Western Orthopaedic Association News

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President's Message

Peter Mandell, MD

The balmy, tropical breezes and gentle ocean surf on Waikiki Beach formed the perfect backdrop to the WOA 2011 Annual Meeting. My thanks to all the volunteer WOA members who participated in our first class educational programs, our dedicated board members, our hardworking Data Trace staff, and all of those who attended this relaxing, rewarding, and reinvigorating event.

But with the seasons moving from Summer to Fall comes the strengthening winds of change that have been and continue to buffet American healthcare since the Patient Protection and Affordable Care Act (PPACA) was signed into law 18 months ago. In coalition with other medical groups, the orthopaedic community worked long and hard to assure that the final version of PPACA would be a real improvement for musculoskeletal patients and the doctors who treat them. Yet our job is far from done. We didn't get everything our patients needed last year. But we knew PPACA would provide other opportunities to improve healthcare for Americans as its various aspects roll out over the next 2 plus years.

Some of those opportunities are here now. For example, the Sustainable Growth Rate (SGR) formula was not addressed by PPACA. As you know, there have been a number of short-term fixes over the past few years delaying SGR cuts to Medicare fee for service payments. The most recent of these fixes will expire at the end of the year and result in a 29.5% cut in Medicare payments to doctors. Concurrently, Congress is facing

huge pressure to reduce the overall Federal spending deficit. The Budget Control Act of 2011 gave a super committee of 12 lawmakers extraordinary power to make cuts in Federal spending. Seven likeminded members of the Super 12 can propose all manner of changes and cuts that will be voted up or down by simple majorities in both the House and Senate – no filibusters, no amendments, no fiddling with the rules of procedure.

The Super 12 could recommend that over the next 10 years we fully pay off the $300 bil-

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SAEs Coming to WOA's Annual Meeting

The WOA is planning an opportunity to earn 10 SAE's (Self Assessment Examination) during its Annual Meeting this year by leveraging its relationships with leading academic institutions and private practice orthopaedic physicians. The SAE will consist of a pretest and a posttest with lecture topics embedded right into the program. Topics covered by the SAE element of this year's program will be trauma, sports medicine, elbow, total joints, foot and ankle, and tumor.

By registering for the SAE Program in conjunction with WOA's Annual Meeting, you will be eligible to receive approximately 30+ CME's and 10 SAE's. Supplementing this with the 24 free CME's that WOA offers its members through the *Journal of Surgical Orthopaedic Advances* (JSOA), can easily satisfy your MOC requirements.

We are excited and working hard to make SAE credits a valuable benefit to WOA members who attend the Annual Meeting. Please stay tuned for acknowledgement that our SAE Program has been approved for this year's meeting in Portland.

Please see the article on page 4 for more information on the Maintenance of Certification (MOC) process from the American Board of Orthopaedic Surgery (ABOS).

INSIDE

President's Message continued

lion it would cost to balance the books on the SGR. It could recommend medical liability reform, which would save healthcare dollars that could be used to help pay down that $300 billion. But, as one orthopaedic surgeon blogger has suggested, the Super 12 could also view the impending SGR cut as an opportunity to improve payments to, and thus the number of, primary care physicians in this country. The approach would be not only to spare the 29.5% cut to primary doctors, but also increase their fees. Reducing payments by 30% for procedures like hip and knee replacements would help fund these increases. The blogger argues that it's easier for a specialist making $400,000-$500,000 a year to absorb such a cut than a primary care doctor making $185,000 a year.

A recent study in Health Affairs, reported on by the *New York Times*, bolsters the blogger's argument. The article concluded that primary care doctors and orthopaedic surgeons are paid higher fees in the U.S. than in six other developed countries, and that this is a major factor in America's higher cost of health care. The authors' research confirmed that incomes for U.S. orthopaedic surgeons were substantially higher than in other countries. They noted the difference resulted mostly from higher fees - not from higher practice overhead, a larger volume of services, or higher medical school tuition.

How will the Super 12 respond to such ideas and information as well as many others that stakeholders will whip up? No one knows for sure. But what we do know is that no group understands the needs of musculoskeletal patients better than orthopaedic surgeons. We need to correct inaccuracies and offer our expertise to politicians and regulators now. You've heard the old cliché "If you're not at the table, you're on the menu." Well, dinner is definitely being served. For the sake of our patients and our profession, now is the time for every one of us to be at that table and stay there until the November 2012 election and beyond.

How do you get to the table? Become politically active. Each congressional district in the next election will have an average population of almost 710,000 people. Studies have shown that on average 20% of those folks are not eligible to vote. Another 20% don't register. That brings us to about 426,000 individuals who are eligible to vote. But only 50% of those, or about 213,000 actually do vote. Roughly 1% of those eligible to vote or 5,700 people donate money, and 0.1% or 570 folks volunteer. So just by voting, you exert more influence than 70% of the people in your congressional district. By volunteering your time and contributing, you exert more influence than 99.9% of the population!

