's sentiments; "Genie and I have been through tears, lots of good times, and shared the bad times." Like many long-time friends, "we always pick up where we left off".

One of their favorite pastimes has always been dancing together. Doris said they have been dancing together

for many years, and "We love it!" This year, meeting attendees loved watching these two special couples glide together on the dance floor, and look forward to seeing them again next year!



State Legislature: Issue Brief - Virtual Credit Card Legislation

Medical Association of the State of Alabama

After two years, the Medical Association successfully saw passage in 2016 of its legislation to prevent physicians from unknowingly accepting virtual credit cards (VCC) and their hidden fees as a form of payment from health insurance companies and RCOs, even though the Medicaid RCO system has yet to officially launch.

Having heard from its members that VCCs were a growing concern, the Association went to work again to pass the VCC bill this year after narrowly losing it at the end of the 2015 session. The Medical Association worked diligently between legislative sessions to build support for the VCC bill and was successful in passing the bill this year.

The legislation - SB 291 by Sen. Quinton Ross (D-Montgomery) and Rep. Kyle South (R-Weaver) - ensures all health insurers and RCOs make physicians aware in their contracts of a physicians' right to request payment via flat-fee "direct deposit" methods over VCCs, which charge a percentage-of-claims-based fee. The new law requires that all such physician requests for payment preference be honored.

Q: What is a VCC?

A: A virtual credit card (VCC) is a single-use credit card number. Physicians accepting VCCs are losing a percentage of their

contracted rate for any claims paid via this method. The fees may be as high as 5 percent of the total payment amount and health insurers paying claims with VCCs often receive cash back (up to 1.75 percent) or other incentives. The bank or credit card company issuing the VCC is also paid for use of their card network. In other words, unknown to many physicians and their staff responsible for claims and billing, insurers and credit card companies are indirectly charging up to 5 percent of a claim for processing the transfer of money via VCC. In some practices, these fees may add up to substantial sums - and the charges are hidden.

Q: What does this legislation do?

A: The legislation requires health insurance companies and RCOs to place language into all their contracts with physicians outlining that a physician's request to be paid with an ACH EFT (electronic funds transfer) must be honored. Under HIPAA, payments made via the Automated Clearing House may only be a nominal flat fee - for instance \$0.34 instead of the 5 percent attached to some VCCs. The required language for all contracts, which must be in all caps, bolded 12-point font and offset from other language, reads as follows: "If a covered health care provider requests payment

under a health insurance plan from a health insurer or its contracted vendor or a regional care organization be made using ACH electronic funds transfer, that request must be honored. Furthermore, such a request may not be used to delay or reject a transaction, or attempt to adversely affect the covered health provider."

Q: Why is the language that an insurer or RCO cannot "attempt to adversely affect" a physician for requesting an ACH EFT payment over a VCC included?

A: That language protects a physician requesting an EFT payment from being penalized by the health insurer or RCO in some other manner, like denying or delaying payment simply because a physician requested an EFT.

Q: What you still need to do...

A: The Medical Association was successful in getting the law changed to ensure physicians are notified in their contracts of their right to be paid with ACH EFT payments over VCCs. Physicians and practices must individually decide whether or not they want to consent to the percentage-based fees associated with acceptance of VCCs. Additionally, because the Medical Association successfully included specific language be

placed in each contract that the health insurer or RCO cannot delay or deny a transaction because of the choice of electronic funds transfer, each physician and practice should look for hidden “value added” services.

For instance, some ACH vendors have attempted to charge a higher fee for providing access to a 24-hour hotline. Under existing law, physicians are not required to enroll in such “value added” programs.

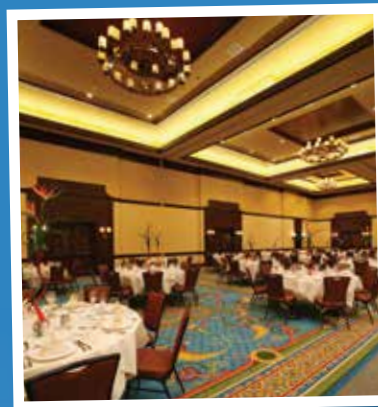
Q: Does this affect patients’ use of credit cards for payment?

A: No.

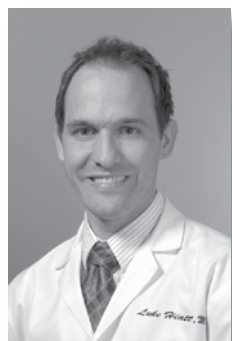
Save the Date for the **2017 Annual Meeting**

May 4-6, 2017

Ross Bridge Resort Birmingham, AL



UAB AOS Update



Dr. Luke Hiatt



Dr. Joseph Khoury



Dr. Brent Ponce



Dr. Steven Theiss

It has been a busy year for UAB Orthopaedic Surgery. Under the continued leadership of our chair **Dr. Steven Theiss** and our program director **Dr. Joseph Khoury**, our hospital was once again ranked in the top 50 hospitals in the nation for orthopaedic surgery by US News and World Report. As UAB Orthopaedic Surgery continues to grow, there has been an increased need for surgeons in several specialties and we are excited to introduce three new additions to our faculty this fall.

Dr. Jason Pittman joined our Spine section in August. Dr. Pittman is an MD PhD and received both degrees at the University of Tennessee. He then completed residency at Boston University and a spine fellowship at Harborview Medical Center in Seattle. We look forward to his clinical and academic contributions to our group.

