Texas Orthopaedic Association
2016 TOA/TOF Annual Meeting

Session II: Business of Orthopaedics
CME Activity Evaluation
April 8, 2016

Objectives:

1. Create appropriate benchmarks to monitor clinical and socioeconomic progress in orthopaedic practices.
2. Identify the appropriate means to implement benchmarks.
3. Identify the best practices for integrating physician assistants in an orthopaedic practice.
4. Evaluate which ancillary services incorporated into an orthopaedic practice may enhance patient outcomes.
5. Determine which benchmarking factors in ancillary services can result in greater patient outcomes.
6. Identify how the physician oversight of hospital service lines can lead to quality improvement.
7. Based on information provided in the symposium, determine whether entering into a co-management agreement with a hospital would enhance quality outcomes for the participant's patients.
8. Describe the potential applications of bundled payments in orthopaedic surgery in 2016 and future years.
9. Outline a clinical episode of care, determine the participants in a bundling situation, and define care protocols and pathways.
10. Identify resources for utilization management and outcome measurements to enhance a bundled payment's outcome.
11. Is there evidence for the biomechanical equivalence of bicortical locking fixation and a novel far-cortex-abutting (FCA) screw locking fixation in a superior-plated comminuted midshaft clavicle fracture model?
12. What is an anatomic risk of placing bicortical locking screws for a midshaft clavicle fracture?
13. Evaluation of SER IV equivalent ankle fractures
14. Deltoid Ligament Integrity
15. Analyze Worker's compensation denials in Charcot neuroarthropathy patients.
16. Assess discrepancies in reimbursement amongst various groups with Diabetes, peripheral neuropathy, and Charcot arthropathy in a Foot and ankle clinic.
17. Among polytrauma patients, how common are orthopedic injuries in which diagnosis is delayed?
18. What factors predict delayed diagnosis of orthopedic injury in polytrauma patients?
19. Describe general populations trends in the distribution of subcutaneous hip fat at standard THA incision sites, based on BMI, sex, and age.
20. Utilize patient subcutaneous fat thickness, along with numerous other operative and patient variables, in making preoperative risk assessments.
21. This radiographic study showed that the chevron-Akin double osteotomy is an effective tool for the correction of all degrees of hallux valgus deformity.
22. Given the high prevalence of ankle fractures and the significant morbidity associated with malalignment after fixation, it is important to clearly understand the anatomic relationship between the distal fibula and adjacent tibia and talus.

Target Audience: The target audience will be orthopaedic surgeons, residents, fellows, and physicians with an interest in orthopaedic treatment. Athletic trainers, coaches, and orthopaedic clinic administrators/technical staff may also be interested in the program.

Please evaluate each of the following using the evaluation scale below.

<table>
<thead>
<tr>
<th>Evaluation Scale:</th>
<th>4 = Strongly Agree</th>
<th>3 = Agree</th>
<th>2 = Disagree</th>
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April 8, 2016
Friday Afternoon ~ Session II
Topic & Topic:

Benchmarking Data with Practice Administrators
Jennifer Kinman, CDO
(Texas Orthopedics)
Please evaluate each of the following using the evaluation scale below:

**Evaluation Scale:**
- 4 = Strongly Agree
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- 2 = Disagree
- 1 = Strongly Disagree

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| **April 8, 2016**
**Friday Afternoon ~ Session II**
(Continued) |                      |                      |                       |
| **Benchmarking Data with Practice**
**Administrators**
Joseph Mathews
(Advanced Orthopaedics & Sports Medicine) |                      |                      |                       |
| **Physician Assistants**
*(counts .5 hour of Ethics)*
Michael Berkowitz (KSF Orthopaedic) |                      |                      |                       |
| **Physician Assistants**
*(counts .5 hour of Ethics)*
Chris Kean (The San Antonio Orthopaedic Group) |                      |                      |                       |
| **Ancillary Services**
Michael Berkowitz (KSF Orthopaedic) |                      |                      |                       |
| **Ancillary Services**
Barry Howell (Arlington Orthopaedic Assoc) |                      |                      |                       |
| **Ancillary Services**
Jennifer Kinman, CDO (Texas Orthopedics) |                      |                      |                       |
| **Managing Hospital Relationships**
Sani Mirza (The San Antonio Orthopedic Group) |                      |                      |                       |
| **Managing Hospital Relationships**
Andrew P. Palafox, MD
(El Paso Orthopaedic Surgery Group) |                      |                      |                       |
| **Managing Hospital Relationships**
Omer A. Ilahi, MD
(Southwest Orthopedic Group, LLP) |                      |                      |                       |
| **New Payment Model Panel: BPCI & CCJR**
Ken J. Kaminski, MD (Azalea Orthopedics) |                      |                      |                       |
| **New Payment Model Panel: BPCI & CCJR**
Sheila Peterson (Azalea Orthopedics) |                      |                      |                       |
| **New Payment Model Panel: BPCI & CCJR**
Barry Howell (Arlington Orthopaedic Assoc) |                      |                      |                       |
| **New Payment Model Panel: BPCI & CCJR**
Jennifer Kinman, CDO (Texas Orthopedics) |                      |                      |                       |
| **Biomechanical Comparison of Bicortical,**
**Unicortical, and Unicortical Far-Cortex-**
**Abutting Screw Fixations in Plated**
**Comminuted Midshaft Clavicle Fractures**
J. Sawyer Croley, MD |                      |                      |                       |

*OVER - For CME purposes please turn over to complete the next page of this evaluation. Thank you!*
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The presentation was appropriate for the subject matter.
This activity provided practical suggestions I can apply in my practice.
This activity promotes improvement in healthcare and patient outcomes.
This presentation was presented objectively and was free of commercial bias.

Please identify any measurable changes that you will make to your practice as a result of this activity.

- This activity validated my current practice; no changes will be made
- Create/revise protocols, policies, and/or procedures
- Change the management and/or treatment of my patients
- Other (please specify)

Will you attempt to address these barriers in order to implement changes in your competence, performance, and/or patients’ outcomes?

- n/a
- No – Why Not?
- Yes – How?

The activity supported achievement of each of the learning objectives.

For CME purposes please continue to the next page of this evaluation. Thank you!
Please rate the projected impact of this activity on your knowledge, competence, performance, and patient outcomes*:

*competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

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<th>Yes</th>
<th>No</th>
<th>No Change</th>
<th>If yes, please describe:</th>
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This activity increased my knowledge.

This activity increased my competence.

This activity improved my performance.

This activity will improve my patient outcomes.

Please indicate any barriers you perceive in implementing these changes.

☐ Cost
☐ Lack of experience
☐ Lack of opportunity (patients)
☐ Lack of resources (equipment)
☐ Lack of administrative support
☐ Other, please specify: ____________________________

☐ Lack of time to assess/counsel patients
☐ Reimbursement/insurance issues
☐ Patient compliance issues
☐ Lack of consensus or professional guidelines
☐ No barriers

Please indicate which of the following American Board of Medical Specialties/Institute of Medicine core competencies were addressed by this educational activity (select all that apply):

☐ Patient care or patient-centered care
☐ Interpersonal and communication skills
☐ Practice-based learning & improvement
☐ Professionalism
☐ System-based practice
☐ Interdisciplinary teams

☐ Quality improvement
☐ Utilize informatics
☐ Medical knowledge
☐ Employ evidence-based practice
☐ None of the above

Additional Comments:

__________________________________________________________________________
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