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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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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.”

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-

Dr. James Lynch



Bob Reznik



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 Arjojan. Administrator of Specialty Surgical of Beverly Hills (Calif.).

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

Scott Becker, JD, CPA. Partner with McGuire-Woods 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 Sur-

geon 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 McGuire-Woods (Charlotte, N.C.).

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

Holly Carnell, JD. Associate with McGuire-Woods (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 Voyage (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 Surgical Centers of America (Hanover, Mass.).

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

Jon H. Friesen. CFO of Nuetera 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.).