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BECKER'S
SPINE REVIEW

July 2013 • Vol. 2013 No. 3

14 Spine Surgeons Receive Leadership Awards

By Laura Miller

Becker's Spine Review has named the recipients of the Annual Spine Leadership Award 2013. Recipients were selected based on their noteworthy contributions to their practice and the spine community, entrepreneurial skills and influence in business and leadership.

Editor's note: Becker's Healthcare received numerous nominations for the inaugural Leadership Awards. We appreciate the time and thought that went into each nomination, all of which were considered by a panel of editorial team members and healthcare industry experts. The 2013 awardee decisions are final. Becker's Healthcare looks forward to highlighting exemplary careers in healthcare with annual Leadership Awards in years to come.

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Driving Value in Spine Care: Outpatient Spine Surgery

By Richard N.W. Wohns, MD, JD, MBA, Managing Member and Founder of Neospine

Over the past 20 years, an increasing number of spinal surgeries have transitioned from inpatient to outpatient. This is due to multiple factors including the evolution of minimally invasive spine surgery, improved anesthetic regimens, lower rates of infection and higher patient satisfaction when having surgery in outpatient facilities, and market forces — mainly the rising cost of healthcare.

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5 Qualities of Spine Center Leaders for Today & Tomorrow

By Laura Miller

Spine Center Network was developed by Prizm Development, Inc., two years ago and now acts as a national network of credentialed Spine Centers of Excellence for payers and consumers. Inclusion in the network is based on credentialing criteria that includes having fellowship-trained or highly specialized spine surgeons integrated with spine-specialized physical medicine physicians and spine therapists. Spine Center Network represents those spine centers that meet the credentialing criteria. It currently includes about 18 spine centers across the United States.

"Prizm developed the network because they had just completed a very creative spine care contract with United Healthcare and the medical director asked 'Where else do you have these kinds of spine centers,'" says James Lynch, MD, FRCSI, FAANS, founder and CEO of SpineNevada, and chairman and director of spine at the Surgical Center of Reno, a member of the Spine Center Network.

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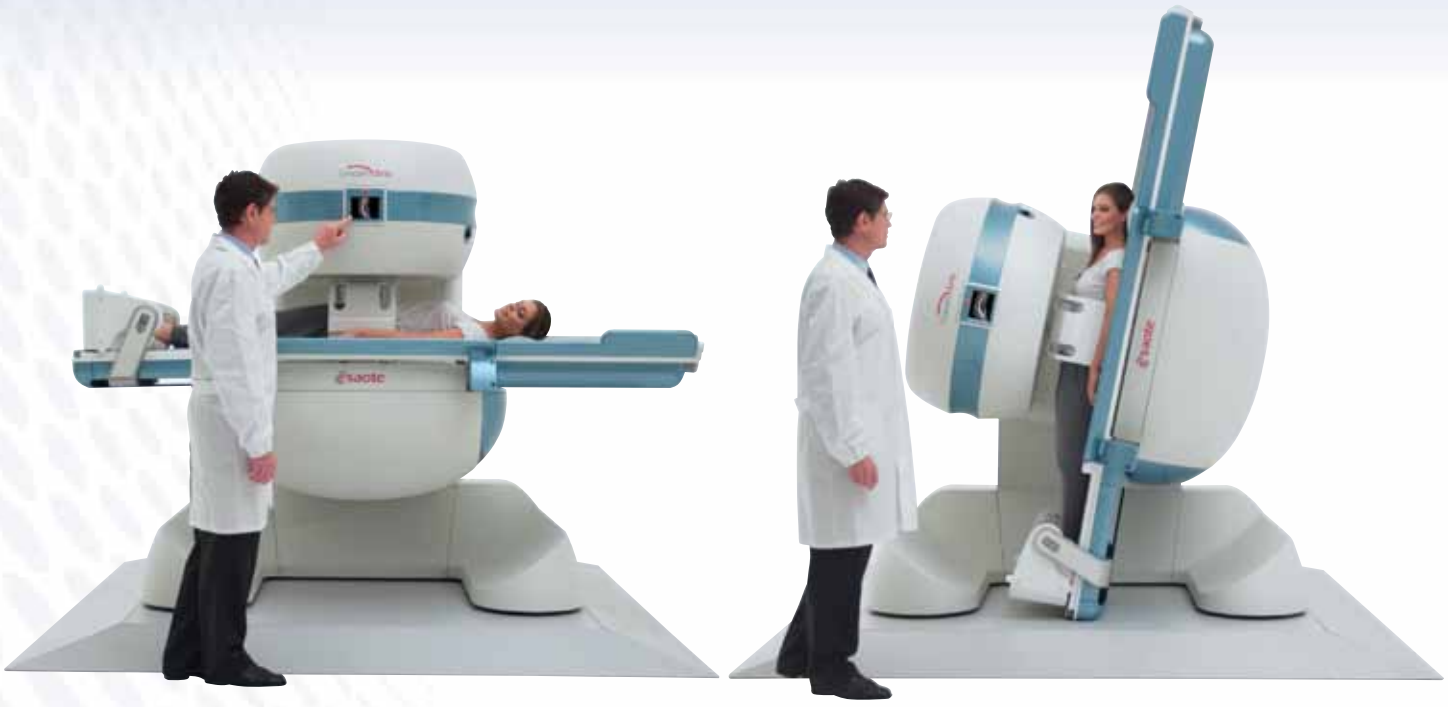
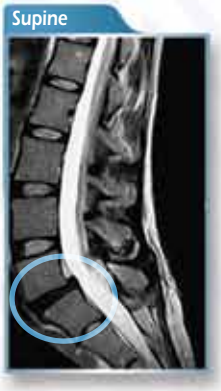
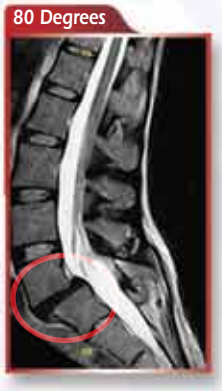
Two For One.







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- Key Thoughts on Keeping ASC Owners Engaged - Michael Patterson, President & CEO, Mississippi Valley Health, Darlene Johnson, RN, BSN, MSN, CASC, Healthcare Consultants International, Inc., Gary Richberg, RN, BSN, ALNC, CNR-A, CNR-C, CASC, Administrator, Pacific Rim Outpatient Surgery Center, moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP
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- ASCs 2013 and 2014 - Where Does the Industry Stand, Where are the Great Opportunities? Nap Gary, Chief Operating Officer, Regent Surgical Health, I. Naya Kehayes, MPH, Managing Principal and Chief Executive Officer, Eveia Health Consulting & Management, Richard N.W. Wohns, MD, JD, MBA, South Sound Neurology, PLLC, Scott Becker, JD, CPA, Partner, McGuireWoods LLP, moderated by Bob Woodward, Legendary Pulitzer Prize-Winning Journalist/Author and Associate Editor, The Washington Post
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- Key Thoughts on Medicare Inspections and Survey Readiness - Tracy Harbour, RN, BSN, Administrator, Surgery Center of Pinehurst, Marti Potter, Administrator, Jersey Shore Ambulatory Surgery Center, Marcy Sasso, CASC, Director of Compliance and Development, Facility Development & Management, LLC, moderated by Melissa Szabad, Partner, McGuireWoods LLP
- Opening a State of the Art ASC in Changing Times - Michael Redler, MD, The OSM Center
- Minimally Invasive Hysterectomy in an Outpatient Setting; Successes and Suggestions - Jon Nielsen, MD, North Memorial Ambulatory Surgery Center at Maple Grove

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July 2013 Vol. 2013 No. 3 www.beckersspine.com

FEATURES

Publisher's Letter

5 Key Trends for 2013

It has been a fascinating first half of the year in the healthcare industry. This letter briefly outlines what we think are five of the biggest issues facing hospitals and healthcare systems, surgery centers and physician practices this year.

1. High-Deductible Health Plans. The shifting focus to high deductible insurance plans by private employers is likely to seriously impact healthcare provider margins. As implementation of the Accountable Care Act begins, it is becoming clear that many employers will begin to move towards high-deductible health plans to keep their insurance costs down and avoid the so-called Cadillac tax, which imposes fees on employers who offer their employees high-end health plans. In fact, the *New York Times* reported on May 27, 2013 that in the last couple of years there has been a 6 percent jump in employers changing their plans due to the impending Cadillac tax. Moreover, it appears that many employers are considering or switching to high-deductible health plans. High-deductible health plans are likely to impact the healthcare industry by slowing consumer use of healthcare resources. While consumers do not yet have the tools or transparency to begin price shopping for their health services in the immediate future, high-deductible health plans will likely lead to more caution in consumer spending over time.

For a great synopsis of the impact of high-deductible plans on spending, see "*High Deductible Health Plan Study: Five Takeaways,"* California Healthcare Foundation.

2. Healthcare Exchanges. The development of healthcare exchanges is moving more slowly than expected. However, this slower pace in becoming operational may be good news for providers, as the healthcare exchanges will likely pay providers at lower rates for their services. Thus, the predicted migration of business from commercial payers to healthcare exchanges is an issue of great concern to providers.

For additional information on healthcare exchanges, please see "*Health Insurance – Exchanges Clarity Needed to Gauge Impact,*" Fitch Ratings in which Fitch Ratings notes that hospitals are likely to be paid lower amounts under healthcare exchanges than they receive from commercial insurance.

3. Healthcare Consolidation. While a number of independent hospitals remain steadfast in retaining their independence, we continue to see independent hospitals entering into discussions regarding mergers and affiliations with larger partners. Many hospitals remain very concerned about their ability to stay independent long-term in a changing environment where future reimbursement is uncertain. However, independent hospitals that can (1) be dominant in their independent market, (2) be operated in a very lean way, and/or (3) excel in a specific area may be able to stay independent for a long time.

For a different view of healthcare consolidation, please see "*Healthcare Consolidation May Bend to Cost Curve the Wrong Way,*" by Mitchell Brooks, March 16, 2012 at KevinMD.com.

4. Surgery Centers Remain a Good Business. There continues to be erosion of two key factors that comprise and drive revenue for surgery centers. Specifically, there continues to be a decline in physician cases and reimbursement rates. Essentially, there are a limited number of independent physicians available to invest in ASCs and reimbursement for surgery centers is not improving. In contrast, one positive development for surgery centers is that independent

doctors are not becoming employed by hospitals as quickly as originally expected, particularly in key specialties. However, there are not as many new specialists today establishing large independent practices as there had been over the last 20 years. Furthermore, in many areas the surgery center market is relatively saturated and there are a limited number of independent physicians available to be owners in third-party ventures or buy into surgery centers because a large number of independent physicians already have ownership interests in other centers or are employed by a health system which prevents them from becoming owners in third-party ventures. Surgery centers are also facing the same reimbursement challenges that hospitals and health systems are facing, including the movement toward high-deductible health plans and healthcare exchanges.

5. Independent Practices and Physician Trends. Many independent physician practices, like independent hospitals, seem intent on remaining independent. However, practices seem to gravitate quickly towards hospital employment when their professional income decreases by even relatively small amounts. That stated, if an independent practice wishes to remain independent, it needs to: (1) be absolutely exceptional in its niche in its geographic area, (2) be very lean and be able to survive with the unknown changes in reimbursement, and/or (3) be so extraordinary in a specific area that it stands out in terms of patient need or payer need. Physician practices are also facing challenges with respect to specialist recruitment, as there remain shortages and surpluses of specialists depending on the market — some markets still have far more specialists than needed. In addition, it will be fascinating to see whether hospital-employed specialists' compensation continues to remain at the lofty levels it is now in the future, or whether hospitals will reduce employed specialists' compensation as reimbursement for hospital services declines over time due to changes in Medicare and the development of healthcare exchanges and high-deductible health plans.

We have two exciting events towards the end of year that will focus on and discuss a lot of these issues. For information on these events, please feel free to contact me by email at sbecker@mcguirewoods.com or Kirsten Doell at kdoell@mcguirewoods.com or Lauren Groeper at Becker's Healthcare lgroeper@beckershealthcare.com. Specifically, the 20th Annual Surgery Center Conference will be taking place October 27th through the 29th. We have great leaders in the surgery center industry scheduled to speak at the conference in addition to keynote speakers such as David Feherty, Rick Pitino, Bonnie Blaire and Bob Woodward. The conference is geared to administrators and physician owners. In addition, in the hospital arena, our 3rd Annual CEO Roundtable will be taking place at the Ritz Carlton on November 14th where we have scheduled an amazing, star studded lineup of hospital senior leadership to speak and discuss the most critical issues facing hospitals and health systems. For brochures on either event, please feel free to email me at sbecker@mcguirewoods.com or Kirsten Doell at kdoell@mcguirewoods.com.

Very truly yours,

Scott Becker, Publisher

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14 Spine Surgeons Receive Leadership Awards **(continued from page 1)**

Robert S. Bray Jr., MD, CEO & Founding Director of DISC Sports & Spine Center in Marina del Rey, Calif.

Dr. Bray founded DISC Sports & Spine Center in 2006, which now includes multiple practice locations and two ambulatory surgery centers. He previously founded the Institute for Spinal Disorders at Cedars-Sinai Medical Center and served as director of neurosurgery and headed the spine program at St. John's Medical Center, Century City Hospital and Daniel Freeman Memorial Hospital.

Throughout his career, Dr. Bray has spent more than 20 years on active and reserve duty with the United States Air Force and received multiple medals for his contributions to protocol development and teaching wartime trauma techniques. His practice is currently devoted to minimally invasive outpatient spine surgery and he holds several patents for innovative spinal implants and surgical instruments.

In recent years, DISC has partnered with several elite athletic organizations to provide care for Red Bull America athletes, Olympic athletes and the Los Angeles Kings, along with other professional athletes. In addition to his clinical practice, Dr. Bray has trained more than 25 fellows and lectures internationally on spine-related topics.

John Caruso, MD, FACS, President of Parkway Neuroscience & Spine Institute/Parkway Surgery Center, Hagerstown, Md.

Dr. Caruso is a dedicated advocate for physician rights and co-founded "Save Our Doctors, Protect Our Patients" campaign. He initiated and helped create legislation to reimburse physicians for trauma care delivery in Maryland and helped to sustain the extensive Maryland trauma care system with his legislative efforts.

During his career, Dr. Caruso has been a national spokesman for Doctors for Medical Liability Reform and a board member of Blue Chip Surgical Partners. He has a vision of providing comprehensive spine care and was the driving force behind Parkway, an integrated treatment facility that features an ambulatory surgery center, imaging center and physical therapy.

Dr. Caruso is board-certified by the American Board of Neurological Surgery and a member of the Congress of Neurological Surgeons. He performs numerous procedures, including minimally invasive surgery, complex instrumentation and lumbar spinal surgery.

John Dietz, MD, OrthoIndy, Indianapolis

Dr. Dietz is a spine surgeon with OrthoIndy, a large physician practice that also includes the Indiana Orthopaedic Hospital. Dr. Dietz is founder and former chairman of the board of managers

for IOH and remains active in the North American Spine Society, Scoliosis Research Society and American Academy of Orthopaedic Surgeons. As a former Army orthopedic surgeon, he is a member of the Society of Military Orthopaedic Surgeons as well.

Throughout his career, Dr. Dietz has contributed to spine device and technique innovation. He has been awarded patents on surgical instruments used in endoscopic spine surgery and has published research in several medical journals. Additionally, Dr. Dietz has presented at several national meetings of orthopedic surgeons.

Dr. Dietz earned his medical degree from Duke University School of Medicine in Durham, N.C., and completed his residency in orthopedic surgery at Madigan Army Medical Center in Tacoma. His additional training includes a fellowship in spine surgery at Swedish Hospital Medical Center in Seattle. He has a professional interest in treating scoliosis, spine trauma and cervical spine disorders.

Charles Gordon, MD, Founder of Precision Spine Care, Tyler, Texas

Dr. Gordon is founder of Gordon Spine Associates — now known as Precision Spine care — and co-founder of Texas Spine & Joint Hospital, a privately-owned hospital focused on orthopedic and spine procedures.

The hospital includes inpatient acute care, outpatient surgery and ancillary imaging services. Throughout his career, Dr. Gordon has advocated for spine research and stays on the cutting edge of laser technique and stem cell use.

More recently, Dr. Gordon has been on the front line of using early genetic detection of potential spine and neurological problems. He founded the device company Flexuspine and has received patents for more than four spinal devices. He is an affiliate of the North American Spine Society, Texas Association of Neurological Surgeons and American Association of Neurological Surgeons.

In addition to his clinical work, Dr. Gordon is the author of a photographic essay titled "In Plain Sight: Seeing God's Signature throughout Creation."

Stephen Hochschuler, MD, Co-Founder of Texas Back Institute and Chairman of Texas Back Institute Holdings Corporation, Plano

Texas Back Institute was among the first private practices focused on spine surgery founded in the United States with a concurrent mission of educating future surgeons. Dr. Hochschuler, along with Ralph Rashbaum, MD, founded Texas Back Institute in 1977 with the goal of providing specialty spine care, fellowship training, research and new product development. The group's nonprofit research foundation was established in 1985 and the Texas Back Institute Spine Surgery Fellowship Program in 1986.

During his career, Dr. Hochsculer was a founding member and president of the Spine Arthroplasty Society, now known as the International Society for the Advancement of Spine Surgery. He continues to serve as a founding member of the board of directors. He is also a founding member of the American Board of Spinal Surgery and is a member of the North American Spine Society.

Dr. Hochschuler has served on the medical board of several device companies and was founding chairman of Innovative Spinal Technologies. He has been chairman of the Scientific Advisory Board of Physicians for Alphatec Spine and on the company's board of directors. He was on the business advisory board for DePuy Spine and co-founder of Spinal Technologies. Additionally, he is on the advisory board for the Massachusetts Institute of Technology's Picower Institute for Memory and Learning and clinical instructor for the University of Texas Southwestern Medical School department of orthopedics in Dallas.

James J. Lynch, MD, FRCSI, FAANS, Founder and CEO of SpineNevada, Reno

During his more than 20 years in the field, Dr. Lynch has focused his attentions on advancing the field of spine surgery and outpatient procedures. He currently performs more than 500 spine surgeries per year in both the hospital and outpatient setting, including more than 200 cervical spine fusions per year. He also serves as partners and director of spine services at Regent Surgical Health.

Earlier this year, Dr. Lynch earned the Top Neurosurgeon in Nevada honor from The Leading Physicians of the World. He serves as a board member for the High Fives Organization, a nonprofit foundation dedicated to raising money and awareness for athletes that suffered life-altering injuries while pursuing winter action sports. Dr. Lynch also lectures nationally on outpatient spine surgery and serves as chairman and director of spine programs at the Surgery Center of Reno.

He has a special interest in minimally invasive spine surgery, complex procedures, spinal deformities and trauma. In addition to his clinical work, Dr. Lynch has published in several spine-focused journals, including The Journal of Neurosurgery and Spine. He is a fellow of the American Association of Neurological Surgeons.

John Peloza, MD, Director of the Center for Spine Care, Dallas

Dr. Peloza is a founding partner of the Center for Spine Care and Minimally Invasive Surgery Institute, an ambulatory surgery center opened in 2011 as a partnership with Meridian Surgical Partners. The outpatient facility includes the O-arm Spine Surgical Imaging System with StealthStation Navigation.

He was one of the first spine surgeons and clinical researchers in Dallas to use mesenchymal stem cells to treat degenerative disc disease. He has been active in using biologic solutions to promote disc and joint healing.

Dr. Peloza is a pioneer in minimal access spinal surgery and was instrumental in launching the SEXTANT, MET-Rx and MAVERICK total disc replacement. He was among the first surgeons to use the coflex Interlaminar Technology for motion preservation in the United States.

He is a member of several professional organizations, including North American Spine Society and American Academy of Orthopaedic Surgeons. Dr. Peloza earned his medical degree at Northwestern University Medical School in Chicago and completed his residency at the University of Texas Southwestern Medical Center in Dallas. His additional training includes fellowships in knee and shoulder reconstructive surgery and spine surgery, and he served as a spine consultant to the United States Ski Team.

Kenneth A. Pettine, MD, Founder of Rocky Mountain Associates in Orthopedic Medicine, Loveland, Colo.

Dr. Pettine co-founded Rocky Mountain Orthopedics in 1991 and then The Spine Institute — formerly Rocky Mountain Spine Arthroplasty Specialists — in 2004. He is a pioneer in minimally invasive outpatient spine surgery and has dedicated his efforts to transitioning appropriate spinal cases into the outpatient ambulatory surgery center setting. He is the driving force behind the Society for Ambulatory Spine Surgery, founded in 2011 to help educate surgeons in the safety and efficacy of ambulatory surgery. The society's goal is to have more than 50 percent of spine surgeries performed in an ambulatory environment.