Now more than ever, orthopaedic surgeons need to get involved with their two Senators and Member of Congress. Five of the Super 12 come from WOA states. They are: Senators Patty Murray (D-WA), Jon Kyl (R-AZ), and Max Baucus (D-MT) as well as Congressmen Jeb Hensarling (R-TX) and Xavier Becerra (D-CA). But even those of us without a direct line to the Super 12 can contact our lawmakers and ask them to discuss our concerns with their colleagues on the Committee. The AAOS Washington office can help you with talking points and contact information for your lawmakers. Take the time to identify your Congress member and Senators. Explore their web sites. Attend their town hall meetings. Visit their in-district office and discuss your issues with the Member and his/her staff. Make a contribution to your Member and the AAOS PAC. Volunteer to help with their campaign. Attend a fundraiser or even better, host a fundraiser.

Policy is made by folks who show up. Please show up to help improve American healthcare.

Sincerely,

Peter J. Mandell, MD
2012 President

Meet WOA's New Board Members

William J. Maloney III, MD

Dr. Maloney is the Elsbach-Richards Professor and Chair of the Department of Orthopaedic Surgery at Stanford University where he oversees clinical and research programs in areas including joint replacement surgery, spinal surgery, trauma, and sports medicine. Prior to returning to Stanford in 2004, Dr. Maloney worked at the Washington University School of Medicine in St. Louis, where he also served as Chief of Orthopaedic Surgery at Barnes-Jewish Hospital. His clinical and research efforts concentrate on joint replacement surgery and he is internationally recognized for his work on the skeletal response to biomaterials used in total joint replacement. He has received a number of awards, including two Hip Society Research Awards and the American-British-Canadian Traveling Fellowship of the American Orthopaedic Association. He serves on the Board of Directors of Stemedica Cell Technologies, Inc. and ISTO Technologies, Inc.

Lisa A. Taitsman, MD, MPH

Dr. Taitsman is an Associate Professor in the Department of Orthopaedics and Sports Medicine at the University of Washington. She is a full time, board certified, orthopaedic traumatologist at Harborview Medical Center and serves as the Associate Residency Director for the orthopaedic residency program at the University of Washington. Dr. Taitsman earned both her undergraduate and medical degrees from Brown University. She earned her Master's in Public Health from the Harvard School of Public Health and then completed her residency at the Harvard Combined Orthopaedic Program, serving as Chief Resident at Massachusetts General Hospital. She subsequently traveled to Seattle for a fellowship in orthopaedic trauma at Harborview Medical Center. Upon completion of her fellowship, she remained on the faculty of the University of Washington.

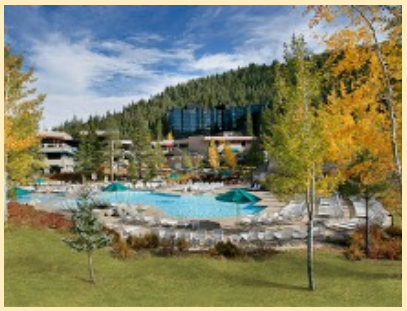
Dr. Taitsman has an interest in resident education and is currently a member of the ACGME Orthopaedic Residency Review Committee (RRC). She is an active member of the Orthopaedic Trauma Association and the American Orthopaedic Association. Dr. Taitsman serves on many committees locally and nationally, as well as on editorial boards. She is the Immediate Past President of the Brown Medical Alumni Association. In addition, Dr. Taitsman has authored many peer reviewed articles and book chapters and served as a presenter at various national and international meetings and courses.

New Membership

WOA is pleased to announce a change in the bylaws to allow more orthopaedists the opportunity to participate. The Associate Member category was amended so orthopaedic physicians outside WOA's regions may now be a part of the Organization. This will be a very positive factor in membership growth and acknowledgement of WOA's relevance.

Upcoming WOA Meetings

76th Annual Meeting
June 13-16, 2012
Hilton Portland
Portland, OR



77th Annual Meeting
July 31 - August 3, 2013
Resort at Squaw Creek
Lake Tahoe, CA

WOA Newsletter

WOA News encourages and welcomes all member input. If you have any information you would like included in the next issue, please email material to Heather Skinner at hskinner@datatrace.com

Register Now for the 2012 Annual Meeting

The Western Orthopaedic Association will present its next Annual Meeting on June 13-16, 2012, at The Hilton Portland in Portland, Oregon. The Scientific Program will present timely reviews of practice-related techniques and clinical research findings in orthopaedic surgery through accepted key papers and from nationally recognized speakers.

We are pleased to announce Kevin Bozic, MD, MBA as the Presidential Guest Speaker, and Bruce Paton, MD as the Howard Steel Lecturer.

