

July 10, 2020



COA Report

California Orthopaedic Association

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Top News

Do You Have a Practice Efficiency That Works Well for You?



COA

Willing to Share Your Ideas with your Colleagues?

Today more than ever, orthopaedic practices have changed and we need to efficiently operate and interact with patients — in-person and remotely.

COA is collecting Practice Efficiencies to share with our members:

- Pre-Visit — How do you set-up the appointment — in-person or virtual – to be most efficient?
- Office Visit — How do you ensure that you have the information you need to ensure a productive in-person visit?
- Patient Messaging — How do you securely message with your patients? Does it have to be expensive?
- Post-Surgical — What works best for post-op follow-ups?
- E-Prescribing — You can likely do e-prescribing through your EHR system, but what if you don't have that feature or don't have an EHR system? What's working for you?
- Intra-Office Communication — How do you get your staff to effectively communicate with each other?
- Other Areas?

Here are some examples of "One Minute Practice Efficiencies" we have already collected from our Task Force members:

"RadiAnt is the BEST software (PC) for viewing diagnostic image CDs and it's free"

"Televisits — use FaceTime or Zoom"

"Use Doximity for Patient Messaging"

We know all of you have ideas/identified software which makes you more efficient and reduces overhead costs.

Take 5 Minutes to share your ideas with COA.

Send your "One-Minute Practice Efficiency" to COA — admin@coa.org

Describe the efficiency and how it has helped your practice.

Your input is needed by **July 31**.

Thanks for your input.

Kris Okumu – Chair

COA Task Force on Practice Efficiency

Other Articles

Senate Agrees To Extend Small Business Rescue in Surprise Move



Politico

The Senate in a surprising move recently passed legislation that would keep the government's massive small business rescue program alive just as it was set to close down within hours with \$130 billion left unspent. The bill approved by unanimous consent would give the Small Business Administration authority to continue approving Paycheck Protection Program loans, which can be turned into grants, until Aug. 8. [READ MORE](#)

Harvard Implicit Bias Tests

Harvard University



Want to check your biases?

[Take the Harvard Implicit Bias Tests](#) to see where you stand, and where you can improve.

Long-term Muscle Relaxant Use Nearly Triples in the US

Medscape

Long-term use of skeletal muscle relaxants nearly tripled in the U.S. between 2005 and 2016, and these drugs were prescribed disproportionately to older adults, often with an opioid, despite warnings against this potentially dangerous combination, researchers report. [READ MORE](#)



numana
medical

Is your schedule full
with the patients you want to see?

Managing Pain Expectations Key to Enhanced Recovery

Medscape

Planning for reduced use of opioids in pain management involves identifying appropriate patients and managing their expectations, according to Timothy E. Miller, MB, ChB, FRCA, of Duke University, Durham, N.C., who is president of the American Society for Enhanced Recovery. Multimodal analgesia plans can be a beneficial part of enhanced recovery and may reduce or eliminate the need for opioids in some patients, he said in a presentation at the virtual Annual Minimally Invasive Surgery Symposium sponsored by Global Academy for Medical Education. [READ MORE](#)



Move Over Supplements, Here Come Medical Foods

Medscape

As the U.S. Food and Drug Administration (FDA) focuses on other issues, companies, both big and small, are looking to boost physician and consumer interest in their "medical foods" — products that fall somewhere between drugs and supplements and promise to mitigate symptoms, or even address underlying pathologies, of a range of diseases. [READ MORE](#)



Orthopaedic Documentation and Coding Primer for Telemedicine and Electronic Patient Communication for the COVID-19 Pandemic

The Journal of Bone & Joint Surgery (JB&JS)

The coronavirus disease 2019 (COVID-19) crisis has disrupted healthcare in the United States and globally, and the ability to treat patients as we did in the pre-pandemic environment has changed. The safety of patients and providers, the avoidance of unnecessary exposure, and the cancellation of elective procedures have prompted the use of telemedicine. In addition, many large institutions are without a functioning videoconferencing platform and the use of telephone visits has become essential.



Several important changes have been made by the Centers for Medicare & Medicaid Services to facilitate ease of access to telemedicine during the COVID-19 pandemic, including alternate place of service codes, visit time

associated with evaluation and management services, and new Current Procedural Terminology codes for virtual visits with new patients.

MORE JB&JS ARTICLES

[Orthopaedic Documentation and Coding Primer for Telemedicine and Electronic Patient Communication for the COVID-19 Pandemic](#)

Nathaniel B. Hinckley, M. Bradford Henley, Louis McIntyre, Eric Stiefel, James Davidson, Anikar Chhabra

[Telemedicine in Orthopaedic Surgery: Challenges and Opportunities](#)

Melvin C. Makhni, Grant J. Riew, Marissa G. Sumathipala

[COVID-19 Orthopaedic Safe Care Toolset: Guidelines for the Diagnosis and Management of Patients with Fracture and COVID-19](#)

Bobin Mi, Yuan Xiong, Ze Lin, Adriana C. Panayi, Lang Chen, Guohui Liu

[Using Machine Learning to Estimate Unobserved COVID-19 Infections in North America](#)

Shashank Vaid, Caglar Cakan, Mohit Bhandari

[Medical Ethics During a Public Health Crisis: COVID-19](#)

Peter B. White, Randy M. Cohn, Casey Jo Humbyrd

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