In addition to his clinical work, Dr. Pettine has contributed to significant advances in spinal implants and technique. He is the co-inventor of the Maverick artificial disc, Prestige artificial disc and currently serves as the chief FDA IDE investigator for the Raymedica lumbar nucleus disc replacement. His additional work with spinal implants includes the Spinal Motion cervical and lumbar total disc arthroplasty, Neodisc cervical disc replacement, Abbot Wallis device, DePuy Discover cervical disc replacement, Facet Solutions Acadia lumbar facet replacement and Paradigm Spine coflex interspinous device.

In 2011, Dr. Pettine founded the Orthopaedic Stem Cell Institute to provide stem cell therapy to patients with certain orthopedic injuries as an alternative to therapy. Institute physicians use an autologous stem cell therapy with X-ray guidance to perform the procedure in an outpatient ambulatory surgery center.

Dr. Pettine is a member of the North American Spine Society, International Society for the Advancement of Spine Surgery, International Spinal Injection Society and American Academy of Orthopaedic Surgeons. He earned his medical degree at the University of Colorado School of Medicine and completed his residency in orthopedic surgery at Mayo Clinic in Rochester, Minn. His additional training includes a fellowship at the Institute for Low Back Care in Minneapolis.

Frank Phillips, MD, Director of the Section of Minimally Invasive Spine Surgery at Rush University Medical Center, Chicago

Dr. Phillips was among the early adapters of minimally invasive spinal surgery techniques and has spent his career pioneering the field. He is a founder, board member and past president of the Society for Minimally Invasive Spine Surgery and has developed a number of techniques

now widely performed. He has a special interest in minimally invasive cervical and lumbar reconstructive surgery and was a driving force behind the development of the Midwest Orthopaedics at Rush Minimally Invasive Spine Institute last year.

Throughout his career, Dr. Phillips has participated in research and development, and served as a principle investigator on FDA trails for cervical disc replacement. He frequently directs spinal education courses for other surgeons and lectures extensively. His research awards and publications are numerous and he continues to develop research in minimally invasive spine surgery, cervical reconstruction and intervertebral disc biology and regeneration. Before joining Rush, Dr. Phillips was the director of the Spine Center at the University of Chicago.

Dr. Phillips is a member of several professional societies, including the North American Spine Society, American Academy of Orthopaedic Surgeons, International Society for the Advancement of Spine Surgery and Cervical Spine Research Society. He also serves on the board of directors for the International Advocates for Spine Patients, an organization focused on advocating for accessible and cost-effective spine care for patients around the world.

David Rothbart, MD, FAANS, FACS, FACPE, Founder of Spine Team Texas, Southlake

Dr. Rothbart is the founder and medical director of Spine Team Texas, where he has a professional interest in minimally invasive spine surgery. At the end of 2005, he performed a groundbreaking artificial disc replacement surgery and continues to stay at the cutting-edge of the field.

Previously, Dr. Rothbart served as medical director at Baylor Medical Center at Irving and Grapevine, and practiced at the Chicago Institute of Neurosurgery. He is a member of the American Board of Neurological Surgery, National Board of Medical Examiners and American Association of Neurological Surgeons.

Michael Russell II, MD, Azalea Orthopedics, Tyler, Texas

Dr. Russell serves as a spine surgeon with Azalea Orthopaedics and board member of the Texas Spine & Joint Hospital. He is the immediate past president of Physician Hospitals of America and continues to serve on the board of directors. He has a special interest in treating spine injury, deformity and degeneration.

In 2010, Dr. Russell and 36 other owners of Texas Spine & Joint Hospital entered into a lawsuit seeking to kill the part of the healthcare reform bill banning physicians from owning hospitals. He is a member of the American Academy of Orthopaedic Surgeons and National Association of Spine Surgeons.

In addition to his clinical work, Dr. Russell has published articles based on his research and given presentations at national meetings.

Richard N.W. Wohns, MD, JD, MBA, Founder and President of NeoSpine, Puget Sound Area, Wash.

Throughout his career, Dr. Wohns has remained on the cutting edge of spine surgery, pioneering the transition into the outpatient setting. A board-certified neurosurgeon, Dr. Wohns founded NeoSpine, where he now serves as president. In 2001, he began developing a national network of outpatient spine surgery centers, which were acquired in 2008 by Symbion. He currently serves as chief consultant to Symbion for outpatient spine surgery center development.

Dr. Wohns has performed more than 3,000 outpatient cervical and lumbar spine surgeries and published data on these procedures in medical literature. He was one of the first neurosurgeons in the United States qualified to perform the eXtreme Lateral Interbody Fusion technique for minimally invasive lumbar fusions and also has expertise in complex spine surgery and disc arthroplasty.

In addition to his clinical practice, Dr. Wohns lectures nationally and internationally on clinical, business and legal aspects of outpatient spine surgery. He co-founded U.S. Radiosurgery, a company that developed and managed Gamma Knife and Cyberknife Radiosurgery centers throughout the country, which was acquired by Alliance Oncology in 2011. He has served as president of the Washington state Association of Neurological Surgeons and currently serves as the president elect of the Western Neurosurgical Society.

His leadership also extends to device companies, and he serves on the scientific advisory board for Ranier Technology and Thompson MIS. He is a health policy consultant to NuVasive and consultant to LDR. Dr. Wohns earned his medical degree at the Yale School of Medicine in New Haven, Conn., and completed his residency in neurosurgery at the University of Washington in Seattle.

Anthony Yeung, MD, Founder of Desert Institute for Spine Care, Phoenix

Dr. Yeung developed the FDA-approved Yeung Endoscopic Spine System and spent his career refining and teaching the technique around the world. Most recently, Dr. Yeung and his wife

announced a $2.5 million donation to the University of New Mexico School of Medicine to found a comprehensive spine center. He has partnered with the University to teach his technique and the new center will continue to pass it along to the next generation of spine surgeons.

Throughout his career, Dr. Yeung has published more than 70 scientific publications and was named "Health Care Hero" by the Phoenix Business Journal. He has been president of the Maricopa County Medical Society and Arizona Orthopaedic Society, and served on the board of directors for the Arizona Medical Association. He is currently the president of the World Congress of Minimally Invasive Spine Surgeons and executive director of the Intradiscal Therapy Society.

Dr. Yeung and his partners perform outpatient spine surgery at the Squaw Peak Surgical Facility, where he also directs a fellowship program. He is a member of the American Academy of Orthopaedic Surgeons, North American Spine Society and founding member of the Minimally Invasive Spine Society in the United States. He also serves as the executive director of the International Intradiscal Therapy Society.

Christopher Yeung, MD, Desert Institute for Spine Care, Phoenix

During his career, Dr. Yeung has focused on research and innovation, serving as the principle investigator for FDA studies such as the Flexicore lumbar artificial disc replacement, Cervicore cervical artificial disc replacement and DASCOR total nucleus replacement. Dr. Yeung is Team Spine Surgeon and Consultant for the AZ Diamondbacks, AZ Rattlers, and many Cactus League teams during Spring Training, including the LA Dodgers, Cincinnati Reds, Kansas City Royals, Seattle Mariners and Colorado Rockies.

He has several publications and gives presentations around the country on endoscopic spine surgery. He performs the technique developed by his father, Anthony Yeung, MD, for minimally invasive endoscopic spine surgery. He has received the Top Doctor recognition from Phoenix Magazine for several years and was featured in MD News for his work in spine care.

Dr. Yeung is s a founding member of the Society for Minimally Invasive Spine Surgery. He is also a member of the North American Spine Society, International Society for the Advancement of Spine Surgery and American Academy of Orthopaedic Surgeons. ■

5 Qualities of Spine Center Leaders for Today & Tomorrow
(continued from page 1)

"Consequently, Prizm developed credentialing criteria for those spine centers that emphasized non-surgical treatment options and invited them to become Spine Center Network."

The credentialing criteria requires: integration of spine surgeons with PMR and spine therapy; production of a Clinical Outcome Report Card; and use of a Home Remedy Book that educates patients on non-surgical treatment options.

"Prizm began developing its non-surgically oriented spine center model more than 18 years ago," says Bob Reznik, President of Prizm Development. "We had done more than 500 one-on-one meetings with health insurance medical directors and large employers. We learned that they really wanted patients to be educated on their non-surgical treatment options. They wanted patients to avoid 'surgical mills' where they too often received surgery without any non-surgical treatment options. They also were frustrated that patients never received any home exercises that strengthen the back, making it more flexible and resistant to future strain. The centers in Spine Center Network emphasize non-surgical options before spine surgery. But when symptoms indicate surgery is needed, they are decisive and try to use a minimally invasive approach."

Mr. Reznik believes that healthcare reform will cause emerging accountable care organizations to seek out these types of spine centers. Consequently Spine Center Network is already developing bundled case rates for spine surgery and non-surgical episodes of care.

"Spine Center Network helps push us along to be sensitive to the needs of employers and payers for predictability and case rates," says Dr. Lynch. "That is the future of spine."

Here are five qualities of spine centers that will be in the best position to lead in the future, and become part of the Spine Center Network.

1. Integrated surgical specialists with non-surgical care. According to Mr. Reznik, around 90 percent of spine issues can be treated non-surgically. Patients and payers are looking for providers who can triage care, fast-tracking patients to the right specialist for their individual needs.

"With healthcare reform, there will be 30 million more potential patients and some of them will have back and neck issues," says Mr. Reznik. "How can we triage these patients so spine surgeons aren't having to assess simple acute back pain cases? Several health insurance plans in Michigan, Minnesota and Nevada have already mandated that physical medicine and rehabilitation physicians act as the gatekeeper. Some states have implemented a surgeon blockade, requiring the patient to see a PM&R physician before seeing a surgeon."

These trends could push spine in a similar direction as cardiac care. Currently, patients with beginning stage heart disease see a cardiologist before a cardiothoracic surgeon.

"In spine, you should have triage protocols so the person with a neurological deficit sees the right specialist," says Mr. Reznik. "I think payers are becoming educated about the high volume of surgery being performed, and healthcare providers need to do a better job of directing the patient to the right provider."

2. Ability to perform minimally invasive procedures. Technology and technique for minimally invasive spine surgery has evolved over the past several years into highly sophisticated instrumentation allowing surgeons to perform traditional procedures with a less disruptive approach. "These benefits are why we are opening a new dedicated office facility, SpineNevada Minimally Invasive Spine Institute, in July to address patient and insurance carrier needs," says Dr. Lynch.

Proven minimally invasive procedures can have several benefits, including less pain, blood loss, recovery time and cost than open surgery.

"When patients do need surgery, they should be directed to someone who performs a high volume of spine procedures with a minimally invasive approach so patients get the benefit from proficiency as well as a smaller incision," says Mr. Reznik. "These procedures can also reduce the length of stay, and some surgeons can perform them in same-day surgery centers."


Dr. James Lynch


Bob Reznik

The procedure costs less for the insurance company and patients are able to return to work more quickly, which softens the overall economic impact of spine surgery. Surgeons who perform a high volume of cases will have a more predictable outcome.

"I think payers are attracted to predictable patient outcomes and rates for surgery," says Mr. Reznik. "I think payors have been burned by unpredictable rates for facilities in the past, and that's one reason why payors are more intrigued by centers with non-surgical treatment options."

However, minimally invasive surgery isn't right for every patient and spine surgeons must understand appropriate patient selection before moving forward with surgical cases.

3. Achieve predictable outcomes. Spine care is expensive and stakeholders want to make sure they have a positive experience. Whether its spine surgery or non-operative treatment, payers may be willing to compensate more for quality in the future.

"Case rates can be a win-win for the payor and spine care provider. In return for a predictable total bundled rate, payors can provide reimbursement to the spine surgeon that may actually be better than their current unbundled and heavily discounted CPT code rate," says Mr. Reznik. "From a lot of discussions we've had with payors and medical directors, they aren't trying to abuse spine surgeons with their pricing, but they are frustrated with the unpredictability."

A spine center should be transparent with its protocols and philosophy for spine care by publishing online a Clinical Outcome Report Card that is generated not by themselves, which has little credibility, but rather by an outside entity. The report card should reveal not only patient satisfaction, but also what percent of patients receiving therapy, injections or surgery in the course of their treatment. Also, the report card should reveal what percent received a home exercise program and Home Remedy Book to demonstrate efforts toward prevention of future spine problems.

"Spine Center Network is the only network of truly credentialed spine centers where outcomes are reported online," says Dr. Lynch. "It's truly unique. As such, it is by invitation only, and a very elite group of spine centers."

4. Participation in new payment models. Insurance companies are interested in accountable care organizations and bundled payments, which lean toward a pay-for-performance instead of a fee-for-service reimburse-

ment model. Providers participating in these payment models accept more risk for patient outcomes by negotiating a global fee for service. Additional costs for care, such as re-operations within a specified period of time, or complications are not covered within that fee.

"In 2013 we will be contacting medical directors of regional health insurance plans and ACOs in different locations and presenting them with bundled rates for simple back and neck surgery and ACDF," says Mr. Reznik. "The benefit for member centers is that they would ultimately get access to contracts of ACOs and we would provide a template on which they could bundle pricing for the local ASC and hospital. With that said, every center controls its own rates."

Each location would negotiate individual pricing, at a reasonable rate for the provider. Centers controlling more of the care can better guarantee quality outcomes.

"With healthcare reform, all accountable care organizations will be looking for spine centers that emphasize non-surgical treatment options and minimally invasive spine surgery to reduce costs," says Dr. Lynch. "National payors always have to search to find the best spine centers in the region [and they will be] attracted to the Prizm model that includes PM&R, spine surgeons, spine therapists, clinical outcome report cards, emphasis on home exercise and non-surgical treatment all under one roof."

5. Include patient education beyond medical care. Innovative spine care providers are beginning to focus attention on non-medical treatments for spine care and maintenance, such as fitness and personal health specialists. Spine centers that will be leaders in the future are open to any pathway that would benefit their patients.

"If you look at how heart centers have evolved, you have fitness specialists, cardiac rehab and disease process specialists," says Mr. Reznik. "You are going to see the same thing with spine. Right now spine is more fragmented and patients could see several different specialists and still not receive the right care. The mature spine center of the future will have orthospine surgeons, neurospine surgeons, physical medicine, therapists and exercise physiologists that move patients through to recovery as soon as possible." ■

139 Speakers at the 2013 Annual Ambulatory Surgery Centers Conference

The 20th Annual ASC Conference will take place October 24-26 at the Swissotel in Chicago. The conference, which is focused on improving profitability and business and legal issues, brings together surgeons, physician leaders, administrators and ASC business and clinical leaders. The following professionals will be attending and speaking at the conference.

David Abraham, MD. Orthopedic Surgeon at The Reading Neck & Spine Center (Wyomissing, Pa.).

Vickie Arjoyan. Administrator of Specialty Surgical of Beverly Hills (Calif.).

John Bartos, JD. CEO of CollectRx (Rockville, Md.).

Scott Becker, JD, CPA. Partner with McGuireWoods and Publisher of *Becker's ASC Review* (Chicago).

Kelly Bemis, RN. Director of Clinical Services for Surgical Care Affiliates (San Diego).

Sandy Berreth. Administrator of Brainerd Lakes Surgery Center (Baxter, Minn.).

Chris Bishop. Senior Vice President of Acquisitions & Business Development for Blue Chip Surgical Partners (Franklin, Tenn.).

Bonnie Blair. Speed Skating Champion and Three-Time Olympic Gold Medalist.

Stephen Blake. CEO of Central Park ENT & Surgery Center (Arlington, Texas).

Jeff Blankinship. President and CEO of Surgical Notes (Dallas).

Dotty Bollinger, RN, JD. COO of Laser Spine Institute (Tampa, Fla.).

Robert Bray, Jr., MD. Neurological Spine Surgeon with D.I.S.C. Sports & Spine Center (Marina Del Ray, Calif.).

Brian Brown. Regional Vice President of Meridian Surgical Partners (Brentwood, Tenn.).

Jennifer Brown, RN. Endoscopy Nurse Manager for Gastroenterology Associates of Central Virginia (Lynchburg, Va.).

Danny Bundren. Vice President of Acquisitions and Development for Symbion Healthcare (Nashville, Tenn.).

Meggan Bushee, JD. Associate with McGuireWoods (Charlotte, N.C.).

Paul Cadorette. Director of Educational Services for mdStrategies (Cypress, Texas).

Holly Carnell, JD. Associate with McGuireWoods (Chicago).

Brett Chambers. Project Manager of IT Consulting for Key Whittman Eye Center (Dallas).

Scott Christiansen. President of CCO Healthcare Partners (Chicago).

Jeffrey Clark, JD. Partner at McGuireWoods (Chicago).

Trish Corey. Sales Representative for Simple Admit (Baldwinsville, N.Y.).

Jamie Crook. Director of Physician Recruiting for Regent Surgical Health (Westchester, Ill.).

R. Blake Curd, MD. Chairman of Surgical Management Professionals (Sioux Falls, S.D.).

Fred Davis, MD. Clinical Assistant Professor at Michigan State University's College of Human Medicine (Grand Rapids, Mich.).

Timothy Davis, MD. Director of Interventional Pain and Electrodiagnostics at The Spine Institute Center for Spinal Restoration (Santa Monica, Calif.).

Gregory DeConciliis. Administrator of Boston Out-Patient Surgical Suites (Waltham, Mass.).

Joyce Deno Thomas. Senior Vice President of Operations for Regent Surgical Health (Westchester, Ill.).

Stephanie Ellis, RN. Owner and President of Ellis Medical Consulting (Franklin, Tenn.).

Paul G. Faraclas. President and CEO of Voyance (Branford, Conn.).

David Feherty. CBS Golf Commentator and Best-Selling Author.

Erik Flexman. Executive Director of Forest Canyon Endoscopy & Surgery Center (Flagstaff, Ariz.).

Robin Fowler, MD. Chairman and Medical Director of Interventional Management Services (Atlanta).

Brandon Frazier. Vice President of Development and Acquisitions for Ambulatory Surgerical Centers of America (Hanover, Mass.).

Jim Freund. Vice President of Business Development for Medical Web Technologies (Willington, Conn.).

Jon H. Friesen. CFO of Nueterra Healthcare (Leawood, Kan.).

Tom Gallagher. President and CEO of PDP Holdings (Nashville, Tenn.).

Nap Gary. COO of Regent Surgical Health (Westchester, Ill.).

Ann Geier, RN. Senior Vice President of Operations for Ambulatory Surgical Centers of America (Hanover, Mass.).

Tamar Glaser, RN. CEO of Accreditation Services and AccredAbility (Sparta, N.J.).

Scott Glaser, MD. Co-Founder and President of Pain Specialists of Greater Chicago (Burr Ridge, Ill.).

Doug Golwas. Senior Vice President of Medline Industries (Broadview, Ill.).

Nicole Gritton. Vice President of Nursing and ASC Operations for Laser Spine Institute (Tampa, Fla.).

Debbie Hall. Administrator of High Plains Surgery Center (Lubbock, Texas).

Kenny Hancock. President and Chief Development Officer of Meridian Surgical Partners (Brentwood, Tenn.).

Tracey Harbour, RN. Administrator of Surgery Center of Pinehurst (N.C.).

Andrew Hayek. President and CEO of Surgical Care Affiliates (Deerfield, Ill.).

Bill Hazen, RN. Administrator of The Surgery Center at Pelham (Greer, S.C.).

Christy Heald. Senior Vice President of Business at Surgery Partners (Chicago).

Christine Henry Musa. Director of Business Development for Regent Surgical Health (Westchester, Ill.).

Bob Herman. Editor at *Becker's Hospital Review* (Chicago).

Edward P. Hetrick. President of Facility Development and Management (Orangeburg, N.Y.).

Carol Hiatt, RN. Consultant and Accreditation Surveyor for Healthcare Consultants International (Skokie, Ill.).

Mary Hibdon, RN. ASC Strategist, Perioperative for Cerner (Kansas City, Mo.).

Karen Howey. Administrator of Beaumont Macomb (Mich.) Township ASC.

Tom Hui. President and CEO of HST Pathways (Lafayette, Calif.).

Thomas H. Jacobs. President and CEO of MedHQ (Westchester, Ill.).

P.J. Jarboe, RN. Clinical Director of Cool Springs Surgery Center (Franklin, Tenn.).

Marion K. Jenkins, PhD. Executive Vice President of 3t Systems (Greenwood Village, Colo.).

Darlene Johnson, RN. Healthcare Consultants International (Vero Beach, Fla.).

Jen Johnson. Partner with VMG Health (Dallas).

Nikki Johnson. Vice President of Human Resources for Nueterra Healthcare (Leawood, Kan.).

Naya Kehayes. Managing Principal and CEO of Eveia Health Consulting and Management (Issaquah, Wash.).

Wendy Kelley. Administrator of Cool Springs Surgery Center (Franklin, Tenn.).