The Social Program has been designed to introduce you to the best of Portland! Activities are family-friendly and include a tour of Nike's Headquarters, a "foodie" walking tour of the famous Pearl district, a sightseeing tour of the Columbia River Gorge, and time to explore the city and beautiful surroundings on your own!

Registration is now open - sign up online at www.woa-assn.org or call 1-866-962-1388. You may also make your hotel reservations online.

Maintenance of Certification (MOC) Process FAQs from ABOS

The following information is excerpted from the American Board of Orthopaedic Surgery's web site. For more information, please call ABOS at 919-929-7103 or visit www.abos.org.

What is MOC?
Maintenance of Certification (MOC) is the process through which diplomates of the American Board of Orthopaedic Surgery can maintain their primary certificate in Orthopaedic Surgery.

MOC has been developed in response to external regulatory forces and public demand. The American Board of Medical Specialties (ABMS) has defined the general "competencies" of a competent physician. These include Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, and Systems-based Practice.

The ABOS will evaluate a competent physician through the MOC program using the four components as follows:

1. *Evidence of Professional Standing* will require that the diplomate maintain a full and unrestricted license to practice medicine in the United States or Canada.

2. *Evidence of Life-Long Learning and Self-Assessment* will be addressed through on-going three-year cycles of 120 credits of Category 1 Orthopaedic or relevant Continuing Medical Education (CME) that include a minimum of 20 CME credits of Self-Assessment Examinations (SAE).

3. *Evidence of Cognitive Expertise* will occur through a secure examination, as is currently in place for recertification.

4. *Evaluation of Performance in Practice* will include a stringent peer review process and a few performance indicators: sign your site, preoperative antibiotics, informed consent and postoperative anti-coagulation.

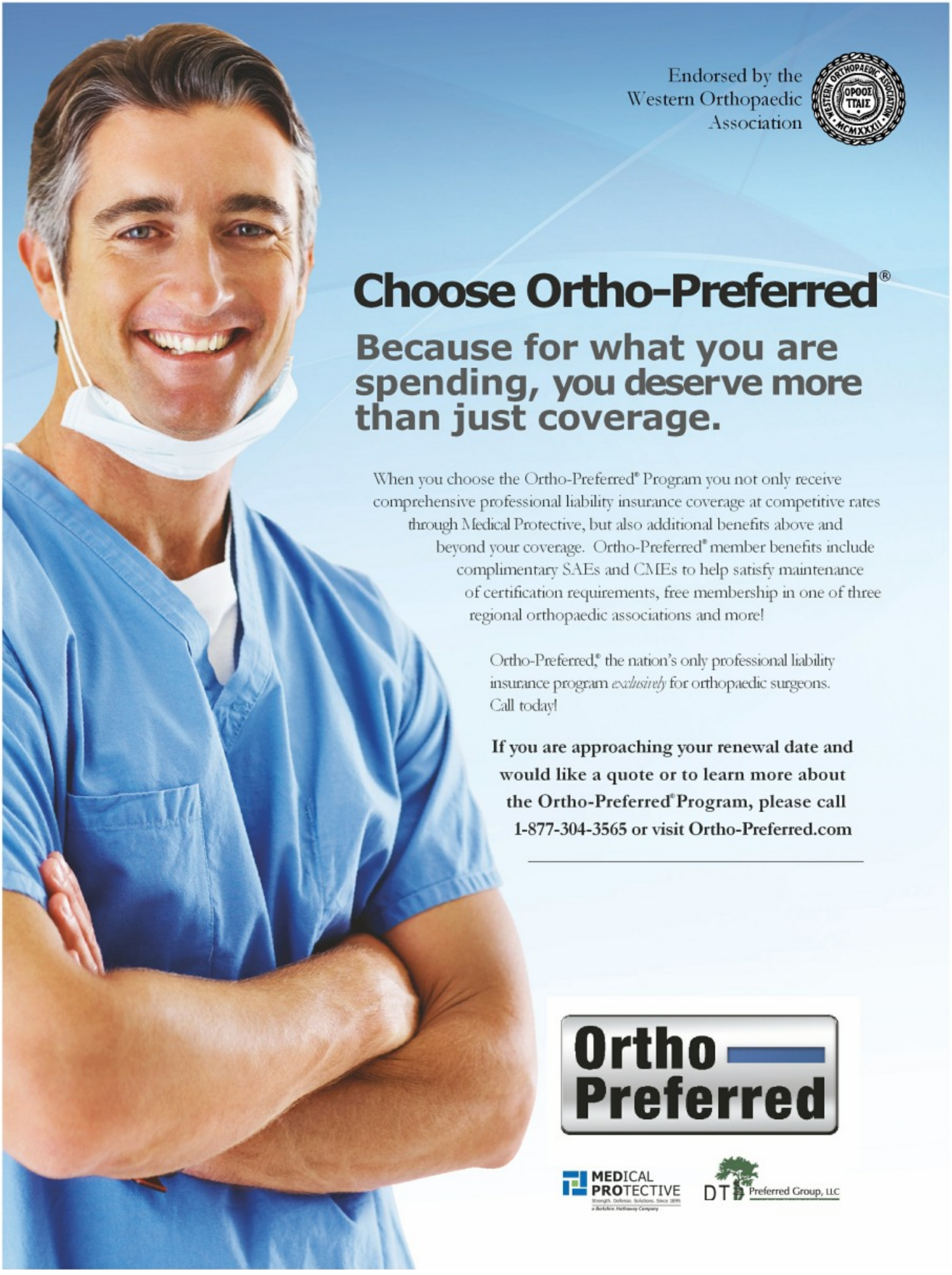
The diplomate applying for a computer-based test will submit a three-month case list, and the diplomate applying to take the oral examination will submit a six-month case list to the Credentials Committee. This information will also be used to develop a database about the practice of Orthopaedic Surgery in this country. Aggregate data will be provided to the diplomates for comparison with their own practices.

