

DOES YOUR EHR'S E/M SOLUTION FEEL MORE LIKE A PROBLEM?





September 3, 2021







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AAOS Board of Directors Approves Update to Clinical Practice Guideline

AAOS

The AAOS Board of Directors approved the full update to the 2013 Clinical Practice Guideline (CPG) for Treatment of Osteoarthritis of the Knee. The 2021 Clinical Practice Guideline on Treatment of Osteoarthritis of the Knee (Non-arthroplasty) Third Edition includes updates to all 19 evidence-based recommendations included in the second edition of the guideline, with a total of 29 nonsurgical treatment recommendations.

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Last Chance To Register for COA Workers' Compensation QME Course

COA

Are you Planning to Become a QME? Need to take the 12-hour Mandatory Report-Writing Course? Want to Improve the Ratability of your QME Reports? Need 12 QME CME Hours?

If you answered YES to any of these questions, sign up for COA's Mandatory Report-Writing Course.

This will be an in-person meeting allowing attendees to interact and ask questions of faculty members.

WHEN: September 17, Friday evening – 5:00 pm – 9:30 pm September 18, Saturday – 8:00 am -4:00 pm

WHERE: Pacifica Orthopedics – 11th Floor Conference Room 18800 Delaware St. #1100, Huntington Beach

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Orthopedic Surgeon for busy practice

Great opportunity for an orthopedic surgeon in a busy practice with excellent compensation. Primarily WC & PI practice with some private insurance patients.

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Stuart F. Simpson is THINK Surgical's New President and Chief Executive Officer

Think Surgical, Inc.



THINK Surgical, Inc., an innovator in the field of orthopedic surgical robots, today announced the appointment of Stuart F. Simpson as its president and chief executive officer. Mr. Simpson's decades of experience in the medical device industry, particularly his deep understanding of the orthopedics industry and orthopedic surgical robots, makes him the ideal person to lead THINK Surgical.

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Outpatient Total Hip Arthroplasty Trends Continue to Shift

AAOS

Total hip arthroplasty (THA) has seen a shift in recent decades toward shorter inpatient stays, including outpatient procedures in selected patients. This shift has been driven in part by advances in perioperative care and surgical techniques, as well as an increasing focus on reducing costs per episode of care. It is estimated that, by 2026, over half of all hip and knee arthroplasty procedures will be performed on an outpatient basis.

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Changes in Policy, Protocols Advance Outpatient Surgery

Healic

December 2020 saw CMS finalize a proposal to eliminate the inpatient only list in a 3-year transitional period, which allowed about 300 primarily musculoskeletal-related services to be performed in the hospital outpatient setting. The 2021 Medicare Hospital Outpatient Prospective Payment System and ASC Payment System final rule also added 11 procedures to the ASC-covered procedures list, including total hip arthroplasty. These CMS policy changes, which started with removal of total knee arthroplasty from the inpatient only list in 2018, combined with a refinement of surgical and patient management protocols in the last 5 to 10 years, have led to a shift from performing orthopedic procedures in an inpatient setting to an outpatient hospital or ASC setting, according to William G. Hamilton, MD, of Anderson Orthopaedic Clinic and Anderson Orthopaedic Research Institute.

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Tracking Telehealth Policy: Status of State Pandemic Expansions, Permanent Laws, and Top Issues

Center for Connected Health Policy

While telehealth policy has always varied by state, we have now entered into a new and confusing gray area as we phase out of pandemic-era policies, leaving many unsure what is still currently allowed and what will continue to be allowed via telehealth moving forward. Federally, not much has changed and since it has been indicated that the US public health emergency (PHE) will last through the end of the year most federal emergency flexibilities will remain in place through 2021. While there are many active bills and some proposed expansions under Medicare, it is still unknown what may end up as permanent telehealth policy. At the state level telehealth policies are already changing rapidly as state PHEs end and legislatures pass new telehealth laws. CCHP breaks down the most common areas of focus right now, including licensing laws, prescribing requirements, reimbursement policies and the best resources to track each.

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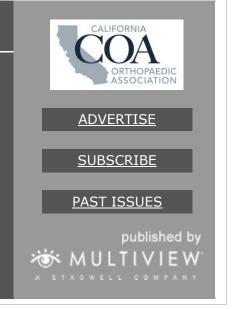


<u>Jason Zimmerman,</u> Director of Publishing, Multiview, 469-420-2686 | <u>Download media kit</u> <u>Brie Ragland,</u> Content Editor, Multiview, 469-420-2604 | <u>Contribute News</u>

California Orthopaedic Association 1246 P Street | Sacramento, CA 95814 916-454-9884 | Contact Us | www.coa.org

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7701 Las Colinas Ridge, Ste. 800, Irving, TX 75063