Susan Kizirian. COO of Ambulatory Surgical Centers of America (Hanover, Mass.).

Greg Koonsman. Senior Partner with VMG Health (Dallas).

Larry Kosinski, MD. Gastroenterologist with Elgin (Ill.) Gastroenterology.

Luke Lambert. CEO of Ambulatory Surgical Centers of America (Hanover, Mass.).

Brent Lambert, MD. Principal and Founder of Ambulatory Surgical Centers of America (Hanover, Mass.).

Linda Lansing. Senior Vice President of Clinical Services for Surgical Care Affiliates (Deerfield, Ill.).

G-A (Gary) Lawson-Boucher, MD. Lieutenant Commander of the Medical Corp. for the United States Navy.

Liliana Lehmann. Administrator of Hallandale Outpatient Surgical Center (Hallandale Beach, Fla.).

Adam Lynch. Vice President of Principle Valuation (Chicago).

Tom Mallon. CEO of Regent Surgical Health (Westchester, Ill.).

Stephanie Martin. Administrator of St. Augustine (Fla.) Surgery Center.

John D. Martin. Principal of Martin Healthcare Consulting (Mount Laurel, N.J.).

Kevin McDonald. Vice President of Surgery Sales for SourceMedical (Chicago).

Kevin McDonough. Partner with VMG Health (Dallas).

Amber McGraw Walsh, JD. Partner with McGuireWoods (Chicago).

Tim Meakem, MD. Medical Director for ProVation Medical (Minneapolis).

Todd Mello. Principal and Founder of HealthCare Appraisers (Castle Rock, Colo.).

Timothy Merchant. Vice President of Sales for Medline Industries (Mundelein, Ill.).

Laura Miller. Editor in Chief of *Becker's Spine Review* and *Becker's ASC Review* (Chicago).

Amy Mowles. President and CEO of Mowles Medical Practice Management (Edgewater, Md.).

Jeffrey P. Nees, MD. Neurosurgeon with Laser Spine Institute (Oklahoma City).

Nicholas Newsad. Analyst with HealthCare Appraisers (Highlands Ranch, Colo.).

Jon Nielsen, MD. Obstetrician and Gynecologist at North Memorial Ambulatory Surgery Center at Maple Grove (Minn.).

Joe Ollayos. Administrator of Tri-Cities Surgery Center (Geneva, Ill.).

Michael Orseno. Revenue Cycle Director for Regent Surgical Health (Westchester, Ill.).

Jon O'Sullivan. Principal of HealthEconomix (Dallas).

Rebecca Overton. Director of Revenue Cycle Management for Surgical Management Professionals (Sioux Falls, S.D.).

Mike Pankey. Administrator of Ambulatory Surgery Center of Spartanburg (S.C.).

Colin Park. Manager of VMG Health (Dallas).

Marcia Patrick, RN. Infection Prevention Consultant for The Accreditation Association for Ambulatory Health Care (Skokie).

Michael Patterson. President and CEO of Mississippi Valley Surgery Center (Davenport, Iowa).

Jeff Peo. Vice President of Acquisitions and Development for Ambulatory Surgical Centers of America (Hanover, Mass.).

Lori Pilla, RN. Vice President of Clinical Advantage and Supply Chain Optimization for Amerinet (St. Louis).

Rick Pitino. University of Louisville (Ky.) Men's Basketball Coach.

David Pivnick, JD. Associate with McGuireWoods (Chicago).

John Poisson. Executive Vice President and Strategic Partnerships Officer for Physicians Endoscopy (Jamison, Pa.).

Marti Potter. Administrator of Jersey Shore Ambulatory Surgery Center (Somers Point, N.J.).

William M. Prentice, JD. CEO of Ambulatory Surgery Center Association (Alexandra, Va.).

Michael Redler, MD. Orthopedic Surgeon at The OSCM Center (Fairfield, Conn.).

Karen Reiter. COO of D.I.S.C. Sports & Spine Center (Marina Del Ray, Calif.).

Blair Rhode, MD. Sports Medicine Physician with Orland Park (Ill.) Orthopedics.

Gary Richberg, RN. Administrator of Pacific Rim Outpatient Surgery Center (Bellingham, Wash.).

Regina Robinson, RN. Director of Peninsula Surgery Center (Newport News, Va.).

Lisa Rock. President of National Medical Billing Services (St. Louis).

Stephen Rosenbaum. CEO of Interventional Management Services (Atlanta).

Linda Ruterbories, RN. OSC Director for OA Center for Orthopedics (Portland, Maine).

Marcy Sasso. Director of Compliance and Development for Facility Development and Management (Orangeburg, N.Y.).

Matt Searles. Managing Partner for Merritt Healthcare (Somers, N.Y.).

Phenelle Segal, RN. President of Infection Control Consulting Services (Blue Bell, Pa.).

John Seitz. CEO of MMX Holdings (Sparta, N.J.).

Amy Sinder. Administrator of CBC Surgery Center (Crown Point, Ind.).

Natalie Soule, RN. Premier Orthopedic Surgery Center (Nashville, Tenn.).

Thomas Stallings. Partner with McGuireWoods (Richmond, Va.).

Jim Stilley. Director of Clinical Workflow Consulting for Versus Technology (Traverse City, Mich.).

Debra Stinchcomb, RN. Consultant for Progressive Surgical Solutions (Poway, Calif.).

Michael Stroup. Senior Vice President of Acquisitions for United Surgical Partners International (Addison, Texas).

Chris Swing. CFO of Vantage Outsourcing (Effingham, Ill.).

Melissa Szabad, JD. Partner with McGuireWoods (Chicago).

Angela Talton. Senior Vice President of Coding for National Medical Billing Services (St. Louis).

Barry Tanner. President and CEO of Physicians Endoscopy (Doylestown, Pa.).

Larry Taylor. President and CEO of Practice Partners in Healthcare (Birmingham, Ala.).

Jill Thrasher. Administrator of Precision Surgery Center of Dallas.

Anna Timmerman, JD. Associate with McGuireWoods (Chicago).

Gretchen Heinze Townshend, JD. Partner with McGuireWoods (Chicago).

John Venetos, MD. Gastroenterologist, John Venetos Ltd. (LincolnWood, Ill.).

Pedro Vergne. CEO of Physicians' Capital Investment (Dallas).

Barton Walker, JD. Partner with McGuireWoods (Charlotte, N.C.).

Marsha Wallander, RN. Associate Director of Accreditation Services for The Accreditation Association for Ambulatory Health Care (Skokie).

Kelly Webb. Vice President and General Manager of ASC Billing Division for MediGain (Plano, Texas).

Robert Westergard, CPA. CFO of Ambulatory Surgical Centers of America (Hanover, Mass.).

Richard Wohns, MD, JD. Founder of NeoSpine (Puyallup, Wash.).

Bob Woodward. Pulitzer Prize-Winning Journalist, Author and Associate Editor with *The Washington Post* (Washington, D.C.).

Bob Zasa. Managing Partner and Co-Founder of ASD Management (Dana Point, Calif.).

Joseph Zasa. Managing Partner and Co-Founder of ASD Management (Dallas).

Greg Zoch. Partner and Managing Director of Kaye/Bassman International (Dallas). ■

What Medicare Cuts Mean for Spine Surgeons: Q&A With Dr. Terrence Crowder of Sonoran Spine Center

By Laura Miller

Terrence Crowder, MD, a spine surgeon with Sonoran Spine Center in Mesa, Ariz., discusses the recent Medicare payment cuts as a result of the sequester and how these cuts will impact spine surgeons going forward.

Question: How do you feel about the recent Medicare payment cuts? What do they mean for spine surgeons?

Dr. Terrence Crowder: It's extremely disheartening that the government has completely forgotten about physicians. Every year we take a pay cut from Medicare because of bad Congressional politics. This additional cut will only serve to discourage more of our country's brightest and best from becoming physicians. We don't have socialized medicine, but because Medicare is the leader they set the rules for everyone else. Unfortunately, it's becoming harder and harder to actually deliver care.

Q: How will the cuts impact spine surgeons in particular?

TC: Unlike other physicians, surgeons are generally performing surgery by necessity. We are correcting problems that are significantly affecting peoples' lives. Sometimes spine procedures are called elective, but it isn't a choice to the suffering patient. Spine problems are very expensive to society. The company loses productivity and the patient loses income. For some, if they aren't at work their job can't be done.

There are multiple procedures that are extremely beneficial for patients, which we know through many studies. However, with the cuts that are arriving in Medicare, these kinds of surgeries may not be funded anymore. Additionally, surgeons will receive less payment for procedures that are proven to benefit patients. What are surgeons suppose to do?

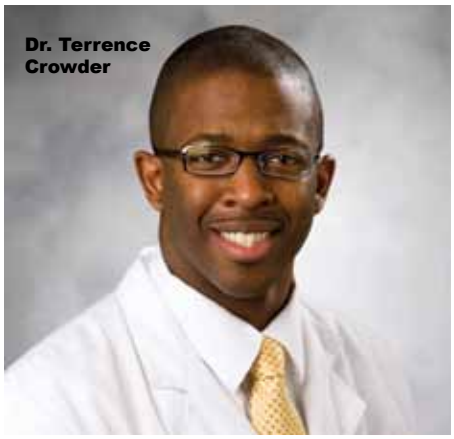
Q: How are spine groups reacting to these cuts? Is there anything they can do to soften the blow?

TC: In general, practices are now limiting the number of Medicare patients they are willing to see because of the recent changes from the sequester. Medicare patients generally require the most attention, the most time, yet we as physicians are paid a low amount to see them.

Q: Will these payment cuts impact how the field is evolving right now?

TC: We've seen a boom in spine technology and technique development, but the cuts mean there will be very little innovation in spine over the next several years. The amount of time and money necessary to provide proper research is high; therefore most surgeons will no longer have the time to conduct these projects. Instead, they will spend their time trying to recover lost reimbursement.

Additionally, spine companies won't see an innovative strategy as profitable because they aren't


Dr. Terrence Crowder

paid for their innovations. The motivating factor among companies is more capitalistic than altruistic. I foresee most spine innovation moving to Europe and Asia, and out of the United States, because it's cheaper to develop it there and easier to deal with their regulatory systems.

Q: What trends do you expect for spine surgeons in the future as a result of these cuts?

TC: I see a shift in doctors becoming employees instead of entrepreneurs. Private practice in medicine could easily disappear in this country and essentially we will have a system for socialized medical care. ■

Starting a Device Company: 3 Steps From Dr. Scott Spann

By Carrie Pallardy


Dr. Scott Spann

Scott Spann, MD, board-certified orthopedic spine surgeon, is the founder of Pantheon Spinal, a device company based in Austin, Texas. Dr. Spann explains how he first started Pantheon Spinal, the difficulties along the way, the devices in the company's portfolio and the benefits of building a company from his own ideas.

1. Begin with an original idea. Spine surgeons perform procedures on a regular basis and interact with a number of different devices. It is no stretch of the imagination to say spine surgeons often have ideas that could address an aspect of spine surgery in a different way. Dr. Spann has been working on building Pantheon Spinal for eight years, but he began with one original idea.

"L5 S1 is the holy grail of lateral access, but many systems didn't have any consistent way of getting there," says Dr. Spann. He decided to create a consistent way. He worked with a number of different techniques and methods until he had created a device that could be used in a repeatable, consistent way and exceeded reward over risk.

2. Use the autonomy you have to build on the idea. As the process matured in his mind, Dr. Spann began to move forward. The first device he created is the aptly named Epiphany. He met with major players within the device field to see if he could garner interest in the device. He was politely, if distantly, received. "The device was not having the level of receptivity I thought it deserved. I decided to form my own company," says Dr. Spann.

Pantheon Spinal is named for the domed building in Rome. "A significant part of my approach is visualization all the way down to L5 S1. The entrance of light into the Pantheon gave me an idea," says Dr. Spann.

Three years after his initial meeting with a large device company, he received an offer for the device that would include standard royalties, if he were to abandon the formation of Pantheon Spinal. "Part of the impetus of starting a company is the motivation of doing things your way," says Dr. Spann. He declined and moved forward alone.

Dr. Spann was wading through the waters of business alone and he had the ability to control how and when his idea grew. "I decided to build an implant for the proximal levels, L4 and up, as well," says Dr. Spann. Pantheon Spinal's portfolio grew with the addition of the Pontus, a secondary implant which is designed to bridge the remaining portion of the lumbar spine.

3. Understand the complexity of moving forward. Device companies have the advantages of millions of dollars and hundreds of employees. Spine surgeons still run a practice while trying to introduce and move forward with ideas on their own. One of the most important issues of beginning a device company is to put measures in place that ensure your ideas remain yours. Spine surgeons will need to speak with attorneys. Experts are required at every step in the process. "As idea generators, most of us do not know the nuances that are involved," says Dr. Spann.

Throughout the history of spine surgery, each time a new technique is introduced and embraced spine surgeons have had to add a new skill set. They have to step outside of their comfort zone to adopt a new surgical procedure or device. "Older surgeons will never be the early adopters. Younger surgeons don't have enough experience or the comfort level. Very often, it is the surgeons who are just hitting their stride that become the first to adopt new techniques," says Dr. Spann. It will take time for a device to gain traction and wide-spread use.

In order to propel a device company forward towards success, surgeons will need to secure manufacturers and suppliers. They will need to navigate through the FDA approval process and initiate studies examining the safety and efficacy of the products. "If I had known all of these things, I may never have carried this through to the end. It is a daunting task. On the flipside, I have actually carried this through from inception through FDA approvals to fruition," says Dr. Spann. ■

5 Spine Surgeon on the Most Fulfilling Aspects of Their Careers

By Laura Miller

Gunnar Andersson, MD, Midwest Orthopaedics at Rush: For any surgeon the most fulfilling aspect is to have a patient who is happy with the outcome of the surgical treatment provided. Having said that I'm also pleased with other aspects of my career, contributing to the growth of the orthopedic program at Rush has been highly rewarding. I'm blessed with an incredible group of partners, many of whom I have recruited and I'm happy to see the success of our residency and fellowship programs. I'm also very pleased with our contributions to the science of the field. While towards the end of your career you're disappointed at the speed by which science advances there is a tremendous difference in our knowledge base today and when my career started.

Steven Garfin, MD, UCSD Medical Center: There have been many aspects, not just one, of my career that have been exceptionally fulfilling. One is helping train and develop some of the current superstars and thought leaders in spine surgery who were my fellows and/or residents. To see them blossom as academicians, spine surgeons and true leaders is wonderful — there are no words to describe the feelings I have towards them.

Charles Mick, MD, Pioneer Spine and Sport Physician: The most fulfilling aspect of my career is working with patients — particularly when a patient smiles and says "thank you for giving me my life back." Words, embraces and tears can never fully capture those wonderful moments. As physicians, it reminds us what is most important and why we originally chose

medicine as a profession. These days it is very easy to become distracted by the challenges of electronic records, rising costs, threats of liability, insurance authorizations, financial uncertainty and healthcare upheaval. In everything we do, we MUST remember these moments with our patients.

Raj Rao, MD, Medical College of Wisconsin: The most fulfilling aspect of my career, without question, is seeing grateful and happy patients return to the office following surgery. Knowing that we've improved their quality of life and returned them to an activity level they thought was lost forever is quite thrilling. Each happy patient is the product of many years of years of training, hard work and evolving thought process and skill, and it's nice to see these efforts paying off. Other rewards of a career in academic medicine have been to see the end products of our research endeavors crystallize in the form of a manuscript in scientific journals and steady progression along the career track.

Alexander Vaccaro, MD, Rothman Institute: The most fulfilling aspect of my career is making someone neurologically better. Patients are extremely appreciative if you are able to improve their quality of life. This often is the result of making their extremity pain better or improving strength in their arms and legs. Being able to take someone with a spinal cord injury and bring them back to a functional lifestyle is probably the most fulfilling aspect of my job. ■

Fostering Evidence-Based Spine Advances: Q&A With Dr. Daniel Resnick of NASS

By Heather Linder

Daniel Resnick, MD, is a board-certified neurosurgeon who subspecializes in spine surgery. He serves on the North American Spine Society's board of directors as the research council director. Dr. Resnick has been a member of the organization since 1999 and co-chairs the lumbar fusion task force.

He is a professor of neurological surgery at the University of Wisconsin School of Medicine and Public Health in Madison. Dr. Resnick completed medical school at the University of Pennsylvania. He completed his internship at Pennsylvania Hospital in Philadelphia and his residency at University of Pittsburgh Medical Center.

Here Dr. Resnick discusses his work for NASS and the evolution the spine surgery.

Question: Why did you choose to specialize in spine?

Dr. Daniel Resnick: My research during residency was on spinal cord injury, so it made the most sense to pursue spinal surgery as an academic pursuit.

Q: Have you worked with any other spine surgeons or mentors who have shaped your practice?

DR: Absolutely, Edward Benzel, MD, taught me about the "why's" of spinal surgery; William Welch, MD, Donald Marion, MD, and Peter Sheptak, MD, taught me a lot about the "how's" of spinal surgery. Hae-Dong Jho, MD, showed me how to push the limits of technical expertise. Gregory Trost, MD, has taught me a bit about common sense.

Q: How has the practice of spine surgery changed since you first graduated from medical school?

DR: [It's a] completely different field — new technologies and new appreciation for evidence-based medicine, the importance of unbiased research and management of conflicts of interest.

Q: You've served as the co-chair of the lumbar fusion task force for NASS. What victories and challenges have you faced in regard to your work on the task force?

DR: We have been able to preserve access to effective spine procedures for patients with debilitating pain due to degenerative conditions. The challenges continue, as payer policies keep changing in what Joseph Cheng, MD, has described as a "whack-a-mole" type fashion. [Dr. Cheng is an associate professor of neurological surgery at Vanderbilt Medical Center in Nashville, Tenn.] We are getting better at delivering cogent arguments, and the evidence base in the literature is improving as well.

Q: What are your main goals as the Research Council Director?

DR: My main goals at this point are to deliver a spine registry which is useful to multiple stakeholders and allows for the performance of comparative effectiveness research. At this point, no such product exists, and NASS is uniquely positioned to create one. I also continue to foster the evolution of evidence-based spine care, increased research support for spine related research and the development of patient safety initiatives.

Q: What role do you think clinical research will play in the evolving spine industry?

DR: No evolution will be possible without clinical research.

Q: Are you engaged in any spine research currently? If so, what specifically have you been studying?

DR: I have been involved in several nascent registry projects which have served as pilot studies for the NASS and NPA registries. We continue to learn how to streamline the process and limit staff time required for participation.

Q: What are the biggest challenges currently facing the industry?

DR: Cynicism and growing distrust from the public and from spine care providers [are the biggest challenges]. The promotion of new products based on shoddy or no data does a disservice to our field and must be curtailed.

Q: What is most fulfilling part of practicing as a spine surgeon?