The QI (Quality Improvement) focus of the 4th component of MOC will begin to look at diplomates' participation in programs and practices to deliver better and safer patient care.

What is involved in life-long learning and self assessment?
Ongoing continuing medical education is a part of every diplomate's professional life. Documentation of a minimum of 120 credits of category 1 CME is required during the three years prior to application for the MOC credentialing and testing. In addition, documentation of a second three-year period of CME/SAE will be required when the full 10 year MOC cycle is in place, starting with the Diplomates of 2017.

What is the SAE (self assessment examination) requirement?
The MOC process requires documentation of a minimum of 20 credits of Category 1 CME credits obtained for completion and scoring of self-assessment examinations (SAE) during a three-year cycle. The SAEs have no pass or fail grade. The SAE will be scored and returned confidentially to you. The results of your SAE should help direct your study plan as part of your personal QI program. You must provide only the documentation that you have completed and returned for scoring the required number of SAE credits.

How will I know what I have to do to comply with MOC?
You will receive a letter from the ABOS notifying you of the rules for MOC for your year of expiration of your certification. You will also be able to keep track of your status and milestones on the ABOS website, www.abos.org.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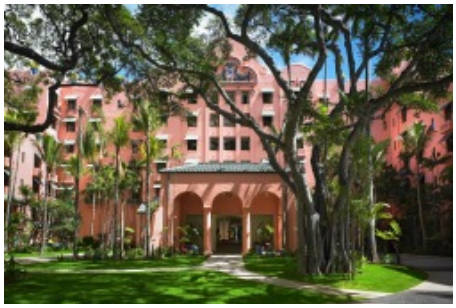
Recap of the 75th Annual Meeting

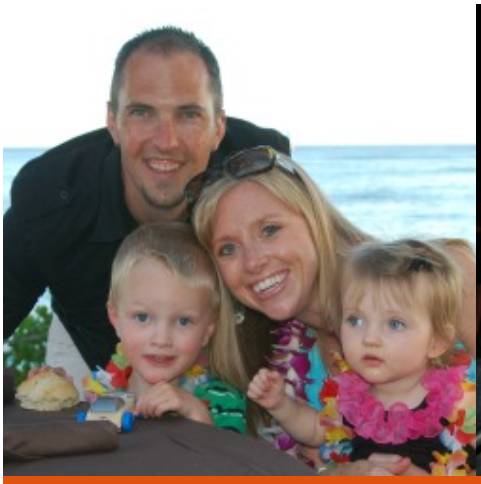
The 75th Annual Meeting was an extraordinary success and had an excellent scientific program. Program Co-Chairs Drs. Michael Dohm and James Duffey and the WOA Program Committee did an outstanding job creating the 2011 Scientific Program. Presidential Guest Speaker Dr. G. Paul DeRosa spoke on "The Ruminations of an Orthopaedic Surgeon: The Evolution of Orthopaedic Surgery" and the Howard Steel Guest Lecturer, Chairman of the Board and CEO of a multidisciplinary international risk management and business solutions company Dr. Harvey W. Schiller, discussed "Lessons in Leadership from a Sports Perspective" – both talks were enjoyed by all. Dr. Ted Stringer's Presidential Address, "Achieving Optimism in Difficult Times" was also captivating.