Dr. Jonathan Quade also joined our faculty in August as our newest orthopaedic traumatologist. He completed medical school and residency training at the Medical College of Wisconsin and

subsequently completed a trauma fellowship at Florida Orthopaedic Institute in Tampa. He has a specific interest in pelvic and acetabulum fractures. Dr. Quade is an outstanding clinical educator and recently won the teaching award given by the residents at Florida Orthopaedic Institute.

Dr. Sameer Naranje accepted a position as an arthroplasty specialist, beginning in September. After completing his initial training in India, he pursued an Adult Reconstruction fellowship at the University of Minnesota, where in addition to getting outstanding clinical training, he also was a productive researcher. His research focus is on the clinical outcomes of patients following hip and knee arthroplasty. We are excited about the new perspective he will bring to our arthroplasty service.

We proudly graduated an outstanding group of six residents in June. Our academic year culminated with the graduation ceremony and research day. **Dr. Judy Baumhauer**, associate chair of academic affairs and professor of foot and ankle surgery

at the University of Rochester and a Director of the ABOS, was the keynote speaker. All six of our graduating residents will be pursuing fellowships in the coming year, with diverse subspecialty interests including arthroplasty, hand surgery, sports surgery, and foot and ankle surgery.

Several of our faculty members continue to pursue cutting-edge techniques in their subspecialties. Two in particular that we would like to highlight are **Dr. Brent Ponce** and **Dr. Herrick Siegel**. Dr. Ponce has taken a special interest in complex proximal humerus fracture and has pioneered new techniques, including intramedullary nailing and reverse shoulder arthroplasty for complex fractures, with excellent clinical results. Dr. Herrick Siegel has continued his high-volume arthroplasty practice and teaches multiple courses each year as an expert in anterior total hip arthroplasty. Many of our other surgeons have similar interests within their sub-specialties and are enthusiastic to share their knowledge through grand rounds, courses, and other ventures.

UAB AOS Update (continued)

Lastly, UAB Orthopaedic Grand Rounds are held twice a month at 5 pm on Thursdays in the Highlands Hospital Media Center on the first

floor of the hospital. We would welcome attendance by any AOS members and community surgeons. CME credit is available. We also

post new information regarding UAB Orthopaedics on our website at www.uab.edu/medicine/surgery/orthopaedics

University of South Alabama AOS Update



Dr. Patrick Barousse Dr. Chris Jones Dr. Ryan Mitchell Dr. Brandon Taylor Dr. Grant Zarzour

The Department of Orthopaedic Surgery at the University of South Alabama has had many changes in the last year. We are still searching for a new chairman but the field has been narrowed down to a few great candidates.

As a University system, we welcome **Dr. John Marymont** as the new vice president for medical affairs and dean of the College of Medicine at the University of South Alabama. Dr. Marymont served as the department of orthopaedics chairman at Louisiana State University in Shreveport. We hope to build a good relationship with Dr. Marymont and look forward to his experience with Orthopaedics.

Another exciting change in our department will be the addition of **Dr. Chris Jones**, who will be starting in August. Dr. Jones was a fellow resident of **Dr. Brewer**, our new Director of Orthopaedic Traumatology. Dr. Jones is completing his Sports fellowship at Andrews Sports Medicine Institute in Birmingham. He will be a welcomed addition to the South Alabama Sports Medicine team.

We are also excited to be moving to a new office building in the coming months. Work is almost complete on a new USA office building near the Children's and Women's Hospital. We will have state of the art facilities including in house Physical Therapy and diagnostic imaging.

Under **Dr. McBryde's** leadership the USA Orthopaedic Department will also be releasing its first journal. This journal will go out to Alumni and programs across the country.

Finally, we would like to congratulate **Drs. Ryan Mitchell, Grant Zarzour, and Brandon Taylor** for finishing residency this year. In the coming year, Dr. Mitchell will be in San Francisco doing a Sports Fellowship, Dr. Taylor will be in Memphis for a Foot and Ankle Fellowship, and Dr. Zarzour will be in Jackson for a Total Joint Arthroplasty Fellowship.

2016 AOS/MOS Joint Meeting

(continued from page 1)

This year brought a record 26 resident paper submissions for the Chestley Yelton Resident Award. Twelve Alabama residents presented papers while 4 residents displayed poster presentations. These winners were announced during the meeting:

First Place:
Kenneth Smith (UAB): Isolated Gastrocnemius Recession for Treatment of Achilles Tendinopathy

Second Place:
Erin Ransom (UAB): Patient Outcomes after Distal Radius Fracture Treatment with a Staged Protocol of External Fixation Followed by Open Reduction Internal Fixation

Third Place:
James McFadden (UAB): The Effect of Suture Width on Rotator Cuff Repair: A Biomechanical Analysis

Congressman Bradley Byrne presented a Washington Update, including healthcare issues and remarks about the upcoming elections.

Another highlight of the meeting was the golf tournament on the Azalea Course, with 42 attendees participating. Prizes were awarded to:

Winning Team
 Freddie Skelton
 Tony Wallace
 Mac Barbour
 Clint Howard



First Place:
 Kenneth Smith (UAB)



Second Place:
 Erin Ransom (UAB)



Third Place:
 James McFadden (UAB)



Longest Drive
Patrick Barousse

Closest to the Hole
Clint Howard

The Presidential Reception and Dinner, hosted by NHS Management and Restore Therapy, offered a delicious buffet on the Point. This was a perfect setting for a family-friendly evening of fellowship with games for all, a bouncy house for the children and live music.

Thank you to our speakers and presenters, to all the attendees who enjoyed the opportunities for education, fun and fellowship and especially to our sponsors and exhibitors who made this event such a success.



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AAOS 2017 Annual Meeting

March 14-18, 2017

San Diego Convention Center
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