DR: We can make a real and important difference in people's lives. Alleviating pain and restoring function never, ever gets old! ■

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- Keys to Keeping Surgery Centers Profitable Businesses - Robert Zasa, MSHHA, FACMPE, Managing Partner and Founder, ASD Management, Doug Golwas, Senior Vice President Medline Industires, Stephen Blake, Chief Executive Officer, Central Park ENT & Surgery Center, moderated by Barton C. Walker, Partner, McGuireWoods LLP
- ASCs, 10 Months and 10 Years Into the Future; Emerging Business Issues in ASCs - David J. Abraham, MD, The Reading Neck & Spine Center, Linda Ruterbories, RN, ANP, OSC Director, OA Center for Orthopedics, Bill Hazen, RN, CHT, Administrator, The Surgery Center at Pelham
- Success is a Choice - Rick Pitino, Head Men's Basketball Coach University of Louisville
- Anesthesia Issues; Shorten Your Length of Stay in PACU - G-A (Gary) Lawson-Boucher, MD, Lieutenant Commander, Medical Corp., United States Navy, ACSCSWF
- Analyzing the Health System Market - Who Needs to Sell? Why Joint Venture? Greg Koonsman, Senior Partner, VMG Health
- Key Thoughts on Keeping ASC Owners Engaged - Michael Patterson, President & CEO, Mississippi Valley Health, Darlene Johnson, RN, BSN, MSN, CASC, Healthcare Consultants International, Inc., Gary Richberg, RN, BSN, ALNC, CNR-A, CNR-C, CASC, Administrator, Pacific Rim Outpatient Surgery Center, moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP
- The State of the ASC Industry - Andrew Hayek, President & CEO, Surgical Care Affiliates
- Which Specialties Are Still Great for ASCs? Which Ones Should ASCs Eliminate Today? Will Hospital Employment Kill ASCs? What ASC Problems are not Fixable? - David J. Abraham, MD, The Reading Neck & Spine Center, Lawrence E. Kosinski, MD, MBA, AGAF, FACG, Elgin Gastroenterology, Timothy T. Davis, MD, DABNM, DABPMR, DABPM, Director of Interventional Pain and Electrodiagnostics, The Spine Institute, Center for Spinal Restoration, Fred Davis, MD, Clinical Assistant Professor, Michigan State University, College of Human Medicine, ProCare Research, ProCare Systems, moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

Bob Woodward

Bonnie Blair

- ASCs 2013 and 2014 - Where Does the Industry Stand, Where are the Great Opportunities? Nap Gary, Chief Operating Officer, Regent Surgical Health, I. Naya Kehayes, MPH, Managing Principal and Chief Executive Officer, Eveia Health Consulting & Management, Richard N.W. Wohns, MD, JD, MBA, South Sound Neurology, PLLC, Scott Becker, JD, CPA, Partner, McGuireWoods LLP, moderated by Bob Woodward, Legendary Pulitzer Prize-Winning Journalist/Author and Associate Editor, The Washington Post
- Washington D.C., The Budgets, Healthcare, America - Bob Woodward, Legendary Pulitzer Prize-Winning Journalist/Author and Associate Editor The Washington Post
- Cost Reduction and Benchmarking - 10 Key Steps to Immediately Improve Profits - Robert Westergard, CPA, Chief Financial Officer, Susan Kizirian, Chief Operations Officer, and Ann Geier, RN, MS, CNOR, CASC, Senior Vice President of Operations, Ambulatory Surgical Centers of America
- Achieving Your Personal Best - Bonnie Blair, Speed Skating Champion and Gold Medalist
- ASC Association - Key Priorities for 2014 - Nap Gary, Chief Operating Officer, Regent Surgical Health, and William M. Prentice, JD, Chief Executive Officer, ASCA
- Does Your Infection Prevention Program Meet Survey Requirements? Marcia Patric, RN, MSN, CIC, Infection Prevention Consultant, AAAHC, and Marsha Wallander, RN, Associate Director of Accreditation Services, AAAHC
- Key Thoughts on Medicare Inspections and Survey Readiness - Tracy Harbour, RN, BSN, Administrator, Surgery Center of Pinehurst, Marti Potter, Administrator, Jersey Shore Ambulatory Surgery Center, Marcy Sasso, CASC, Director of Compliance and Development, Facility Development & Management, LLC, moderated by Melissa Szabad, Partner, McGuireWoods LLP
- Opening a State of the Art ASC in Changing Times - Michael Redler, MD, The OSM Center
- Minimally Invasive Hysterectomy in an Outpatient Setting; Successes and Suggestions - Jon Nielsen, MD, North Memorial Ambulatory Surgery Center at Maple Grove

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PROGRAM SCHEDULE

Thursday October 24, 2013

11:30am – 1:00pm	Registration
1:00pm – 5:35pm	Conference Sessions
5:30pm – 7:00pm	Reception, Cash Raffles, Exhibit Hall

Friday October 25, 2013

7:00am – 8:00am	Continental Breakfast and Registration
8:00am – 5:00pm	Conference Sessions Including Lunch and Exhibit Hall Breaks
5:00pm – 6:00pm	Reception, Cash Raffles, Exhibit Hall

Saturday October 26, 2013

7:00am – 8:10am	Continental Breakfast
8:10am – 12:00pm	Conference Sessions

Thursday, October 24, 2013

1:30 – 4:30 PM
Registration and Exhibitor Set up

Concurrent Sessions

Track A - Improving Profits, Management, Keynote Session

Track B - Improving Profits, Key Trends, Anesthesia, Technology

Track C - Market Strategies, Turnarounds, Compensation Issues

Track D - Out Of Network, Valuation, ICD-10

Track E - Transactions, Valuation and Legal Issues

Track F - Patient Safety, Quality and Accreditation Issues

1:00 – 1:40 PM

A. Keys to Keeping Surgery Centers Profitable Businesses
Robert Zasa, MSHHA, FACMPE, Managing Partner and Founder, ASD Management, Doug Golwas, Senior Vice President, Medline Industries, Inc., Stephen Blake, Chief Executive Officer, Central Park ENT & Surgery Center, Brent Lambert, MD, FACS, Principal & Founder, Ambulatory Surgery Centers of America, moderated by Barton C. Walker, Partner, McGuireWoods LLP

B. How to Grow Your Practice While Working with Emerging Systems of Care
Fred Davis, MD, Clinical Assistant Professor, Michigan State University, College of Human Medicine, ProCare Research, ProCare Systems

C. Regional Market Strategies for Pain Management
Robin Fowler, MD, Chairman and Medical Director, Interventional Management Services, Stephen Rosenbaum, Chief Executive Officer, Interventional Management Services

D. 5 Big Out of Network Ideas Debunked
John Bartos, Chief Executive Officer, Collect Rx

E. ASC Roundtable: Outlook for Investment and M&A Activity in the ASC Sector
Michael Stroup, Senior Vice President, Acquisitions, United Surgical Partners International, Inc., Matt Searles, Managing Partner, Merritt Healthcare, Adam Lynch, Vice President, Principle Valuation LLC, Christy Heald, Senior Vice President of Business Development, Surgery Partners, moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

F. Implementing Safe Surgery Checklists at your Surgery Center
Linda Lansing, Senior Vice President, Clinical Services, and Kelly Bemis, RN, BSN, Director of Clinical Services, Surgical Care Affiliates

1:45 – 2:25 PM

A. The Movement of Higher Acuity Cases to ASCs, Why? How? Who Drives It?
Chris Bishop, Senior Vice President, Acquisitions & Business Development, Blue Chip Surgical Center Partners

B. The Single Best Actions to Improve Profits Now
Chris Swing, Vantage Technology, Amy Sinder, Administrator, CBC Surgery Center, Lilliana Lehmann, Administrator, Hallandale Outpatient Surgical Center, Laura Miller, Editor in Chief, Becker's Spine Review/ Becker's ASC Review, Becker's Healthcare, Brian Brown, Regional Vice President, Meridian Surgical Partners

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C. Consumerism and Price Transparency
Jeff Blankinship, President & Chief Executive Officer, Surgical Notes

D. ASC Transactions: Analysis and Valuation Trends
Kevin McDonough, CFA, Partner, and Colin Park, Manager, VMG Health

E. Risk Management as Applied to Higher Acuity Procedures
Carol Hiatt, BSN, RN, LHRM, CASC, CNOR, Consultant and Accreditation Surveyor, Healthcare Consultants International

F. Practical HIPAA Compliance Plans for ASCs
Holly Carnell, Associate, Meggan Michelle Bushee, Associate, Melissa Szabad, Partner, McGuireWoods LLP

2:30 – 3:10 PM

A. ASCs 10 Months and 10 Years Into the Future; Emerging Business Issues in ASCs
David J. Abraham, MD, The Reading Neck & Spine Center, Linda Ruterbories, RN, ANP, OSC Director, OA Center for Orthopedics, Bill Hazen, RN, CHT, Administrator, The Surgery Center at Pelham, Mike Doyle, Chief Executive Officer, Surgery Partners, Moderator TBD

B. Trends in Minimally Invasive Stabilization Surgery
Jeffrey P. Nees, MD, Neurosurgeon, Laser Spine Institute

C. Turnaround - Success Stories From the Field
Joseph Zasa, Co-founder and Managing Partner, ASD Management

D. PPO Out of Network Payments Are Not Dead
Kelly Webb, Vice President and General Manager, ASC Billing Division, MediGain

E. 2013 ASC Valuation Survey
Todd Mello, Partner and Co-Founder of HealthCare Appraisers, and Nicholas Newsad, Analyst, HealthCare Appraisers

F. Three Strategies to Control Labor Cost at Your Surgery Center
Thomas H. Jacobs, President & Chief Executive Officer, MedHQ

3:15 – 3:55 PM

A. Key Thoughts on Keeping ASC Owners Engaged
Michael Patterson, President and CEO, Mississippi Valley Health, Darlene Johnson, RN, BSN, MSN, CASC, Healthcare Consultants International, Inc., Gary Richberg, RN, BSN, ALNC, CNR-A, CNR-C, CASC, Administrator, Pacific Rim Outpatient Surgery Center. Moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

B. Anesthesia Issues; Shorten your length of stay in PACU
G-A Lawson-Boucher, MD, Lieutenant Commander, Medical Corp. United States Navy, ACSCSWF

C. How Much Should Administrators, Medical Directors and DONs be Paid?
Joe Ollayos, Adminstrator, Tri-Cities Surgery Center, LLC, Debbie Hall, Administrator, High Plains Surgery Center, Thomas H. Jacobs, President and Chief Executive Officer, MedHQ, Person from Cejka Executive Search, Greg Zoch, Partner and Managing Director, Kaye/Bassman International Corp, moderated by Amber McGraw Walsh, Partner, McGuireWoods LLP

D. ICD - 10 - Are you prepared?
Kevin McDonald, Vice President, Surgery Sales, SourceMedical

E. Co-Management - A Focus on How Payments Work and are Valued
Nicholas Newsad, Analyst, HealthCare Appraisers

F. Using Reprocessing to Reduce Costs
Timothy Merchant, Vice President of Sales, MEDISISS - Medline Industries, Inc.

4:00 – 4:40 PM

A. Can ASCs Still Profit Through Orthopedics - What Works Business Wise and Clinically
Larry Taylor, President & CEO, Practice Partners in Healthcare

B. The Impact on Technology on Physicians Practices in the Future
Mary Hibdon, RN, ASC Strategist, Perioperative, Cerner

C. Analyzing the Health System Market - Who Needs to Sell? Why Joint Venture?
Greg Koonsman, Senior Partner, VMG Health

D. Key Strategies to Keep ASC Costs Low
Danny Bundren, Vice President, Acquisitions & Development, Symbion, Inc., Vickie Arjoyan, Administrator, Specialty Surgical of Beverly Hills

E. Litigation Involving ASCs -- Key Issues, Antitrust, False Claims, Redemptions and Non Competes
Jeffrey C. Clark, Partner, and David Pivnick, Associate, McGuireWoods LLP

F. 8 Steps for Profitable Materials Management
Lori Pilla, Vice President Clinical Advantage and Supply Chain Optimization, Amerinet

4:45 – 5:35 PM

A Nasty Bit of Rough
David Feherty, CBS Golf Commentator and Best-Selling Author

5:35 – 7:00 PM

Networking Reception, Cash Raffles and Exhibits

Friday, October 25, 2013

7:00 – 8:00 AM

Registration and Continental Breakfast

8:00 – 8:05 AM – Introductions

8:00 - 10:10 - General Sessions

10:40 - 5:05 PM - Concurrent Sessions

Track A - Improving Profits, State of the Union for ASCs, Keynotes

Track B - Cost Reducting and Benchmarking, Ancillaries, Key Procedures, Medical Inspections, EMRs, Reimbursements

Track C - Management, Recruiting Physicians, CMS Guidelines, Employee Engagement

Track D - Documentation, Revenue Cycle, Billing and Coding Issues, Inventory Management

Track E - HR Issues, Selliing Your ASC, 2014 Key Issues, Legal Issues

Track F - Patient Safety, Quality and Accreditation

8:05 – 8:45 AM

Keynote Panel: ASCs 2013 and 2014 - Where Does the Industry Stand, Where are the Great Opportunities
Nap Gary, Chief Operating Officer, Regent Surgical Health, I. Naya Kehayes, MPH, Managing Principal and Chief Executive Officer, Eveia Health Consulting & Management, Richard N.W. Wohns, MD, JD, MBA, South Sound Neurology, PLLC, Scott Becker, JD, CPA, Partner, McGuireWoods LLP, moderated by Bob Woodward, Legendary Pulitzer Prize-Winning Journalist/Author and Associate Editor, The Washington Post

8:50 – 9:30 AM

B. Washington D.C., The Budgets, Healthcare, America
Bob Woodward, Legendary Pulitzer Prize-Winning Journalist/Author and Associate Editor, The Washington Post

8:50 – 9:30 AM

The State of the ASC Industry
Andrew Hayek, President & CEO, Surgical Care Affiliates

10:10 – 10:40 AM

Networking Break and Exhibits

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10:40 – 11:20 AM

A. Which Specialties Are Still Great for ASCs? Which Ones Should ASCs Eliminate Today? Will Hospital Employment Kill ASCs? What ASC Problems are Not Fixable?

David J. Abraham, MD, The Reading Neck and Spine Center, Lawrence E. Kosinski, MD, MBA, AGAF, FACG, Elgin Gastroenterology, Timothy T. Davis, MD, DABNM, DABPMR, DABPM, Director of Interventional Pain and Electrodiagnostics, The Spine Institute, Center for Spinal Restoration, Fred Davis, MD, Clinical Assistant Professor, Michigan State University, College of Human Medicine, ProCare Research, ProCare Systems, moderated by Scott Becker, JP, CPA, Partner, McGuireWoods LLP

10:40 – 12:00 PM

B. Cost Reduction and Benchmarking, 10 Key Steps to Immediately Improve Profits

Robert Westergard, CPA, Chief Financial Officer, Susan Kizirian, Chief Operations Officer, and Ann Geier, RN, MS, CNOR, CASC, Senior Vice President of Operations, Ambulatory Surgical Centers of America

10:40 – 11:20 AM

C. Building Volumes, Practice Growth, Recruiting Physicians and Cases - We Need More Volume

Brandon Frazier, Vice President of Development and Acquisitions, Ambulatory Surgical Centers of America, Jeff Peo, Vice President Development & Acquisitions, Ambulatory Surgical Centers of America, and John D. Martin, Principal, Martin Healthcare Consulting, Moderated by Gretchen Townshend, Associate, McGuireWoods LLP

D. Documentation Improvement and Targeted Analytics to Accelerate Patient Throughput & Increase Patient Volume

Jennifer Brown, RN, Endoscopy Nurse Manager, Gastroenterology Associates of Central Virginia, and Tim Meakem, MD, Medical Director, ProVation Medical

E. HR Issues - Management Techniques for Top Production, Doing More with Less Staff

Stephanie Martin, Administrator, St. Augustine Surgery Center, and Jill Thrasher, CASC, Administrator, Precision Surgery Center of Dallas

F. Secrets to Better Infection Control Compliance

Phenelle Segal, RN, CIC, President, Infection Control Consulting Services, LLC

G. Minimally Invasive Hysterectomy in an Outpatient Setting, Successes and Suggestions

Jon Nielsen, MD, North Memorial Ambulatory Surgery Center at Maple Grove

11:25 – 12:00 PM

A. The Impact of Healthcare Reform on ASCs and Practices

Tom Mallon, Chief Executive Officer, Regent Surgical Health, Barry Tanner, President & CEO, Physicians Endoscopy, LLC, Richard N. W. Wohns, MD, JD, MBA, South Sound Neurology, PLLC, Luke Lambert, CFA, CASC, Chief Executive Officer, Ambulatory Surgical Centers of America, moderated by Anna Timmerman, Associate, McGuireWoods LLP

C. Opening a State of the Art ASC in Changing Times

Michael Redler, MD, The OSM Center

D. Most Common Coding and Billing Errors that Impact Your Bottom Line

Lisa Rock, President, National Medical Billing Services

E. ASC Association - Key Priorities for 2014

Nap Gary, Chief Operating Officer, Regent Surgical Health and William M. Prentice, JD, Chief Executive Officer, ASCA

F. Preparing for Joint Commission Accreditation

Wendy Kelley, Administrator, and P.J. Jarboe, RN, Cool Springs Surgery Center

G. The 5 Most Important Issues Facing ASCs

Mike Pankey, Administrator, ASC of Spartanburg, Bill Hazen, Administrator, RN, CHT, The Surgery Center at Pelham, Erik Flaxman, MHPA, Executive Director, Forest Canyon Endoscopy & Surgery Center, moderated by Amber McGraw Walsh, Partner, McGuireWoods LLP

12:05 – 12:45 PM

A. Implant Costs, How to Manage Shifting Costs

Tom Gallagher, Chief Executive Officer, PDP Holdings, Blaire Rhode, MD, ROG Sports Medicine, Orland Park Orthopedics, Robert Sabra, Jr., MD, Neurological Spine Surgeon, D.I.S.C. Sports & Spine Center, Natalie Soule, RN, MBA, CNOR, CASC, Administrator, Premier Orthopaedic Surgery Center, moderated by Barton C. Walker, Partner, McGuireWoods LLP

B. Achieving Your Personal Best

Bonnie Blair, Speed Skating Champion and Gold Medalist

C. Evolving CMS Mandates With Reimbursement and Quality Reporting

Debra Stinchcomb, RN, BSN, CASC, Consultant, Progressive Surgical Solutions, LLC

D. Key Steps to Great Payor Contracting

I. Naya Kehayes, MPH, Managing Principal and Chief Executive Officer, Eveia Health Consulting & Management

E. Should You Sell Your ASC? Valuation, Operating Agreement, Non Competes, Legal and Process Issues

Amber Walsh, Partner, and Scott Becker, JD, CPA, Partner, McGuireWoods LLP

F. OSHA Inspections

Stephanie Martin, Administrator, St. Augustine Surgery Center

12:45 – 1:45 PM

Networking Lunch & Exhibits

12:45 - 1:45 pm

Special Women's Leadership Lunch

Hosted by Bonnie Blair, Speed Skating Champion and Gold Medalist, Amber McGraw Walsh, Partner, McGuireWoods LLP and Melissa Szabad, Partner, McGuireWoods LLP

1:50 – 2:30 PM

A. Keeping Endoscopy Centers Profitable

Barry Tanner, President & Chief Executive Officer, and John Poisson, Executive Vice President & Strategic Partnerships Officer, Physicians Endoscopy, LLC

B. How to Stay Out of Trouble When You Own Ancillaries

Richard N.W. Wohns, MD, JD, MBA, South Sound Neurology, PLLC

C. Strategies to Recruit New Physician Partners

Christine Henry Musa, Vice President of Business Development, and Jamie Crook, Director of Physician Recruiting, Regent Surgical Health

D. Assessing the Movement (and the Impact on Profits) From Out of Network to In Network

I. Naya Kehayes, MPH, Managing Principal and Chief Executive Officer

E. Reorganizing ASCs for Success

Robert Zasa, MSHHA, FACMPE, Managing Partner and Founder, ASD Management and Tom Mallon, Chief Executive Officer, Regent Surgical Health

F. The Patient Acquisition Cycle: Benchmarking and Best Practices for Attracting and Retaining Patients

Scott Christiansen, CCO Partners

2:35 – 3:15 PM

A. Bundled Payments for ASCs - Current Trends and Strategies

I. Naya Kehayes, MPH, Managing Principal and Chief Executive Officer, Eveia Health Consulting & Management, Rebecca Overton, Director of Revenue Cycle Management, Surgical Management Professionals, LLC, moderated by Bob Herman, Editor, Becker's Hospital Review, Becker's Healthcare

B. Advanced High Acuity Procedures for ASCs

Robert S. Bray, Jr., MD, Neurological Spine Surgeon, and Karen Reiter Chief Operating Officer, D.I.S.C. Sports & Spine Center

C. You Don't Need Another Report, You Need Results

John Seitz, Chief Executive Officer, MMX Holdings (ManageMyASC), Tamar Glaser, Chief Executive Officer, Accreditation Services, Inc. and AccredAbility, Inc.