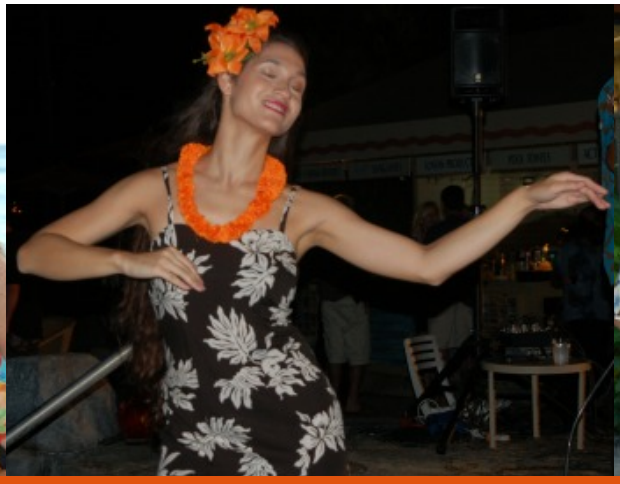
The meeting kicked off with a wonderful Welcome Reception that overlooked the ocean and allowed you to take in the Hawaiian breezes. The following evening began with the Exhibitor and Poster Reception before everyone set out to enjoy exciting Honolulu. The meeting was brought to an end with an amazing Gala Dinner Dance that included great music and dancing.

It was a memorable meeting and we express our thanks to all who attended. If you missed the event, we encourage you to view the 2011 Honolulu pictures on the WOA website (www.woa-assn.org) and see what a great time it was.

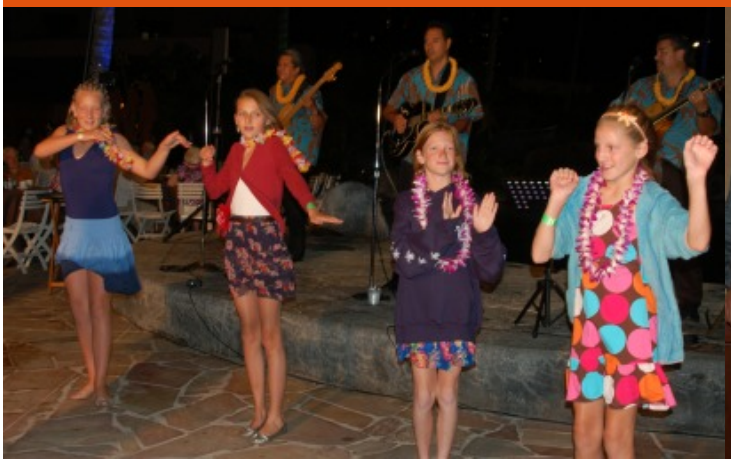


Look forward to seeing you at The Hilton Portland in Portland, Oregon, June 13-16, 2012.





75th Annual Meeting • Honolulu, Hawaii • July 27-30, 2011



Grantor & Exhibitor Acknowledgements

The Western Orthopaedic Association would like to thank the grantors and exhibitors of the Western Orthopaedic Association's 75th Annual Meeting. Without the unrestricted educational support of the companies listed below, we would not have been able to provide this conference.

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Don't Sell Your Soul to the Hospital Yet! Higher Profit & Lower Taxes Still Possible in Private Practice

Christopher R. Jarvis, MBA

Being an employee at a hospital can be a great fit for many doctors. But, for (supposedly) high-income specialists, this decision could come at an unnecessarily high financial cost. Read this article and you'll understand how much more net income (net of overhead and taxes) you can achieve in private practice when you invest in better management and systems. Once you understand how good things could be for you, you will be able to more fairly assess the costs and benefits of giving up private practice for hospital employment.

For most physicians, the problem isn't that the healthcare system is broken. The problem is THE DOCTORS'S APPROACH to navigating the healthcare system is broken. If managed properly, your practice can reasonably expect to:

1. Improve net revenue;
2. Reduce overhead;
3. Improve compliance with minimal effort;
4. Lower taxes by $20,000 to $200,000 annually; and
5. Increase retirement savings for the physician owners.

If you could collect more, spend less, and keep more of the increased profit from your practice by working smarter, not harder, you would need a much more attractive offer before you would agree to give up on private practice and become an employee of a hospital. Even if you have already made up your mind that you will eventually join a hospital practice, you should still read this article and implement the strategies offered so you can be in a stronger negotiating position.

The Trend toward Hospital Practice

"Integration" is one of today's buzz words, as physicians all across the U.S. are "integrating" their practices with hospitals and becoming employees. Because of unique local market forces, some physicians are practically forced to "integrate" with a hospital. For most specialists, the situation is not so dire. The healthcare environment used to allow practice owners to "get by" with mediocre management and systems when plan payments were generous. The bad news is those days are over and stricter guidelines for reimbursements cause many practices to struggle financially. The good news is that practices can make small changes that will not only help them survive but also ensure that they enjoy a reasonable profit.

Many physicians see hospital integration as a haven from the "hassles" of running a practice. In conversations with Karen Zupko, founder of Karen Zupko & Associates (a leading consulting firm for many surgical specialists), we came up with the following reasons for doctors' increased interest in a hospital-based practice:

Top 5 Reasons for Leaving Private Practice

1. Reduced reimbursements from insurers/Medicare.
2. Increased complexity of billing & coding.
3. Increased tension of being audited.
4. Difficulty in recruiting young physicians to private practice.
5. Lack of awareness of financial benefits available to private practices.