D. Inventory Management: Importance of Supply Management & Control

Ann Geier, RN, MS, CNOR, CASC, Senior Vice President of Operations, Ambulatory Surgical Centers of America

E. Is HOPD and Co Management Right for Your Center?
Melissa Szabad, Partner, McGuireWoods, and Jen Johnson, CFA, Partner, VMG Health

F. Does Your Infection Prevention Program Meet Survey Requirements?
Marcia Patrick, RN, MSN, CIC, Infection Prevention Consultant, AAAHC, and Marsha Wallander, RN, Associate Director of Accreditation Services, AAAHC

3:15 – 3:40 – Networking Break and Exhibits

3:40 – 4:15 PM

A. Joint Ventures with Hospitals: Models that Work in Today's Healthcare Environment
Nap Gary, Chief Operating Officer, Regent Surgical Health and Jeffrey Simmons, Chief Development Officer, Regent Surgical Health

B. Minimally Invasive Lumbar Decompressions in the ASC
Timothy T. Davis, MD, DABNM, DABPMR, DABPM, Director of Interventional Pain and Electrodiagnostics, The Spine Institute, Center for Spinal Restoration

C. The Ins and Outs of Medical Staff Credentialing
Thomas J. Stallings, Partner, McGuireWoods LLP

D. Income Diversification & Monetization of Assets Through Real Estate Ownership
Pedro J. Vergne, Chief Executive Officer, Physicians' Capital Investments

E. Key Stark and Anti-Kickback Issues ASC Owners Should Be Aware of, PODs, Anesthesia, ACOs, Selling Shares and Other Observations
Scott Becker, JD, CPA, Partner, and Gretchen Townshend, Associate, McGuireWoods LLP

F. Key Tips for Quality Assurance and Infection Prevention
Nicole Gritton, MSN, MBA, Director of Nursing, Laser Spine Institute

4:20 – 5:00 PM

A. The Evolution of Measuring Patient Satisfaction
Paul Faraclas, MBA, President & Chief Executive Officer, Voyance

B. Key Thoughts on Medicare Inspections and Survey Readiness
Tracy Harbour, RN, BSN, Administrator, Surgery Center of Pinehurst, Nueterra Healthcare, Marti Potter, Administrator, Jersey Shore Ambulatory Surgery Center, Marcy Sasso, CASC, Director of Compliance and Development, Facility Development & Management, LLC, moderated by Melissa Szabad, Partner, McGuireWoods LLP

C. Coaching Beyond Sports: How Coaching Improves Employee Engagement, Culture and Patient Outcomes
Karen Howey, Administrator of Beaumont Macomb Township ASC and Nikki Johnson, Vice President Human Resources, Nueterra

D. Pre-Op Screening Prior to Day of Surgery – How to Achieve Patient Compliance
Trish Corey, Sales Associate, Simple Admit

E. Key Steps to Improve Profits in Orthopedic-Driven ASCs
Gregory P. Deconciliis, PA-C, CASC, Administrator, Boston Out-Patient Surgical Suites

F. Trends in Marketing Your ASC to Drive Patient Volume
Dotty Bollinger, RN, JD, CASC, LHRM, Chief Operating Officer, Laser Spine

5:05 – 6:00 PM
Networking Reception, Cash Raffles & Exhibits

Saturday, October 26, 2013

7:15 – 8:15 am – Continental Breakfast

8:10 – 9:00 AM
KEYNOTE – Success is a Choice
Rick Pitino, Head Men's Basketball Coach University of Louisville

9:05 – 9:45 AM

A. Healthcare Outlook 2014 - Key Trends, Opportunities and Threats for ASCs
John Venetos, MD, John Venetos Ltd, R. Blake Curd, MD, Board of Directors Chairman, Surgical Management Professionals, Edward P. Hetrick, President, Facility Development & Management, LLC, Scott Glaser, MD, DABIPP, Co-Founder and President, Pain Specialists of Greater Chicago, moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

B. Avoiding Critical Mistakes in New Facility Startups
Joyce Deno Thomas, Senior Vice President, Operations, Regent Surgical Health

C. From Chaos to Calm: Improving Patient Flow with RTLS Technology
Brett Chambers, Project Manager, IT Consulting, Key Whittman Eye Center, and Jim Stilley, MHA, CASC, FACHE, Director of Clinical WorkFlow Consulting, Versus Technology

D. Common Billing Mistakes that Cost Your ASC Money and Correct Modifier and Revenue Code Usage for ASC Claims
Stephanie Ellis, RN, CPC, Ellis Medical Consulting, Inc.

E. ICD 10 and Technology: Tools and Tips to Smooth the Transition
Angela Talton, MBA, RHIA, CCS, CPC, CPC-H, Senior Vice President of Coding, National Medical Billing Services

9:50 – 10:30 AM

A. ASCs and ACOs - Can ASCs Profit With ACOs
Jon Friesen, Chief Financial Officer, U.S. Operations, Nueterra, Jon O'Sullivan, Principal, HealthEconomix, and Jim Stilley, MHA, CASC, FACHE, Director of Clinical Workflow Consulting, Versus Technology, moderated by Holly Carnell, Associate, McGuireWoods LLP

B. EMRs - How to Improve Productivity and Profits for Physicians and ASCs
Marion K. Jenkins, PhD, FHIMSS, Executive Vice President, 3t Systems

C. Key Strategies for Billing and Coding
Paul Cadorette, CPC, CPC-H-ORTHO, CPC-P-ASC, Director of Educational Services, mdStrategies

D. RAC and CMS Audits: Top Documentation Issues for ASCs and How to Reduce Risk
Stephanie Ellis, RN, CPC, Ellis Medical Consulting, Inc.

E. Utilizing Technology to Improve Revenue Cycle Metrics
Mike Orseno, Revenue Cycle Director, Regent Surgical Health and Tom Hui, HST Pathways

10:35 – 11:15 AM

A. Key Items That Great Administrators and Great DONs Focus On
Marti Potter, Administrator, Jersey Shore Ambulatory Surgery Center, Sandi Berreth, Administrator, Brainerd Lakes Surgery Center, Karen Reiter, RN, CNOR, RNFA, Chief Operating Officer, D.I.S.C. Sports & Spine Center, Moderator TBD

B. Total Joint Reimbursement Strategies in the ASC
Rebecca Overton, Director of Revenue Cycle Management, Surgical Management Professionals

C. Regulatory Processes Between State, Medicare and Accreditation Organizations
Amy Mowles, President and Chief Executive Officer, Mowles Medical Practice Management

D. On-Line Pre-Admission Screening: A Win-Win for Patients, Surgeons, Anesthesiologists, Staff and Administration
Jim Freund, Vice President of Business Development, Medical Web Technologies

11:10 – 12:00 PM

5 Key ASC Legal Issues for 2014, Anesthesia, Safe Harbors, Non Competes, HIPAA and More
Scott Becker, JD, CPA, Partner, McGuireWoods LLP

12:00 PM – Meeting Adjourns

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- Jon Nielsen, MD, North Memorial Ambulatory Surgery Center at Maple Grove.
- Marti Potter, Administrator, Jersey Shore Ambulatory Surgery Center
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David Feherty

David Feherty was born in the seaside town of Bangor in Northern Ireland. He grew up with aspirations to become an opera singer, until he discovered he had the knack for hitting a golf ball. He jokes about his career change, "I was always interested in music from a very early age. But when I turned pro at age 17, I haven't sung a note since. Now, I only sing to punish my children."

David enjoyed a successful professional career, with 10 victories worldwide and over $3 million in prize money. He was a regular on the European Tour, with victories including the ICL International, the Italian Open, Scottish Open, South Africa PGA, BMW Open, Cannes Open, and Madrid Open. He captained the winning Irish team in the 1990 Alfred Dunhill Cup and played on the European Ryder Cup Team in 1991, an experience that rejuvenated his fervor for golf.

In 1997, David retired from professional golf when offered a position as a golf commentator for CBS Sports. "I always enjoyed talking more than playing, and now CBS and the Golf Channel are paying me for what I like to do most." Thanks to his sharp wit and colorful personality, David has become golf's favorite announcer.

David's success extends beyond broadcasting. He's authored 6 books, several making the *New York Times* bestsellers list: *An Idiot for all Seasons* (Rugged Land LLC 2005), *Somewhere in Ireland, A Village is Missing an Idiot* (Rugged Land LLC 2003) and *A Nasty Bit of Rough* (Rugged Land LLC 2002). Each is "chocked full with belly-busting humor," including his latest bestseller, *The Power of Positive Idiocy* (Doubleday 2010).

Rick Pitino

Rick Pitino, one of the most brilliant minds in coaching, began a new era in University of Louisville men's basketball when he was named the Cardinals' head coach on March 21, 2001.

The first coach in NCAA history to win a national championship at two different schools, Pitino's up-tempo style, pressure defense, strong work ethic and family atmosphere quickly returned Louisville to national prominence where it is firmly seated.

In 28 seasons as a collegiate head coach at five different schools, Pitino has compiled a 664-239 record, a .735 winning percentage that ranks him 12th among active coaches. His current contract ties him with U of L through the 2021-2022 season.

The first coach in NCAA history to take three different teams to the NCAA Final Four, Pitino is a member of the 2013 Induction Class for the Naismith Memorial Basketball Hall of Fame, lofty recognition for a lifetime of basketball achievement.

Pitino served as head coach of the New York Knicks for two seasons. In his initial year there in 1987-88, the Knicks improved by 14 victories and made the NBA Playoffs for the first time in four seasons. The Knicks won 52 games in 1988-89 and swept the Philadelphia 76ers in the first round of the NBA Playoffs.

Aside from his hoops prowess, Pitino has achieved success off the court as well in such realms as broadcasting, publishing, motivational speaking and horse racing. He is an accomplished author, producing such books as the best seller *Success Is A Choice* and *Lead to Succeed.*

Bob Woodward

Since 1971, Bob Woodward has worked for *The Washington Post* where he is currently an associate editor. He and Carl Bernstein were the main reporters on the Watergate scandal for which the Post won the Pulitzer Prize in 1973. Woodward was the lead reporter for the Post's articles on the aftermath of the September 11 terrorist attacks that won the National Affairs Pulitzer Prize in 2002. In 2004, Bob Schieffer of CBS News said, "Woodward has established himself as the best reporter of our time. He may be the best reporter of all time."

Woodward has authored or coauthored 16 books, all of which have been national nonfiction bestsellers. Twelve have been #1 national bestsellers -- more than any contemporary non-fiction author:

- All the President's Men (1974) and The Final Days (1976), both Watergate books, co-authored with Bernstein
- The Brethren: Inside the Supreme Court (1979), co-authored with Scott Armstrong
- Wired: The Short Life and Fast Times of John Belushi (1984)
- Veil: The Secret Wars of the CIA 1981-1987 (1987)
- The Commanders (1991) on the first Bush administration and the Gulf War
- The Agenda: Inside the Clinton White House (1994)
- Shadow: Five Presidents and the Legacy of Watergate (1999)
- Bush at War (2002)
- Plan of Attack (2004)
- State of Denial: Bush at War Part III (2006)
- Obama's Wars (2010)

Woodward was born March 26, 1943, in Illinois. He graduated from Yale University in 1965 and served five years as a communications officer in the United States Navy before beginning his journalism career at the Montgomery County (Maryland) Sentinel, where he was a reporter for one year before joining the Post.

Bonnie Blair

Success under pressure is the measure of a true champion. There are numerous winners in the world of sports but the celebrated athletes are the few who meet the challenge of pressure time after time. Bonnie Blair is undoubtedly celebrated as the speedskater who produces her best performances when it counts the most.

Bonnie began her race in the 500 meter event of the 1988 Calgary Olympics immediately after her rival Christa Rothenburger of East Germany set a world record. Not to be outdone, Bonnie proceeded to skate the 500 meters faster than any woman had before or has since, capturing the gold medal in a world record time of 39.1. This record stood for 5 years until March 1994, when at the age of 30, Blair met her ultimate goal of shattering the 39 second mark with a time of 38.99.

Career Highlights

- Most decorated female Winter Olympian
- 1994, Gold medalist in 500m and 1000m
- 1992, Gold medalist in 500m and 1000m
- 1988, Gold medalist in 500m
- 1988, Bronze medalist in 1000m
- 1st woman to break 39 second barrier in the 500m
- 1st American to win 3 consecutive gold medals in a Winter Olympic event
- Named one of the Century's Five Best Female Athletes by Sports Magazine
- 2004, Inducted in to USOC Olympic Hall of Fame
- Winner of the 2000 ESPY Award for American Female Olympian
- 1994, Named Sportswoman of the Year from Sports Illustrated
- 1994, Named Female Athlete of the Year from the Associated press
- Recipient of the Sullivan Award, given to the top amateur, American Athlete

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Key Whittman Eye Center


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Nap Gary, COO,
Regent Surgical Health


Bonnie Blair,
Speed Skating Champion
and Gold Medalist


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Nicholas Newsad, Analyst,
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Rick Pitino, American Basketball
Coach, Author


Phenelle Segal, RN, CIC,
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Spine Surgery Practices to Know

100 Spine Surgery Practices to Know

By Carrie Pallardy

Here are 100 independent spine surgery practices to know.

Anand Spine Group (Los Angeles). The practice's surgeons concentrate on adult and pediatric minimally invasive surgery and motion-preserving techniques. Founder Neel Anand, MD, has an interest in complex spinal deformity and scoliosis.

Ann Arbor (Mich.) Spine Center. The Ann Arbor Spine Center was established in 2009 to care for patients with spine and neck problems. The practice includes six spine and neurological surgeons and four locations.

Arizona Neurosurgery & Spine Specialists (Phoenix). The four physicians of Arizona Neurosurgery & Spine Specialists have a special interest in treating complex spine disorders, tumors and neurotrauma. The group was founded by Byron H. Willis, MD, who currently serves as president of the practice.

Atlanta Brain and Spine Care. The practice was established in 2003 as a Spinal Research Foundation Regional Center of Excellence. The practice is led by President Steven D. Wray, MD, who is a past president of the Georgia Neurological Society.

Atlantic NeuroSurgical Specialists (Neptune, N.J.). Henry Liss, MD, established Atlantic NeuroSurgical Specialists in 1958, then known as The Neurosurgical Group of Chatham. The surgeons offer minimally invasive and complex spine surgery for the cervical and lumbar spine.

The B.A.C.K. Center (Melbourne, Fla.). Glenn Bryan, MD, board-certified orthopedic surgeon, founded Brevard Orthopaedic Clinic in 1981. The practice's focus began to shift towards spine and neck care in 1992. The name of the practice was changed to Back Authority for Contemporary Knowledge (B.A.C.K. Center) in 2002.

BASIC Spine (Orange, Calif.). BASIC Spine includes fellowship-trained spine surgeon G. Thaiyananthan, MD; board-certified neurosurgeon Bryan Oh, MD; and orthopedic spine surgeon Lytton A. Williams, MD. The practice also includes pain management physicians, a pain management psychologist and chiropractors.

Beverly Hills Spine Surgery (Los Angles, Calif.). Khawar Siddique, MD, MBA, board-certified neurosurgeon, and Brian Perri, DO, board-certified orthopedic spine surgeon, founded Beverly Hills Spine Surgery in 2005. The practice also includes spine surgeons Alex Rasouli, MD, and Edward Nomoto, MD, and pain management physician Roy Nini, MD.

Black Hills Neurosurgery & Spine (Rapid City, S.D.). In 2009, The Spine Center at Rapid City was renamed Black Hills Neurosurgery & Spine. The practice includes spine-focused neurosurgeons Stuart Rice, MD, Tim Watt, MD, Jonathan Wilson, MD, Robert Ingraham, MD, and a neurologist.

The Boston Spine Group. The Boston Spine Group, founded in 1998, includes a team of fellowship-trained orthopedic spine surgeons, physical medicine and rehabilitation specialists and pain management physicians. Led by Robert Banco, MD, the physicians treat patients with degenerative conditions, chronic low back pain, tumors, scoliosis and spinal trauma.

Boulder (Colo.) Neurological Associates. Boulder Neurological Associates is a seven-physician group, including Alan T. Villavicencio, MD, who is a senior partner and director of research and development for the practice. He also heads up neurosurgery programs at two hospitals and is the director of The Minimally Invasive Spine Institute in Colorado.

Brain & Spine Surgeons of New York (White Plains). Brain & Spine Surgeons of New York was founded in 1958. In addition to treating brain disorders, the practice focuses on procedures for the treatment of degenerative disc disease, spinal tumors, scoliosis, spinal fractures and spinal stenosis.

Brain & Spine Center of Texas (Plano). Surgeons at Brain & Spine Center of Texas have an expertise in complex spinal instrumentation, minimally invasive spine surgery and cranial surgery. The practice has five office locations in Texas.

Bristol (Tenn.) Neurosurgical Associates. Jim Brasfield, MD, a neurosurgeon subspecializing in spine surgery, founded Bristol Neurosurgical Associates in 1985 and then TriCities Spine in 2008, which brings together a team of spine specialists for a one-stop spine care facility.

Buffalo Spine Surgery (Lockport, N.Y.). The surgeons of Buffalo Spine Surgery perform several procedures, including artificial disc replacement, XLIF and spinal fusions. The practice includes Andrew Cappuccino, MD, who has engaged in several research projects related to biologics, disc replacement and other spine innovation.

Carolina Neurosurgery & Spine Associates (Charlotte, N.C.). Founded in 1940, Carolina Neurosurgery & Spine Associates includes 18 physician partners and 26 physicians in the practice. The practice is one of 17 sites across the United States participating in the National Neurosurgery Quality and Outcomes Database.

California Spine Group (San Diego). California Spine Group is the practice of board-certified orthopedic spine surgeon Jean-Jacques Abitbol, MD. Dr. Abitbol is a past president of the North American Spine Society.

Center for Spine Care (Dallas). The Center for Spine Care includes John Peloza, MD, board-certified orthopedic spine surgeon and Michael Musacchio, Jr., MD, board-certified neurosurgeon. Dr. Peloza founded the Center for Spine Care and currently serves as the center's director.

Colorado Comprehensive Spine Institute (Englewood). George A. Frey, MD, board-certified orthopedic spine surgeon, founded the Colorado Comprehensive Spine Institute in 2011. Dr. Frey has expertise in complex spine conditions affecting both adult and pediatric patients. The practice includes two additional spine surgeons and a number of pain management physicians.

Dallas Neurosurgical & Spine. Dallas Neurosurgical & Spine was formed in the early 1960s when two neurosurgical groups merged. The practice focuses on minimally invasive spine surgery, Gamma Knife focused radiation, endoscopic surgery, microsurgery and pain management.

DenverSpine. DenverSpine has MRI, X-ray and injection suite capabilities for patients with back pain. The spine surgeons treat patients with spinal deformity, spine fractures and scoliosis. The surgeons are joined by physical medicine and rehabilitation specialists.

Denver Spine Surgeons (Greenwood Village, Colo.). Denver Spine Surgeons is comprised of board-certified orthopedic and fellowship-trained spine surgeons David Wong, MD, Gary Ghiselli, MD, and Sanjay Jatana, MD. The three surgeons have practiced together in Denver for close to a decade.

Desert Institute for Spine Care (Phoenix). DISC includes board-certified orthopedic spine surgeons Anthony Yeung, MD, Christopher Yeung, MD, and Justin Field, MD. The practice subspecializing in selective endoscopic discectomy, thermal annuloplasty and evocative discography.

Deuk Spine Institute (Melbourne, Fla.). Founded by Ara Deukmedjian, MD, Deuk Spine Institute surgeons perform a variety of interventions for back pain, including a new procedure Dr. Deukmedjian developed called Deuk Laser Disc Repair. He also founded the non-profit Deuk Spine Foundation.

DISC Sports & Spine Center (Calif.). Robert S. Bray Jr., MD, founded DISC Sports & Spine Center in 2006. The practice now has locations in Beverly Hills, Marina del Rey and Newport Beach. Dr. Bray currently serves as the DISC CEO, as well as its founding director.

Florida Spine Institute (Clearwater). Florida Spine Institute includes three neurosurgeons, two orthopedic spine surgeons, an orthopedic surgeon, a neurologist and a number of pain management and physical rehabilitation physicians. Florida Spine Institute includes the C-Med Ambulatory Surgery Center for outpatient procedures including minimally invasive spinal decompression.

Fourth Corner Neurosurgical Associates (Bellingham, Wash.). Fourth Corner Neurosurgical Associates was established in 1998. The practice includes board-certified neurosurgeons David Baker, MD, David Goldman, MD, Michael Lawrence, MD, Barry Landau, MD, and Tung Ha, DO.

Frisco (Texas) Spine. Frisco Spine includes four spine-focused surgeons who perform procedures including cervical spine surgery, cervical laminectomy, artificial disc replacement, microdiscectomy, minimally invasive spine surgery and lumbar spine surgery.

Front Range Center for Brain & Spine Surgery (Fort Collins, Colo.). Front Range Center for Brain & Spine Surgery was founded in 1978 and now includes three office locations in Colorado and Wyoming. The surgeons have a special interest in treating patients with a variety of spinal disorders with surgical and non-surgical methods.

Georgia Comprehensive Spine (Athens). The surgeons of Georgia Neurological Surgery founded Georgia Comprehensive Spine in 2010 in collaboration with fellowship-trained physical medicine and rehabilitation specialists. The group includes five spine-focused neurosurgeons with a special interest in spinal cord injury, brain tumor and other disorders.

Goodman Campbell Brain and Spine (Indiana). Goodman Campbell and Spine Group came into being with the merger of the Indianapolis Neurosurgical Group and Indiana University Department of Neurosurgical Surgery. Julius Goodman, MD, board-certified neurosurgeon, and John Russell, MD, co-founded the Indianapolis Neurosurgical Group.

Houston Orthopedic & Spine Physicians. Houston Orthopedic & Spine Physicians was founded in 2011 and is owned by 25 partners of the Houston Orthopedic and Spine Hospital. The physicians perform several procedures, including spinal fusion, laminectomy, anterior cervical discectomy and kyphoplasty.

Indiana Spine Group (Carmel). Indiana Spine Group is led by president and founding member Rick Sasso, MD, who is also the co-medical director of the St. Vincent Spine Center. Indiana Spine Group includes eight physicians and pioneered the incorporation of ScoliScore.

Lancaster (Pa.) NeuroScience & Spine Associates. Lancaster NeuroScience & Spine Associates includes a team of six neurosurgeons who perform spinal fusions, artificial disc replacements and surgery for brain conditions. Practice surgeons include chief of neurosurgery at Lancaster General Hospital and past president of Pennsylvania Neurological Society.

Long Island Spine Specialists (Commack, N.Y.). Thomas Dowling, Jr., MD, board-certified orthopedic spine surgeon, is the founding partner of Long Island Spine Specialists. The practice performs several procedures including fusion, cervical laminoplasty and YESS discectomy.

Lowe-Greenwood-Zerbo Spinal Associates (Linwood, N.J.). Lowe-Greenwood-Zerbo Spinal Associates is comprised of James Lowe, MD, Henry Greenwood, MD, and Joseph Zerbo, DO. Dr. Lowe and Dr. Zerbo are equity partners of the Millennium Surgical Center in Cherry Hill, N.J.

Mayfield Clinic & Spine Institute (Cincinnati). The Mayfield Clinic & Spine Institute was founded in 1937. There are 11 physician partners who have a special interest in a variety of procedures, including axial lumbar interbody fusion, complex spinal reconstruction, cervical and lumbar arthroplasty, minimally invasive spine surgery and deformity correction.

Michael A. Gleiber, MD, PA, Spine Surgery, (Jupiter and Boca Raton, Fla.). Michael A. Gleiber, MD, is the founding partner and president of his spine surgery practice which includes locations in Jupiter and Boca Raton, Fla. In his practice, Dr. Gleiber focuses on treatment for patients with herniated discs, spinal stenosis, scoliosis, spinal trauma, tumors and degenerative disc disease.

Midwest Neurosurgery & Spine Specialists (Omaha). Midwest Neurosurgery & Spine Specialists includes locations in Nebraska and Iowa as well as the Midwest Imaging Center. Surgeons at the practice have a special interest in treating patients with artificial disc surgery, gamma knife surgery and spinal tumor surgery.

Midwest Spine Institute (Stillwater, Minn.). Midwest Spine Institute was established in 1987 and includes a team of spine surgeons, mid-level providers, physical therapists and interventional pain physicians. Surgeons at the practice perform minimal access spine surgery, transforaminal lumbar interbody fusion and artificial disc replacement.

Minimally Invasive Spine Institute of Midwest Orthopaedics at Rush (Chicago). The Minimally Invasive Spine Institute was founded by board-certified and fellowship trained spine surgeons Frank Phillips, MD, and Kern Singh, MD. Dr. Phillips serves as the director of the section of minimally invasive spine surgery at Rush University Medical Center.

Nebraska Spine Center (Omaha). Nebraska Spine Center was founded in 1973 and has grown to include nine physicians. The surgeons opened a physician-owned hospital, Nebraska Spine Hospital, as a partnership with Alegent Health. The spine surgeons of Nebraska Spine Center founded the Nebraska Foundation for Spine Research in 1998.

NeoSpine (Puyallup, Wash.). Richard Wohns, MD, is the founder and president of NeoSpine, formerly South Sound Neurosurgery. He was among the first neurosurgeons to perform the XLIF technique for minimally invasive spine surgery.

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NeuroSpine Center of Wisconsin (Appleton). Led by Peter F. Ullrich Jr., MD, NeuroSpine Center of Wisconsin includes two spine surgeons, two neurosurgeons and five physical medicine and rehabilitation specialists. Dr. Ullrich is the medical director of NeuroSpine Center of Wisconsin and co-founder of Spine-health.com.

NeuroSpine Institute (Orlando). NeuroSpine Institute focuses on delivering the highest level of surgical care in the world for degenerative lower back and neck conditions using state-of-the-art surgical techniques, technology, comprehensive surgical and prehabilitation along with rehabilitation planning. Robert Masson, MD, founded the practice in 2000.

Neurosurgery, Orthopaedics & Spine Specialists, PC (Waterbury, Conn.) NOSS was founded in 2008, when three practices, neurosurgery, orthopedic and pain management, merged into one. The practice has five neurosurgeons, three orthopedic surgeons, three pain management physicians and a number of physicians focused on rehabilitation.

The Neurosurgical Group of Chattanooga (Tenn.). Robert Waters, MD, Walter Boehm, MD, and Augustus McCravey, MD, founded The Neurosurgical Group of Chattanooga in 1974. The practice focuses on neurosurgical procedures, spine surgery and treatment of peripheral nerve disorders.

New England Orthopaedic and Spine Surgery (Chestnut Hill, Mass.). Alexander Wright, MD, established New England Orthopaedic and Spine Surgery over 30 years ago. The practice, which focuses solely on the treatment of adult spinal disorders, is affiliated with New England Baptist Hospital in Boston.

New Hampshire NeuroSpine Institute (Bedford). New Hampshire NeuroSpine Institute offers a number of procedures including anterior lumbar interbody fusion, lumbar disc microsurgery and transforaminal lumbar interbody fusion. New Hampshire NeuroSpine Institute includes two neurosurgeons and orthopedic spine surgeons.

New Jersey Spine Center (Chatham). Steven Dorsky, MD, board-certified orthopedic surgeon and fellowship-trained spine surgeon, established New Jersey Spine Center in 1987. The practice also includes three other spine surgeons.

New Jersey Spinal Medicine & Surgery (Glen Rock). New Jersey Spinal Medicine & Surgery offers patients anterior cervical discectomy and fusion, minimally invasive discectomy, sacroiliac joint fusion, minimally invasive spinal fusion and interspinous process decompression.

North Jersey Brain and Spine Center (Hackensack). Patrick Roth, MD, board-certified neurosurgeon founded North Jersey Brain and Spine Center. The practice includes eight other neurosurgeons with expertise in minimally invasive spine surgery.

North Jersey Spine Group (Wayne, N.J.). North Jersey Spine Group is comprised of board-certified neurosurgeons David Sundstrom, MD, and Rajnik Raab, MD. The practice also includes a physical medicine and rehabilitation physician.

Neurological Surgery, P.C. (New York). NSPC is comprised of 21 neurosurgeons and a number of neurological specialists. The practice treats spine conditions including trauma, degenerative scoliosis and spine tumors. The practice also has locations in Great Neck, Rockville Centre, Lake Success, Commack and West Islip, N.Y.

New York Neck & Back Center. New York Neck & Back Center is the practice of board-certified orthopedic spine surgeon Aron Rovner, MD. Dr. Rovner specializes in adult and pediatric spine surgery. The practice performs scoliosis corrective surgery, ALIF, TLIF, lumbar laminectomy and posterior cervical fusion.

Nucci Medical Clinic (Tampa, Fla.). Robert C. Nucci, MD, board-certified orthopedic surgeon and fellowship-trained spine surgeon, established the Nucci Medical Clinic in 1995. The practice includes an additional two orthopedic surgeons and a pain management specialist.

OrthoGeorgia Spine Center (Macon). OrthoGeorgia was founded in 1961 and includes a spine center among other orthopedic subspecialties. The Spine Center includes four physicians who have a special interest in treating scoliosis, herniated disc and degenerative disease.

Pacific Brain & Spine Medical Group (Oakland, Calif.). Jeffrey Randall, MD, board-certified neurosurgeon, founded Pacific Brain & Spine Medical Group in 1990. He was joined by two other spine specialists in the past 20 years.

Parkway Neuroscience and Spine Institute (Hagerstown, Md.). The four neurosurgeons at Parkway Neuroscience and Spine Institute perform minimally invasive spinal procedures, including spinal fusion and discectomy. The practice also includes neurologists, physiatrists, pain management physicians and chiropractors for non-operative spine care.

Piedmont Spine & Neurosurgical Group (Greenville, S.C.). Piedmont Spine & Neurosurgical Group was established in 1977. The practice also has a location in Anderson, S.C. The practice includes board-certified neurosurgeons Michael Bucci, MD, Aaron MacDonald, MD, and Christie Mina, MD.

Prairie Spine & Pain Institute (Peoria, Ill.). Prairie Spine & Pain Institute was founded by Richard Kube, MD. Dr. Kube currently serves as the CEO and owner of the practice. The practice performs practices such as anterior cervical corpectomy, disc replacement and kyphoplasty.

Precision Spine Center (Centennial, Colo.). Precision Spine Center includes neurosurgeons William Choi, MD, and Michael Madsen, MD. Both surgeons focus on spine surgery.

Pro Spine Center (Vero Beach, Fla.). Pro Spine Center provides patients with surgical care, electrodiagnostic services, physical therapy, platelet rich plasma therapy and interventional pain management. The practice also includes a 5,000-square-foot outpatient surgery center.

Reading Neck and Spine Center (Wyomissing, Pa.). Reading Neck and Spine Center was co-founded by David Abraham, MD, fellowship-trained spine surgeon. The practice also includes fellowship-trained spine surgeon Stephen Banco, MD.

Resurgens Spine Center (Atlanta). Resurgens Spine Center was formed in 1999 and includes 28 physicians. It has 19 clinic locations across Georgia where physicians focus on surgical and non-surgical services. The surgeons perform minimally invasive spine surgery techniques.

Rockford (Ill.) Spine Center. Rockford Spine Center was founded in 2003 by three partners, all of whom are fellowship trained spine surgeons. The surgeons perform minimally invasive spine procedures and provide ancillary services.

Roush Spine (Lake Worth, Fla.). Roush Spine is the practice of Thomas Roush, MD, board-certified orthopedic surgeon and fellowship-trained spine surgeon. The practice focuses on disc replacement.

San Diego Center for Spinal Disorders. Be-Behrooz Akbarnia, MD, founded the San Diego Center for Spinal Disorders, which includes four surgeons. The practice also has a fellowship program and the non-profit San Diego Spine Foundation to support spine-related research.

Seattle Spine Institute. Seattle Spine Institute is the practice of Paul Schwaegler, MD, board-certified orthopedic spine surgeon. The practice performs procedures including total disc replacement, spinal arthroplasty, facet replacement and lateral interbody fusion.

Seton Spine & Scoliosis Center (Austin, Texas). There are four spine surgeons and two nonsurgical care physicians practicing at Seton Spine & Scoliosis Center. The surgeons perform minimally invasive spine surgery, artificial disc replacement and surgical correction of scoliosis.

Sierra Regional Spine Institute (Reno, Nev.). Sierra Regional Spine Institute was founded in 1991 by James R. Rappaport, MD, and includes spine surgeons and non-surgical spine specialists. The specialists treat patients with conditions such as disc herniation, scoliosis, spinal fractures and spinal degeneration.

Sonoran Spine Center (Mesa, Ariz.). Dennis Crandall, MD, founded Sonoran Spine Center, which includes six physicians. Clinical research studies are fundamental to the practice's core mission and the surgeons author articles based on their findings.

South Bend Spine (Mishawaka, Ind.). South Bend Orthopaedics created South Bend Spine in 2010 as a spine specialty center that includes fel-

lowship-trained spine surgeons, non-surgical spine specialists, spine therapists, X-ray and diagnostics.

South Florida Spine Clinic (Fort Lauderdale). Founded in 2000 by chief medical officer Jeffrey Cantor, MD, South Florida Spine Clinic includes pain management services as well as spine surgeons. Dr. Cantor performs minimally invasive spine surgery, spinal fusions and total disc replacement.

South Oregon Neurosurgical & Spine Associates (Medford). SONSA includes neurological and spine surgeons Miroslav Bobek, MD, David Walker, MD, and Matthew Miller, MD. The SONSA surgeons perform procedures that address spinal stenosis, fractures and herniated discs.

South Texas Spinal Clinic (San Antonio). Gilbert R. Meadows, MD, founded South Texas Spine Clinic, which now includes 13 locations and 13 physicians. Surgeons perform a variety of procedures, including anterior cervical fusions, anterior cervical discectomy, XLIF and lumbar microdiscectomy.

Southeastern Spine Center (Sarasota, Fla.). Southeastern Spine Center includes a research institute to provide objective evaluation of outcomes for operative and non-operative care for treatment with spinal disorders.

Southeastern Spine Institute (Mt. Pleasant, S.C.). Originally founded in 1991 by Donald R. Johnson, MD, the Southeastern Spine Institute pursued a singular vision to become a preeminent spine and pain management practice. Today SSI has grown to include a total of 14 physicians.

Southern California Neuroscience and Spine. The Center for Neuroscience and Spine, a part of the Southern California Center for Neuroscience and Spine, was founded in 2005 by Ali H. Meiswala, MD. He performs complex operations for patients with skull base, peripheral nerve and movement disorders.

Southern Oregon Neurosurgical & Spine Associates (Medford). Led by Miroslav P. Bobek, MD, Southern Oregon Neurological & Spine Associates is a comprehensive team of neurosurgeons that treats brain, spine, spinal cord and nervous system disorders. The surgeons perform minimally invasive techniques and use the METRx MicroDiscectomy System.

Southwestern Brain & Spine (New Orleans). Southwestern Brain & Spine has 10 providers and three practice locations. The practice was founded in 2006 and includes neurosurgeons and non-surgical specialists. The surgeons have a special interest in complex spine surgery, spinal tumors and degenerative conditions.

South Shore Brain and Spine Specialists (West Islip, N.Y.) Kevin Mullins, MD, founded South Shore Brain and Spine Specialists in 2000. The practice also includes four other neurosurgeons.

Spine Institute (Johnstown, Colo.). Rocky Mountain Spine Arthroplasty Specialists was founded in 2004 and later became known as The Spine Institute. Founder Kenneth Pettine, MD, has also founded the Society for Ambulatory Spine Surgery and the Orthopedic Stem Cell Institute.

Spine Institute Santa Monica (Calif.). The Spine Institute has a focus on research and clinical trials for several types of spine and back pain management procedures.The surgeons focus on growth factors, stem cell therapy and biologics to promote spinal tissue generation or regeneration.

SpineCare Medical Group (Daly City, Calif.). SpineCare Medical Group surgeons perform minimally invasive procedures, spinal fusions and advanced internal fixation device procedures. The physician partners have a research and education division, San Francisco Spine Institute.

Spine Colorado (Durango). Spine Colorado includes fellowship-trained spine surgeons and physical medicine physicians. The surgeons perform deformity correction, trauma surgery and total disc replacement procedures.

Spine Group Beverly Hills (Calif.). Spine Group Beverly Hills is practice of fellowship-trained orthopedic spine surgeon John Regan, MD. The practice performs procedures including lumbar discectomy, cervical discectomy, spinal fusion, lumbar laminectomy, minimally invasive surgery and scoliosis surgery.

SpineNevada (Reno). SpineNevada includes James Lynch, MD, a fellowship-trained neurosurgeon who performs more than 500 spine surgeries per year. The group also includes non-operative physical medicine and rehabilitation specialists and physical therapy.

Spine Team Texas (Southlake). Spine Team Texas includes neurosurgeons David Rothbart, MD, Juan Bartolomei, MD, and Steven Morgan, MD, PhD, and orthopedic spine surgeon Leonard Kibuule, MD. The practice also includes a number of physiatrists and pain management specialists.

Summit Spinecare (Woodbury, Minn.). Summit Spinecare is a division of Summit Orthopedics, which was launched when the practice opened a 38,000-square-foot building in 2009. Approximately 6,500-square-feet are dedicated to the spine center with six specialists.

Summit Spine Institute (Portland, Ore.). J. Rafe Sales, MD, board-certified orthopedic spine surgeon, founded Summit Spine Institute at Emanuel Hospital in 2007. Dr. Sales performs surgical procedures including lumbar fusion, anterior cervical corpectomy and interspinous stabilization.

Texas Back Institute (Plano, Texas). Stephen Hochschuler, MD, and Ralph Rashbaum, MD, founded Texas Back Institute in 1977. In 1985, the Texas Back Institute Research Foundation was founded to improve care for patients with back pain through research and education.

Texas Spine Consultants (Dallas). Texas Spine Consultants is located at Baylor University Medical Center and includes five physicians. The practice includes the fellowship director for the Dallas Spine Fellowship and a pain medicine physician.

Total Spine Specialists (Huntersville, N.C.). Total Spine Specialists includes four offices in North Carolina. Led by co-founding physician Mark Hartman, MD, and Paul J. Tsahakis, MD, the practice includes physicians who perform minimally invasive spine surgery.

TriState Neurological Associates (Erie, Pa.). TriState Neurological Surgeons partners with Saint Vincent Health Care to provide brain, spinal and neurosurgical care. It is the community arm of the department of neurological surgery at the University of Pittsburgh.

Twin Cities Spine Center (Minneapolis). John H. Moe, MD, founded Minnesota Spine Center and Twin Cities Scoliosis Center, which merged in 1998 to become Twin Cities Spine Center. The practice includes 10 fellowship-trained spine surgeons and a full research department.

Tyler (Texas) Neurosurgical Associates. Tyler Neurosurgical Associates, established in 1972, includes four spine specialists. The practice offers procedures for spinal instability, spinal tumors, degenerative disc disease, herniated discs, spondylosis and spinal stenosis.

Virginia Spine Institute (Reston). Virginia Spine Institute was founded by Thomas C. Schuler, MD, in 1992, and since then VSI spine surgeons have participated in several cutting-edge research and development projects.

Washington Brain & Spine Institute (Washington, D.C). Washington Brain & Spine Institute includes board-certified neurosurgeons Jeff Jacobson, MD, and Zachary Levine, MD. They have expertise in cervical spinal trauma, cervical arthroplasty and spinal reconstruction.

Watkins Spine (Marina del Rey, Calif.). Watkins Spine was founded by Robert Watkins III, MD, a founding member of the North American Spine Society and co-director of the Marina Spine Center. Along with his partners, Dr. Watkins has treated several professional athletes. ■

5 Ideas for Spine Practice Growth in Today's Healthcare Market

By Laura Miller

Texas Back Institute in Plano has spent the past three decades building a large spine practice, and with the ever-changing healthcare environment, an adaptable growth plan is more important now than ever.

"We are spending a lot of resources on growth and it's a very exciting time," says Michael Hisey, MD, President of Texas Back Institute. "We are in a time where everyone expects change. You have to be in a position to take advantage of that; those who do will succeed. Everything is going to be redistributed and you want to be in a position to help decide how that gets redistributed to the benefit of stabilizing your practice and treatment for your patients."

Here are five ideas for spine practice growth in today's healthcare environment.

1. Merge with other providers. Merge or engage in formal partnerships with other providers in your community. Work with them to build relationships which can more effectively facilitate patient care. This could help leverage your collective negotiating power.

2. Build a presence in an underserved market. Another growth strategy includes filling the need for spine specialists in an underserved community. The practice could bring on another surgeon for a new location in the community; often the local hospital will partner with the spine practice for the recruitment of a new physician in the market.

"Bring in the new surgeon and place him in the community with a potential for growth," says Dr. Hisey. "The hospital and the practice will support him with marketing infrastructure and staff."

However, don't expect the additional cases from a new surgeon to grow the practice's profitability. "Growth is beneficial to us for negotiating power and to leverage overhead, but we don't expect the newer surgeons to add to the overall profitability," he says.

3. Affiliate with other groups in saturated markets. In a well-served market, it's beneficial for surgeons and groups to affiliate with other groups in the community to grow their economies of scale instead of developing a new business or crowding others out of the market.

"It takes a while, perhaps two or three years to really develop a practice and hit a stride," says Dr. Hisey. "It's a faster growth strategy to team up with people who are already there. However, you have to understand and account for personalities in the groups when you are partnering. It's important for everyone to work well together."

4. Cover more of the episode of care. Seek opportunities to bring more care under your group's control.

"If you can negotiate better prices for the hospital systems and have influence over these costs, you will be in a better position for contracting for bundled payments," says Dr. Hisey. "The more pieces of the episode of care you have control over, the better place you'll be for the final deal."

5. Strategically align instead of bringing other specialists into the group. Depending on your referral network, it may make more sense to strategically align with non-operative and pain management specialists instead of bringing them into your group.

"Most referral networks are composed of family practice physicians, neurologists and other pain specialists who take care of the patients until they need surgery," says Dr. Hisey. "If you have those specialists in your practice, you could cut yourself off from potential referral sources. However, it is also important to balance this against the need to meet the demands of those patients and referral sources requesting a multidisciplinary approach."

Dr. Michael Hisey

Texas Back Institute offers a multidisciplinary approach either through their own physicians or in cooperation with other physicians in their market. ■

Neurosurgeon Salary vs. Hospital Revenue Generated

By Laura Miller

Neurosurgery generates $1.68 million in revenue for hospitals on average, according to the "2013 Physician Inpatient/Outpatient Revenue Survey" from Merritt Hawkins.