Regardless of the reasons for the shift, perception is becoming reality. A 2009 survey by the American College of Cardiology found that only 33% of cardiologists expect to remain in private practice or a small group practice. Another 38.1% said they will actively pursue integration with a health care system, partly in response to a CMS proposal to cut the overall cardiology fee schedule by about 20%. (http://www.darkdaily.com/hospitals-on-buying-spree-snap-up-physician-practices-531.)

The trend is also evident in data from Colorado-based Medical Group Management Association (MGMA). MGMA's hospital membership increased 20% between 2003 and 2008. Meanwhile, the number of physicians overall who own their practices dropped 2 percent annually for the past 25 years.
(http://www.bizjournals.com/denver/stories/2010/01/18/story6.html).

Misconceptions Can Lead to Bad Decisions Leaving private practice and becoming employed certainly may have its benefits. However, we believe that physicians overestimate the true benefits they will receive from joining a hospital and underestimate (if not completely ignore) the financial benefits available to those in private practice. If specialists fully understood how to easily and efficiently increase revenue, reduce costs, and increase net after tax income, we believe the trend toward employment would slow significantly. Let's consider a few of these dangerous misconceptions.

Misconception #1 – Coding Can't Make or Break Your Practice

According to Karen Zupko, poor practice management has an enormous impact on revenue *and* expenses. Not only have reimbursements (for properly coded procedures) been declining, but more importantly, failing to keep up with the coding changes has led to mistakes that result in a staggering amount of lost annual revenue. Estimates from coding professionals range from an average of $20,000 per surgical specialist to more than $40,000 in some cases.

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Money Matters continued

> Doctors lose over $25 billion per year in denied or reduced reimbursements. – *according to MDTech.com*

Most practices today have yet to realistically address the growing accounts receivable owed by patients **with insurance coverage**. These uncollected revenues have resulted from skyrocketing deductibles, ever-increasing coinsurance and copays, and an expanding list of uncovered services in patients' health insurance plans. With systems left over from the 1990s, many practices are ill equipped to handle the challenge of tracking down and collecting this revenue.

Another big problem is the Catch-22 most physicians face. Reduced reimbursements and lost revenue cause physician partners to try and cut costs in the office to maintain the profit margin of the practice. Many struggling medical practices have hired only the moderately competent and supervised them with mediocre managers or hired low-tech administrative staff to handle billing problems. This may seem a natural reaction, but this is not a strategy that savvy business owners (outside of healthcare) employ. The key to addressing this solvable problem is to make an **investment** in your staffing operation. You may not need to hire a seasoned expert to work for your practice, but you do have to hire experts to train your staff who must have baseline competencies.

For a small investment, experts are available not only to train your staff, but also to serve as a resource as problems arise. According to Karen Zupko "A commitment to education and training and a modest investment of less than $10,000 in coding education for staff over two years could result in decreased risks and increased annual revenues of $10,000 to $40,000 per MD depending on the practice type and specialty. Physicians are always focused on costs. Rarely are they aware of how much they are losing. Ignorance is expensive."

Misconception #2 – I Can't Save $100,000 per Year in Private Practice

According to David Mandell (attorney and co-author of For Doctors Only: A Guide to Working Less and Building More), "The single greatest planning opportunity for high-income taxpayers is to use sophisticated corporate structures and nontraditional retirement planning options. If successful specialists knew how to increase tax-efficient retirement contributions by $50,000 to $250,000 per year, there would be much less interest in hospital-based practice integration."

Traditional retirement plans offered by hospital employers will limit annual contributions to $16,500 per year – 2010 limit for a 403(b) plan for someone under the age of 50. Doctors over the age of 50 may be able to contribute $5,500 more as part of a "catch-up." The basic rule of thumb is that ALL qualified retirement plan contributions cannot exceed $49,000 per year – and that is hard to achieve as a full-time employee of a hospital.

For physicians who earn $50,000 to $100,000 more per year (or could earn that much more if they improved their billing, reimbursement processes, and actually collected what's owed to them) than they need to support their lifestyle, the idea of joining a hospital-based practice as an employee should be very unattractive. There are advanced planning techniques that allow tax-efficient contributions of $100,000 to over $1,000,000 per year per practice. These techniques are beyond the scope of this article, but are discussed in a book that is available to readers at no cost – For Doctors Only: A Guide to Working Less and Building More – and can be downloaded for free at www.docworthy.com/ebooks or a hard copy can be ordered by calling Diana Gannon at 877-656-4362.

Conclusion: Specialists Can Earn More & Enjoy More with Small Changes

Unfortunately, physicians spend so much time learning their craft and very little time learning how to navigate the business issues that have a growing impact on their financial success. For specialists, the time required to master their sub-specialty is even greater. As a result, the "business of medicine" seemingly punishes those who take the time to excel at the clinical side of medicine and rewards those who develop the financial expertise necessary to profitably practice medicine today.

Before you throw your hands up and give in to becoming an employee, make sure that you understand the costs and benefits of your decision. You owe it to yourself to explore ways to legitimately increase your revenue, reduce your compliance risks, and enjoy more of your profit by way of reduced tax liabilities. You don't have to become a financial expert to succeed, but you do need to make an investment in time and money to consult with experts who have an outstanding track record working with specialists like you. After you explore your options, you will have a sharper understanding of what kind of deal a hospital is offering and whether or not it is worth your time.

Chris Jarvis (www.ojmgroup.com) is an author of six books for physicians and a presenter to medical groups and conferences. He lives in Southlake, Texas and can be reached at (877) 656-4362. Karen Zupko & Associates is a practice management firm and can be reached at (312) 642-5616.

Measure Your Practice's Performance

Brought to you by Somerset CPAs, P.C.

Is your practice moving forward, standing still or losing ground? You'll know the answer if you compare different aspects of your practice's operations to appropriate benchmarks. It's been said that you can only manage what you can measure. Benchmarking can give you the data you need to make informed management decisions about the direction of your practice.

What To Measure

There are two types of benchmarking: performance and process. Performance benchmarking compares a practice's operating performance internally over time and externally against other practices of a similar size in the same specialty. Process benchmarking compares a practice's work protocols. By tracking key benchmarks from quarter-to-quarter or year-to-year, you can identify the areas in which progress is being made.

Start by choosing a few indicators that are important to you. For each indicator, determine your objective and define what you'll measure and how you'll do it. Keep tracking the data regularly so that you can make meaningful comparisons over time. Here are some of the indicators your practice may want to use in its analysis.

Profitability/Cost Management

Look at measures such as net income (or loss) per full-time equivalent physician and operating cost per physician. Other useful areas to analyze would include operating costs as a percentage of total medical revenue and total support staff cost per physician.

Billings and Collections

What percentage of submitted claims is rejected by third-party payers? Is that percentage higher or lower than it has been in the past? If you determine that the number is increasing, you'll need to review the quality of your coding. If coding errors are at fault, it's critical that you tackle this issue immediately.

Examine the percentage of accounts receivable over 120 days. Is it higher or lower than what has been your experience? What about your practice's fee for service collection percentage or the dollar amount of bad debts per physician? These are measures that you can evaluate.

If you track your copay collection rate for several quarters and see that it is deteriorating, have your front desk staff pull up each patients' records when making appointments and remind them about past due payments. In addition, remind your front desk employees to ask for copays at the time of service and to request any outstanding amounts.

Patient No-Shows

If your measurement of patient no- shows reveals an uptick in the numbers, consider having your staff make reminder calls or charging for missed appointments.

Time Patient Spends in Office

Patients resent lengthy waiting times. You can track the average time patients spend waiting to see a physician or physician's assistant. Start by giving a percentage of patients (10%, for example) a card that your receptionist time stamps on arrival and collects and stamps again on departure. If the data reveal an increase in wait times, overbooking may be an issue. If that's the case, you'll want to reexamine your procedures and time blocking. You may even have to look into adding another physician, physician's assistant or nurse practitioner.

There are other indicators your practice can use to evaluate how well it is doing. Talk to us about how we can help: info@somer-setcpas.com This e-mail address is being protected from spambots. You need JavaScript enabled to view it, or call 317-472-2200.

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The Chapter Connection

WOA Los Angeles Chapter

Tentative dates for the 2012 dinner lectures are January 23, June 18, and September 10, 2012. Any Orthopaedic Surgeon wishing to join the chapter or looking for more information, please contact Joyce Lepore, Executive Secretary, by email at jclepore53@aol.com. New members are welcome!