Here are statistics on neurosurgeon-generated hospital revenue, hospital salaries for neurosurgeons and their corresponding revenue-to-compensation ratios based on data from the survey:

Median 2013 revenue: $1,684,523

Median 2012 hospital compensation: $669,000

Revenue-to-compensation ratio: 2.52:1

Orthopedic surgeons

Median 2013 revenue: $2,683,510

Median 2012 hospital compensation: $519,000

Revenue-to-compensation ratio: 5.17:1 ■

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6 Strategies to Make Spine Practice Business Models More Patient-Centric

By Carrie Pallardy

Three spine surgeons share strategies for creating and maintaining an effective patient-centric business model at spine practices.

1. Shrink patient wait times. Not long ago it was common for patients to wait an hour or more past their scheduled appointment time to see a physician. "Now, patient expectations are higher," says Douglas Won, MD, founder and director of Minimally Invasive SpineCARE in Dallas. At his practice, if the office is running behind schedule the front desk will call patients ahead of time so they can arrive later when they can been seen right away.

"It starts with timing. We are very careful about getting patients in quickly," says Kenneth Hansraj, MD, of New York Spine Surgery and Rehabilitation Medicine in Poughkeepsie, N.Y. Both the patients' time and the staff's time is valuable. Based on this understanding, New York Spine Surgery and Rehabilitation Medicine adheres to a comprehensive intake method. Patients give complete histories before seeing a physician. The time a patient spends with Dr. Hansraj is face time, not time spent gathering a patient's background information.

As with any physician practice there are days when timing doesn't run smoothly, but Dr. Hansraj points out with the complexity of spine cases this can be even more of an issue. While dedicated to seeing patients quickly, Dr. Hansraj does not believe in rushing a patient out of the office. "Some patients require 20 minutes, some require two hours," he says.

"The biggest challenge and the biggest reward in a patient-centric business model is timing. Time can be difficult to manage, but once a practice implements a system of doing so, the benefits are tremendous," says Dr. Hansraj. Patients love to be seen in and out on time, physicians and staff can leave earlier and it costs less when everyone is home on time.

2. Give patients multiple treatment options if possible. Roger Härtl, MD, chief of spinal surgery and neurotrauma at Weill Cornell Brain and Spine Center in New York, concentrates on providing his patients with treatment options.

"We need to stress to the patient that non-operative treatment is the best initial choice," he says. Though this is a key tenet of patient-centric care at a spine practice, it is also an inherent challenge to convince patients that there are other options. "Many patients assume that if they're seeing a surgeon, they must need surgery. But that's not always the case — I often refer patients first to physical therapy, or pain management, before considering them as candidates for surgery."

Dr. Härtl stresses the importance of understanding the relationship between pain and psychology. Cognitive therapy and psychological intervention can be just as important as any treatment when it comes to addressing and treating the root cause of a patient's pain.

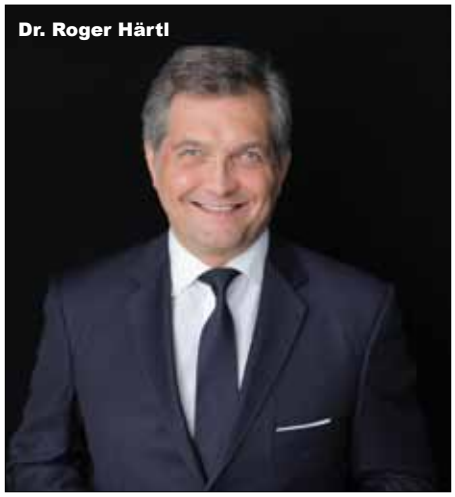
3. Keep flexible hours to accommodate additional patients. Medical practice is increasingly becoming a service industry. Minimally Invasive SpineCARE has multiple locations and Dr. Won uses this to his advantage. "We expand office hours in order to see patients. If you are in serious pain you can't wait weeks to see a physician," said Dr. Won. Patients are able to make an appointment with an available physician at the time and location most convenient for them.

4. Appoint a staff member to coordinate patient schedules. Spine care can be very fragmented. Patients are seen at different locations by different specialists. Between diagnostic, therapy, physician and surgeon appointments, its easy for a patient to become confused.

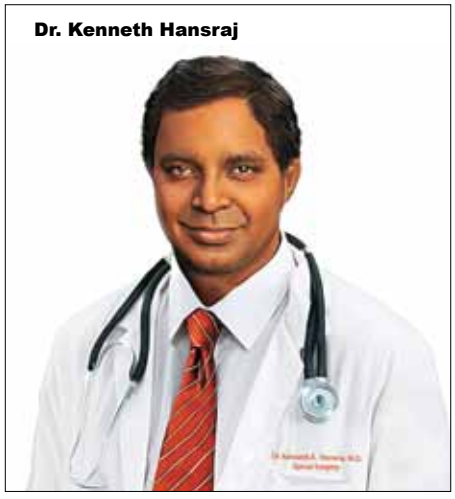
One of the important elements driving patient-centered care at Weill Cornell Brain and Spine Center is the spine center navigator. This navigator is a nurse that Dr. Härtl described as "the glue between all of the elements of a spine center." The navigator directs patients through the entire center and places them as the central figures of physician care.

Dr Won's office also has a staff member in charge of patient coordination. "We have a coordinator overseeing patient care and a patient log. Our coordinator follows up to make sure a patient understands how to properly schedule all appointments and how to get to each one," he says.

On their own, patients may not follow up and this can lead to treatment gaps. If your staff tracks and follows up on each individual's treatment, patient outcomes may noticeably improve.


Dr. Roger Härtl


Dr. Douglas Won


Dr. Kenneth Hansraj

5. Instill a patient-focused culture for the whole staff. At the multidisciplinary environment of Weill Cornell Brain and Spine Center, physicians come together to create a patient-centric care model. The physicians hold regular conferences to discuss patients and frequently see patients together.

Dr. Hansraj and his team carefully track the day-to-day time schedule. The practice employs internal "runners" that prepare each patient before meeting with Dr. Hansraj. He meets with the runners at the end of each day to discuss how well timing was managed that day and what could be done better the next. "My whole team works together. We constantly listen to each member for where we can improve," says Dr. Hansraj.

Dr. Won also stresses a patient-centric culture at his practice. "All staff members that come into contact with a patient need to keep in mind that he or she deserves A+ service. Patients expect that of a physician's office now. We should meet those expectations," says Dr. Won. "You need to develop a culture of excellent patient care from the top down."

Train new hires to provide the best possible patient care and experience. Every element of your practice from medical assistants to the billing department should be geared towards patient-centric care.

6. Always look for ways to improve. For Dr. Härtl, a patient-centered method of practice is a never-ending process. "Technology is always changing and giving us new options," he says. Within the past few years Dr. Härtl and his colleagues gained the ability to electronically transfer image files between one another. As a spine center with a large number of international patients, this saves a great deal of time and allows surgeons to focus on patients instead of struggling to obtain their records.

Though files can be in different formats at different institutes, Dr. Härtl says the Weill Cornell Brain and Spine Institute is now endeavoring to immediately enter a patients files into the center's system following initial contact.

Dr. Won also acknowledges that this business model can be time consuming and calls for additional resources, but he suggests looking at it as an investment. Satisfied patients are the best marketing plan a practice can have. They will have a positive experience to share with their referring physicians and the people they know.

The advantage of a patient-centric business model is simple: "Satisfying patient need is the number one benefit," Dr. Härtl says. ■

Driving Value in Spine Care: Outpatient Spine Surgery **(continued from page 1)**

The new era of healthcare reform allows opportunities for small, market-responsive outpatient spine surgery centers to capture segments of the market by providing high-quality care in a narrowly defined, specific area. Outpatient spine centers are essentially boutiques that deliver world-class care in a highly focused niche — what Harvard Business Professor Regina Herzlinger calls "focused factories" in her book, Market Driven Healthcare. Canada's Shouldice Hospital for hernia surgery in Canada was the original focused factory. The Shouldice model proved that when a limited number of procedures are done in high volume by the same providers and staff, the outcomes are better, costs are lower and patients are more satisfied.

Outpatient spine surgery allows the spine surgeon to maintain tight control of cost and quality, responding to the needs of not only the surgeon and the patient, but also insurance companies. The cost for outpatient spine surgery is 50 percent to 70 percent lower than for the same procedure performed in a hospital. MIS spine procedures are 30 percent to 60 percent less costly than traditional surgery. Besides the lower cost, MIS also offers the significant advantages of shorter recovery times and decreased rates of recurrence. In this era of cost containment, particularly given the demands of all patients, including increasing numbers of babyboomers, for healthy spines, outpatient and MIS spine surgery will continue to increase in frequency. Baby boomers want more immediate results, a quicker return to an active lifestyle and work, and tend to prefer to stay out of the hospital, if possible.

Presently, the spinal procedures frequently performed in an outpatient setting include the following:

- anterior cervical discectomies with fusions (one-, two-, and three-level)
- cervical disc arthroplasties (one- and two-level)
- cervical foraminotomies and posterior discectomies
- lumbar microdiscectomies
- lumbar laminoforaminotomies
- lumbar laminectomies
- MIS lumbar fusions including XLIFs, TLIFs, and interspinous process fusions

Cervical arthroplasties or total disc replacements (TDR) are an excellent example of a fairly new and very successful addition to the world of outpatient spine surgery. Based on the proven safety, cost effectiveness, clinical outcomes and patient satisfaction with anterior cervical discectomy and fusion (ACDF), it was a natural next step to perform outpatient arthroplasties.

Arthroplasties offer quicker recovery than ACDF, preserve motion of the neck and lessen the chance of developing adjacent disc degeneration that might require further surgery. The five-year disc replacement data compared with fusion demonstrated that patients who underwent TDR had a 97.1 percent probability of no secondary procedures, compared with 85.5 percent for ACDF patients who did not experience a reoperation due to implant breakage or device failure. In addition, 2.9 percent of TDR patients had reoperations within five years of the initial surgery, compared with 14.5 percent of ACDF patients.

I have recently reported a consecutive series of 132 outpatient cervical arthroplasties, from


Dr. Richard Wohns

2009 through April 2013, with 92 percent improved symptoms, an average operative time of 60 minutes for one level and 80 minutes for two levels, and an average time to discharge of three hours. There was no significant morbidity and no mortality. There were no transfers to a hospital, no postoperative ER visits, and no late hospitalizations. The cost for outpatient cervical arthroplasty is lower than the cost for ACDF, and is less than 50 percent of the cost of the same procedure in a hospital.

Outpatient spine surgery will become increasingly more prevalent as new and enabling technologies continue to evolve, insurance companies and the government drive more healthcare to the outpatient setting for economic reasons, and patients become more educated about spine surgery options that meet their lifestyle expectations.

For additional information on outpatient spine surgery, contact the author at rwohns@neospine.net. ■

2012 vs. 2011: 20 Statistics on How Orthopedist Compensation Changed

By Laura Miller

Here are 20 statistics comparing physician compensation in 2012 to 2011, based on the respective Medscape Physician Compensation Reports.

Average orthopedist compensation
2012: $405,000
2011: $315,000

Orthopedists making more than $500,000
2012: 35 percent
2011: 19 percent

Orthopedists making less than $100,000
2012: 11 percent
2011: 19 percent

Orthopedists with compensation decreasing over the previous year
2012: 39 percent
2011: 36 percent

Orthopedists with compensation increasing over the previous year
2012: 28 percent
2011: 30 percent

Female orthopedist average compensation
2012: 422,000 (20 percent more then male orthopedists—9 percent of respondents were female)
2011: $240,000 (36 percent less than male orthopedists)

Highest compensating region
2012: Northwest (Oregon, Washington, Idaho, Wyoming, Montana, Alaska)—$652,000
2011: West (California, Hawaii)—$350,000

Lowest compensating region
2012: Mid-Atlantic (Pennsylvania, New Jersey, Delaware, Virginia, West Virginia, Maryland, North Carolina, South Carolina)—$248,000
2011: Northeast (Maine, Vermont, New Hampshire, New York, Massachusetts, Rhode Island, Connecticut)—$303,000

Average hospital compensation for orthopedists
2012: $396,000
2011: $251,000

Average single-specialty group practice compensation for orthopedists
2012: $469,000
2011: $391,000 ■

How to Reduce Costs & Maintain Quality of Care: 5 Spine Surgeons Weigh In

By Heather Linder

Five spine surgeons discuss how to reduce healthcare costs without compromising care.

Jeffrey Wang, MD, UCLA Spine Center: Well, tying together reimbursements and payments with the increased quality and better outcomes is the way that the system appears to be going. I do think that this provides motivation for hospital systems to provide support for the administrative personnel we need to track our outcomes, quality and reduce re-admissions and complications. I believe that surgeons have been wanting to do this all the time, but have not had the appropriate resources to be able to create this type of tracking system and maintain a busy clinical practice. The role of electronic medical records is also going to help.

However, the real key will be to try not to overburden the care provider. Most of the guidelines and rules that have been created over the years have placed an increasing burden on the time and efforts of the practicing surgeon. Declining reimbursements, new requirements and other initiatives basically require physicians to jump through more hoops without compensating them for their time. I do believe the key for a sustainable plan will be to help the practitioner and not place the burden of time, liability and work solely on the practitioner, who is providing the actual care. This will allow the practitioner to have the time to provide high quality care. Perhaps more importantly, it will not discourage the brightest people from entering healthcare as a profession.

Richard Kube, MD, Spine Surgeon, CEO and founder of Prairie Spine & Pain Institute, Peoria, Ill.: Harvard Business Professor Michael Porter authored a book titled "Redefining Health Care." In it he discusses lowering cost through the principles of competition and providing value to the patient and consumer. Forming an Integrated Spine Center would be a great start to accomplish this.

As costs rise, everyone looks for greater value in purchases. If services are truly integrated, then a center operates with the goal of returning the patient as closely to normal function as possible in the most efficient way possible. Coordinating care under one roof helps improve efficiency, and it allows for the appropriate care to be delivered regardless of what is needed every time. Providing surgical services as part of the model also lowers costs as hospitals charge and cost much more than ambulatory surgical facilities.

In addition, the outcomes are just as good if not better and patients have higher satisfaction at these smaller facilities. Unfortunately, many of the current market forces are encouraging hospital mergers and physician practice acquisitions. While these models place the services under one roof, they also create monopolies which will undoubtedly lead to paying more for less. Allowing for smaller physician-run models will provide for competition and allow the medical decisions to be made at a grassroots level. It's the only way to control cost without compromising or rationing care.

Walter Eckman, MD, owner of Aurora Spine Center, Tupelo, Miss.: I think it is critical that surgeons progress as rapidly as possible to nearly 100 percent minimally invasive spine surgery. Reduced length of stay, elimination of transfusions and infections, and early return to activity and work all have major economic impact and potential benefits of reduced disability and would give additional savings.

One of the biggest cost savings would be focusing on lumbar fusions at only one or two levels. Many surgeons are finding they can address the most serious patient needs in degenerative spine disorders with this approach. Once a surgeon understands this, additional major savings are gained by unilateral surgery with single interbody devices and unilateral pedicle fixation. When surgeons adopt this surgery, they will have an opportunity to send the vast majority of their patients home the same day (to date we have over 800 patients with MITLIF who had same day discharge with 93 of our last 100 lumbar fusion cases home that day).

Richard Guyer, MD, Spine Surgeon, Texas Back Institute, Plano, Texas: Clearly not what the government is doing!!! It would require a change in the entire paradigm and empowering the people to make medical decisions, that is, consumer-driven healthcare. Stan Feld is a retired endocrinologist writes a weekly blog on repairing the healthcare system. He is very bright and articulate with clear insights to these problems. I would suggest that anyone interested should read his blog. In one of his most recent entries he discusses the fallacies of the new "Obamacare."

Kern Singh, MD, Rush University Medical Center, Chicago: Surgeons and physicians are the keys to delivering efficient and cost-effective healthcare. Unfortunately, physicians tend to be divisive and autonomous leading to large healthcare reforms without physician input. Hospital-physician and physician-physician partnerships through joint ventures in the hospital and surgicenter environment will allow doctors to deliver cost-effective and expeditious healthcare. ■

4 Challenges Today's Minimally Invasive Spine Surgeons Face

By Heather Linder

Minimally invasive spine surgery has been evolving for 30 to 40 years, and surgeons should know where the techniques came from before looking forward.

"We are all students of medicine and in our practice it is important to find where minimally invasive spine surgery got its roots and where the process is taking us over the decades," says Hallett Mathews, MD, MBA, Executive Vice President and Chief Medical Officer of New York City-based Paradigm Spine, a non-fusion spinal implant and device technology manufacturer. Dr. Mathews is also a board-certified orthopedic spine surgeon and minimally invasive spine surgery pioneer.

Minimally invasive spine surgery dates back to the 1950s when radiologists and surgeons injected contrast into discs to run diagnostic tests. In the '70s, surgeons began accessing the disc space through small tubular access portals, and in the early '90s improved technology allowed for lasers and other disc removing technologies to remove disc material under direct visualization using scopes and fiber optics. The 2000s then brought better biologics, such as rhBMP-2, to re-grow bone that were then married to newer minimally invasive stabilization techniques.

Today, surgeons are drawing upon the techniques of the past and facing new challenges as they forge ahead. Here are Dr. Mathews' four current challenges facing spine surgeons performing less invasive procedures.

1. Education. One of the biggest challenges in across-the-board implementation of minimally invasive spine surgery is that all training programs are not teaching the same approaches to the spine at the same level of expertise. There is still a bias amongst educators regarding the best access to a certain pathology.

"Not all programs deliver predictably good minimally invasive spine training," Dr. Mathews says. "Some are better than others. If a surgeon has a residency or fellowship in maximally invasive deformity that deals with big incisions, then they might have to do a fellowship or additional training to understand minimal access surgery."

2. Patient selection. As with any type of spine procedure, patient selection for less invasive approaches is critical to a successful outcome, Dr. Mathews says.

"Diagnostic challenges still exist today even with today's improved imaging and correlative physical exams," he says. "The challenge is finding the right patient that fits your technical ability as a surgeon and matching appropriate and least invasive technique to the pathology that is unique to that patient. So, it's true that one size does not fit all when it comes to incisions and approaches. Patient selection has become the final challenge."

Patient selection mates a surgeon's capabilities with technology to deliver the least invasive approach and tissue trauma while getting the best possible solution, he says. Once surgeons can figure out how to use less invasive approaches on more types of patients, opportunities open up for more outpatient spine surgeries and shorter hospital stays.

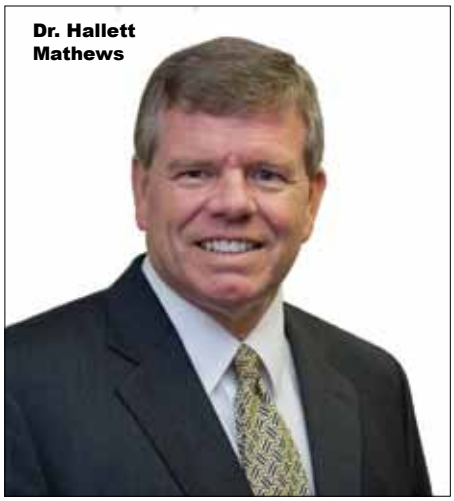
3. Appropriate level of invasiveness. Minimally invasive spine has become a buzz word in the industry, Dr. Mathews says. However, MIS should refer to surgeons performing an appropriately invasive procedure to best access the patient's specific pathology.

"If it's better to do the procedure through a one inch incision than through a tube, that's still minimally or least invasive," he says. "There are no rules to define what it is and what it isn't; hence the discussion should be appropriately invasive techniques."

Not every procedure can be done through a tube and not every patient qualifies for the smallest incisions. Surgeons have their own interpretations based on training.

"The ultimate goal of the surgeon is to create the least injurious pathway and baggage of the approach to the correct pathology," he says.

4. Efficacy. Spine surgery evolved so rapidly from the late 1980s through the early 2000s it became difficult for surgeons to obtain the level



Dr. Hallett Mathews

1 data from prospective randomized controlled studies needed to justify procedures to payers and regulatory agencies. The bias against MIS is also built into the technique, Dr. Mathews says, because the procedures are hard to randomize to collect data. Techniques have also merged so they are practically indistinguishable from one another.

"Now the problems of data collection and prospective randomized studies involve getting patients grouped into similar cohorts, getting money to do research and limiting the technology to what we can study," he says. "It all evolves so quickly that it is hard to standardize the technique for appropriate level 1 studies."

It is becoming increasingly challenging to standardize medicine in the research format as techniques are changing so quickly they cannot be standardized to run a study for two years.

However, small, focused societies, such as the Society for Minimally Invasive Spine Surgery, have garnered much success with data collection. "With that effort comes credibility of technique and outcomes to safely look at the efficacy and safety of procedures that involve appropriately invasive techniques," Dr. Mathews says.

That core research needs to happen; payers, patients and surgeons are demanding it. ■

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3 Predictions for the Future of Minimally Invasive Spine Surgery

By Heather Linder

Minimally invasive spine surgery has been rapidly evolving for decades, and the resurgence of the attempt to perform more appropriately invasive surgical techniques will continue to develop.