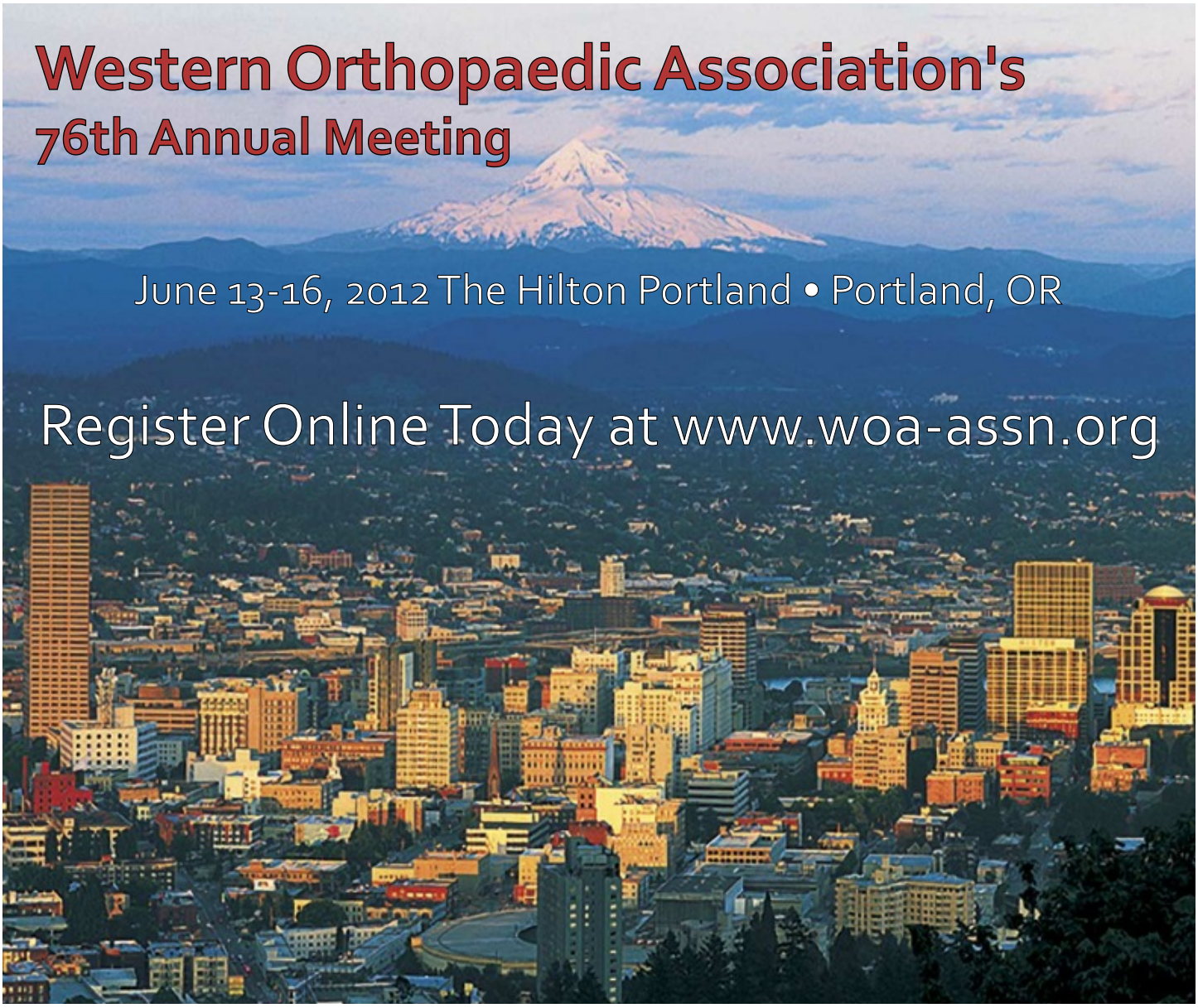
WOA Northern California Chapter

The 79th NCCWOA Annual Meeting will be held June 1- 3, 2012 at the Carmel Valley Ranch Hotel in Carmel, California.

For more information, contact Karmi A. Ferguson by phone at (707) 751-3886 or by email at karmiferguson@nccwoa.org.

To All WOA Chapter Members

We want to include your Chapter news in the *WOA News* Chapter Connection. If your local WOA Chapter has a meeting, event, or announcement, please email information to Heather Skinner at hskinner@datatrace.com.



Western Orthopaedic Association
110 West Rd, Suite 227
Towson, MD 21204
E-mail: info@woa-assn.org
Internet: www.woa-assn.org

Do You Know a Qualified MD or DO Orthopaedic Colleague Who Is Not a WOA Member?

Member Incentive

Refer and sponsor **one** new member and receive 1/2 off the registration fee for the next annual meeting.

Refer and sponsor **two** new members and the registration fee for the next meeting is waived.

(Note: To qualify for incentive, new membership must be approved by the Board of Directors.)

Completion of an accredited residency program and privileges to practice as an orthopaedist in a local hospital are the requirements for both MD and DO candidates.

Free Meeting Registration!

Apply for membership on-line at www.woa-assn.org or call 866-962-1388 and ask for an application.

The Benefits of Being a Member:

10. WOA newsletter
9. Awards and scientific recognition
8. Diverse annual meeting content
7. Substantial discounts to other regional society meetings
6. Annual meeting discount for members
5. Free subscription to the *Journal of Surgical Orthopaedic Advances*
4. Meeting registration fee waived for new members' first year
3. Eligibility to participate in Ortho-Preferred®, a professional liability insurance program exclusively for orthopaedic surgeons
2. 10 SAEs incorporated in the Annual Meeting program content
1. 24 FREE CME credits through the *Journal of Surgical Orthopaedic Advances*