Hallett Mathews, MD, MBA, is the Executive Vice President and Chief Medical Officer of New York City-based Paradigm Spine, a non-fusion spinal implant and device technology manufacturer. He is also a board-certified orthopedic spine surgeon and minimally invasive spine surgery pioneer.

Here are Dr. Mathews' three predictions about the future of minimally invasive spine surgery.

1. Reimbursement lines will blur. Spine surgeons performing minimally invasive approaches must satisfy criteria set by coders and insurance payers to prove they can fully see and address pathologies to be properly reimbursed for the procedure.

Lines have also begun to be drawn by coders and payers to distinguish between the surgical and adjunctive pain market. Some pain management interventionalists have been performing surgeries on pathologies to include injections and technologies bordering on what a spine surgeon would have done with open or MIS techniques, and that area is becoming more gray, Dr. Mathews says.

This year, payers decided an open spine decompression can only be coded as such if the physician physically sees the nerve, which Dr. Mathews argues should only be done by a surgeon. While trying to separate between surgery and interventional procedures, payers have given non-surgeons more privileges to do surgery-like procedures, he says. This trend is currently evolving, and it's hard to predict where it will go. The recent coding changes seem to provide more clarity. Innovation will continue to challenge user, indications and best practices.

2. Payers will be more involved. Historically, the difference between a surgeon performing a minimally invasive discectomy and an open discectomy was not within the purview of insurance companies. However, recently payers have started to define endoscopic and MIS in their coding descriptions, Dr. Mathews says. They are catching up with MIS, and the codes are describing more techniques.

"Payers are seeing that minimally invasive is not going away," he says. "This is a good development. This trend supports endorsement; however it may not translate into higher reimbursements."

However, problems arise with surgeon training, which is not standardized within the industry. Some institutions provide thorough MIS training, and other surgeons have to seek out proper training on their own to improve their skill set. Since surgeons do not perform procedures identically and with the exact indications, it will be harder to receive reimbursements for stringently-coded techniques.

3. Spine surgery in general will come under attack. Surgeons initially focused minimally invasive efforts on procedures they could easily perform, such as simple decompressions and discectomies. More recently, surgeons have added more advanced surgical stabilizations with the use of fixations, biologics and fusion, he says, and have gotten more skillful at tackling bigger deformities with less invasive tactics.

However, a crisis of indication is beginning to occur for both MIS and open procedures.

"We have learned to be better surgeons, and now we have payers pushing back on our procedures because there is so little evidence supporting efficacy and cost-effectiveness of minimally or maximally invasive spine surgery," Dr. Mathews says. "The overall surgical specialty of spine surgery and reimbursements for more efficient and less invasive intervention is under attack because of this lack of evidence. Evidence-based medicine will play an increasingly important role in coverage decisions and denials of precertification for surgery."

The lack of evidence with most spine surgery is overshadowing the MIS discussion because all spine procedures are increasingly harder to get reimbursed today. The real discussion is on the assault of surgical solutions for spinal diseases, he says.

"Payers are no more willing to pay for minimally invasive deformity than for open surgical procedures because they are saying, 'We don't want to pay for either of them. Provide the evidence that the safety, efficacy, and risk benefit ratio is favorable to the patient and stakeholder group,'" he says. "That's really challenging for the surgeons."

As this crisis continues, surgeons will have to stay trained and focused, continue to master patient selection and work to limit the inherent morbidity of their surgical approach.

"Incisions create baggage for patients to overcome," Dr. Mathews says. "Incisions bring an element of soft tissue trauma to the healing process. Minimally and appropriately invasive surgery lessens the baggage so the real intent of the surgery can be realized."

The future of MIS will challenge surgeons to collect data, prove efficacy and show that patients have a better of quality of life after spine surgery so payers will understand the necessity. ■

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5-Year Spinal Disc Replacement Data is In: How it Compares With Spinal Fusion

By Laura Miller

A recent study of five-year data for patients who underwent cervical total disc replacement or anterior cervical discectomy and fusion show a five-fold difference in reoperation rates, according to a study published in *Spine*.

Rick B. Delamarter, MD, of Cedars-Sinai Medical Center in Los Angeles, and Jack Zigler, MD, of Texas Back Institute in Plano, were listed as study authors. The study included 209 patients who received either total cervical disc replacement with the ProDisc-C or ACDF at 13 different treatment sites, and researchers considered a surgical intervention at any level after the initial procedure a reoperation.


Dr. Rick Delamarter


Dr. Jack Zigler

Here are five things to know about the results:

- After five years, patients who underwent TDR had a 97.1 percent probability of no secondary procedures, compared with 85.5 percent for ACDF patients.
- No reoperations in TDR patients were due to implant breakage or device failure.
- Pseudarthrosis was the most common reason for reoperation at the index level among ACDF patients.
- Recurrent neck pain and/or arm pain was the most common reason for reoperation at the adjacent level for both groups.
- Only 2.9 percent of TDR patients had reoperations within five years of the initial surgery, compared with 14.5 percent of the ACDF patients. ■

8 Trends for Surgical Management of Lumbar Spinal Stenosis

By Laura Miller

Researchers led by Hyun Bae, MD, a spine surgeon with Cedars-Sinai Medical Center in Los Angeles, examined patients who underwent surgery for lumbar spinal stenosis from 2004 to 2009 from the Nationwide Inpatient Sample, a database developed as part of the Healthcare Cost and Utilization Project, and the findings were published in *Spine*.

The researchers studied patients with lumbar spinal stenosis alone, with spondylolisthesis and with scoliosis. Treatment included decompression only, simple fusion and complex fusion. The trends included:

- Annual number of patients discharged inpatient with the primary diagnosis of lumbar spinal stenosis increased from 94,011 to 102,107.
- Rate of decompressions decreased during that time period from 58.5 percent to 49.2 percent.
- Simple fusions for these patients increased from 21.5 percent to 31.2 percent
- Complex fusion rates for these patients did not change — they remained at 6.7 percent.
- Bone morphogenic protein use doubled from 2004 to 2009, from 14.5 percent to 33 percent of all fusions.
- Interbody device use also increased in these patients from 28.5 percent to 45.1 percent.
- According to the report, in 2009 26.2 percent of patients with lumbar spinal stenosis without instability underwent fusion procedures.
- In 2009, 82.7 percent of patients with lumbar spinal stenosis and spondylolisthesis underwent fusion and 67.6 percent of patients with lumbar spinal stenosis and scoliosis underwent fusions. ■

Dr. Hyun Bae

45 Spine Surgeons at Spine & Orthopedics-Focused Hospitals

45 Spine Surgeons at Spine & Orthopedics-Focused Hospitals

By Heather Linder

Here are 45 spine surgeons operating at spine and orthopedics-focused hospitals.

Jim Adametz, MD, has a professional interest in lumbar, cervical and minimally invasive spine surgery. He performs fusion procedures, kyphoplasty, vertebroplasty and disc surgery.

Todd J. Albert, MD, performs spine surgery at Rothman Specialty Hospital, which is partially owned by Nueterra Healthcare and the physicians of Rothman Institute, based in Philadelphia. Dr. Albert is president of Rothman Institute and chairman of the department of orthopedics at Thomas Jefferson University Medical College.

Gerald Alexander, MD, is an orthopedic spine surgeon with Hoag Orthopedic Institute. Dr. Alexander practices with Fullerton Orthopaedic and is a member of the American Academy of Orthopaedic Surgeons.

Lee V. Ansell, MD, is the medical director at Houston Orthopedic & Spine Hospital and past president of the Southern Neurosurgical Society and Texas Association of Neurological Surgeons. He serves on several committees for professional societies.

Ali Araghi, DO, is a board-certified and fellowship-trained orthopedic spine surgeon. He subspecializes in minimally invasive surgery, including artificial disc replacement. He practices at The Surgical Hospital of Phoenix, a 100 percent physician-owned hospital.

Henry Aryan, MD, is a board-certified neurosurgeon with a fellowship in complex spinal disorders and neurospinal oncology from the University of California San Francisco Medical Center. He practices at Fresno Surgical Hospital.

Alexander Bailey, MD, is a spine surgeon at Heartland Surgical Hospital and Advanced Spine and Orthopaedic Specialists. He has a special interest in complex spine surgery. He is also affiliated with Phoenix Surgical Technologies, which develops spinal instrumentation.

Mark Bernhardt, MD, is a physician with Kansas City Orthopaedic Institute and a partner with Dickson-Diveley Midwest Orthopaedic Clinic in Kansas City, Mo. He is a member of the North American Spine Society, Cervical Spine Research Society and Scoliosis Research Society.

Oheneba Boachie-Adjei, MD, is the chief of the scoliosis service at Hospital for Special Surgery in New York City and a professor of orthopedic surgery at Weill Cornell Medical College. He is also the founder and president of the Foundation of Orthopaedics and Complex Spine.

Frank P. Cammisa, MD, is chief of the Spine Service at Hospital for Special Surgery. He works with the Spine Research Program in the SpineCare Institute at Hospital for Special Surgery. Dr. Cammisa also performs lateral lumbar interbody fusions.

Gregory D. Carlson, MD, is an orthopedic spine surgeon at Hoag Orthopedic Institute and a general partner of Orthopaedic Specialty Institute of Orange County. He previously served as head of spine surgery at the University of California in Irvine.

Mark A. Capehart, MD, is board-certified in orthopedic surgery and focuses on adult spine and pediatric orthopedics. He practices at several facilities, including the Oklahoma Surgical Hospital in Tulsa, which was founded in 2001 by orthopedics surgeons, neurosurgeons and anesthesiologists.

Jason L. Cormier, MD, is a physician owner of Lafayette Surgical Specialty Hospital. He has a professional interest in minimally invasive complex spinal surgery. During his career, Dr. Cormier has served on the Council of State Neurological Society.

Chris Cornett, MD, is an orthopedic surgeon who specializes exclusively in problems of the spine. He treats degenerative conditions, spinal stenosis and scoliosis. He is a co-owner at Nebraska Orthopaedic Hospital in Omaha, a hospital jointly-owned by physicians and the University of Nebraska Medical Center.

Terrence Crowder, MD, is a spine surgeon with Sonoran Spine Center and the Arizona Spine & Joint Hospital, a 23-bed facility specializing in orthopedics, spine and podiatry. He is among the only spine surgeons who perform robotic spine surgery in Arizona.

John Dietz, Jr., MD, is a spine surgeon with OrthoIndy and the practice's hospital, Indiana Orthopaedic Hospital. He serves as secretary of the Board of Directors of OrthoIndy and is a fellow of the Scoliosis Research Society.

John Dickerson, MD, is a spine surgeon at Kansas Spine Hospital, a 38-bed spine focused hospital founded in 2003. The hospital includes a 3-tesla MRI and 16 slice CT scanner. Dr. Dickerson has a special interest in treating patients with minimally invasive spine surgery.

Guy O. Danielson, III, MD, is a neurological spine surgeon at Texas Spine & Joint Hospital. He previously served as chief of neurological surgery at Mother Frances Hospital and East Texas Medical Center, both in Tyler. He has been the medical director for Spine Care Associates and president of NeuroCare Network.

Winston Fong, MD, is a spine surgeon at McBride Orthopedic Hospital, a 78-bed physician-owned hospital originally founded in 1919. Dr. Fong has a special interest in minimally invasive spine procedures.

Frank E. Fumich, MD, is the Institute for Orthopaedic Surgery's director of orthopedic spine services and a member of the Medical Staff Medical Advisory Committee. He is certified by the American Board of Orthopaedic Surgery.

Mark A. Gordon, MD, has been with BayCare Clinic since its inception and performs neurosurgical cases at Aurora BayCare Medical Center, a joint venture of Aurora Health Care and BayCare Clinic. He has a special interest in comprehensive management of spine conditions.

Robert Hacker, MD, is a physician with McKenzie-Willamette Medical Center and partner at Oregon Neurosurgery Specialists. He has a professional interest in spinal disorders and performs artificial disc replacement as an alternative to fusion.

Robert Henderson, MD, is a spine surgeon with Pine Creek Medical Center, a physician-owned hospital that includes 30 different services. He has a professional interest in treating degenerative disc disease, lumbar spinal disorders and other spine conditions.

Gregory A. Hoffman, MD, practices spine surgery with SpineOne and performs surgery at Parkview Orthopedic Hospital, the first specialty hospital in northeastern Indiana devoted to orthopedic surgery and post-surgery patient care.

Stan Hopp, MD, is an orthopedic spine surgeon who specializes in lumbar and cervical spine surgery. He practices at The Hospital for Spinal Surgery, a 23-bed hospital that is a partnership between physicians and Nashville-based Saint Thomas Health.

Michael LaGrone, MD, is an orthopedic spine surgeon with a special interest in treating scoliosis and complex spinal disorders. He is a physician with Physicians Surgical Hospital. During his career, he has been a member of the Medical Advisory Board of the National Scoliosis Foundation.

Gregory B. Lanford, MD is a neurosurgeon at The Center for Spine Surgery and president and managing partner of the Howell Allen Clinic. He has served as president of the board at St. Thomas Outpatient Neurosurgery Center and has been a sub-investigator in several clinical trials.

E. Alexander L'Heureux Jr., MD, is a spine surgeon at Oklahoma Spine Hospital and a member of several professional organizations, including American Academy of Orthopaedic Surgeons, North American Spine Society and Scoliosis Research Society.

Kris Lewonowski, MD, is a spine surgeon at Kansas Spine Hospital. In addition to his clinical work, Dr. Lewonowski is a fellow of the American Academy of Orthopaedic Surgeons and North American Spine Society.

Geoffrey McCullen, MD, is an orthopedic spine surgeon with Lincoln Surgical Hospital in Nebraska, a 16-bed, 100 percent physician-owned hospital that offers multispecialty treatment. He also practices at Neurological and Spinal Surgery in Lincoln.

Gilbert R. Meadows, MD, is a spine surgeon at South Texas Spine & Surgical Hospital and founder of his practice, South Texas Spinal Clinic. Throughout his career, he has had an interest in medical education and currently serves as the program director of the spinal fellowship at South Texas Spinal Clinic.

B. Theo Mellion, MD, is a neurosurgeon with Kansas Spine Hospital, a 38-bed hospital with 10 physicians owners that was founded in 2003. The hospital is ranked third in the country for overall spinal fusion quality.

Gary Misenhimer, MD, joined El Paso Orthopaedic Surgery Group in November 2007 and performs cases at the group's El Paso Specialty Hospital. He has a special interest in spine surgery and received board certification from the American Board of Orthopaedic Surgery.

David B. Musante, MD, performs cases at North Carolina Specialty Hospital and is a partner with Triangle Orthopaedic Associates in Chapel Hill, N.C. In his practice, Dr. Musante treats patients with a variety of conditions, including deformity, tumors and trauma.

Kent M. Patrick, MD, is a fellowship-trained spine surgeon who has focused exclusively on spine issues since 1987. He practices at Lewis & Clark Specialty Hospital, which was founded in 2002 by local physicians of various specialties.

Madhaven Pisharodi, MD, is on the medical staff at Harlingen Medical Center, a physician-owned hospital established in 2002. He has patented 21 new devices and procedures as well as participated in several national and international spine-related presentations.

Andrew Sama, MD, is an associate attending orthopedic surgeon at Hospital for Special Surgery in New York City and an associate professor of clinical surgery at Weill Medical College of Cornell University. He also directs HSS' fellowship program of spinal surgical service.

Yigal Samocha, MD, is a spine surgeon with fellowship training from the Texas Back Institute. He practices at Texas Orthopedic Hospital in Houston, a physician-owned specialty hospital that opened in 1995.

Eric B. Schubert, MD, joined Mountain View Regional Hospital in the fall of 2011. Dr. Schubert has a special interest in complex reconstructive spine surgery, revision spine surgery and spine surgery for degenerative disease.

David Schwartz, MD, is a spine surgeon with the Indiana Orthopaedic Hospital in Indianapolis and director of the OrthoIndy Spine Fellowship. He also serves as an assistant clinical professor at the Indiana University Department of orthopedic surgery.

Patrick Sweeney, MD, is a member of Pinnacle Hospital, which opened in 2007 as a partnership between primary care physicians, surgeons and other specialists. In 2002, Dr. Sweeney founded his practice based in Mokena, Ill.

Larry Teuber, MD, is a physician with Black Hills Surgical Hospital, which he founded in 1997. He is also chief medical officer and president of Medical Facilities Corporation and founder and physician executive of Black Hills Surgery Center.

Frank J. Tomecek, MD, has served as the chairman of neurology, neurosurgery, physical medicine, rehabilitation and pain management at Tulsa Spine & Specialty Hospital. He has a professional interest in micro-endoscopic lumbar laminectomy.

Alexander Vaccaro, MD, is the vice chairman of the department of orthopedics at Rothman Institute, affiliated with Rothman Specialty Hospital, and co-director of the spine fellowship program at Thomas Jefferson University Hospital in Philadelphia. Dr. Vaccaro completed his spine fellowship at the University of San Diego.

H. Randal Woodward, MD, is chairman of the board for Nebraska Spine Holdings, which owns 44 percent of Nebraska Spine Hospital. During his career, Dr. Woodward has served as a reviewer for Spine and chairman of the coding committee for the Scoliosis Research Society. ■

How to Build & Manage Spine Groups in the 21st Century: Q&A With Dr. Richard Kube


Dr. Richard Kube

By Laura Miller

Richard Kube, MD, CEO of Prairie Spine & Pain Institute and Prairie SurgiCare in Peoria, Ill., tackles some of the big issues facing spine surgeons in private practice today and how surgeons can be successful in the 21st century.

Q: What are the biggest opportunities for spine surgeons to build and grow their practices today?

Dr. Richard Kube: Creating an integrated care model remains a positive growth opportunity for spine practices. As accountable care organizations form, spine is specialized enough to be able to create an all-spine services ACO type of environment in a private practice setting. This is especially true if you have a surgical facility and utilize minimally invasive techniques to increase the number of potential cases for the facility. Care in this type of setting can be more comprehensive and efficient, thereby increasing patient satisfaction and controlling cost. This provides the practice the ability for a great variety of contracting options and access to patients not available to practices without such a model.

Q: As the healthcare environment is changing around the country, what are the most beneficial relationships for spine surgeons to make? How can these relationships lead to practice success?

RK: Surgeons should build relationships with their customer base. In an era when many of the traditional referral sources are employed by, and hence controlled by hospitals, insurance carriers, etc., one must form relationships outside those traditional models to assure practice growth. These relationships start when the patient enters the office and begins his or her experience with you, the physician. Tools such as internet, email, websites, and so forth can also interact with your patients.

It also is a good idea to be involved in the community as a whole. You will have a more successful practice in a more successful community. Many if not most small businesses owners make an effort to support local community businesses and events. These activities should not be overlooked for their value in creating a positive perception with your customer base to further strengthen your practice growth.

Q: Medicare reimbursements have undergone cuts this year, and the downward trend seems likely to continue. How can spine surgeons in private practice continue to see these patients and keep their businesses running?

RK: I think that reimbursements as a whole are dropping whether it is Medicare or the standard PPO. I believe there's an opportunity for a win-win situation for the physician and society is to create an integrated spine care model. This moves most if not all of the spine-related services under one roof. The physician has the opportunity to offset reduced margins with more volume and more service lines.

From society's standpoint, the care will be less costly, more efficient and more convenient, i.e. greater value. Given most physician offices are compensated at rates often less than half that of the hospital alternative, huge savings can be seen in this model for patients, PPOs and Medicare. Satisfaction scores are higher for patients given the convenience and the ability for the care team to work together to provide more favorable outcomes. MedPAC found in 2005 that PT integrated into physician groups posted a 38 percent savings over the independent models. We know this also holds true for procedures performed at ambulatory surgical facilities. For those physicians resisting hospital employment, the solution is to create an integrated care model and compete directly with the hospitals for spine care services.

Q: What role do the internet and online forums play in medical decision-making today? How can spine surgeons optimize online resources to build their business?

RK: Patients are increasingly savvy when shopping and assessing medical care. Our practice sees increasing numbers of patients finding us on the internet. In an age when hospitals are buying primary care practices and hiring specialists, the internet remains an opportunity to maintain control over a portion of your referral base.

It continues in my opinion to be an all too often overlooked part of marketing your practice. It is usually at least, if not more, cost effective as the typical marketing and advertising options many practices engage in the newspaper, TV, billboards, etc. The added benefit to the internet and webpages is the direct control you have on a daily basis to keep the message current and fresh. ■

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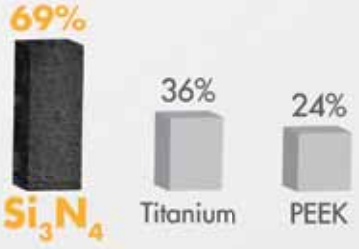

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