PRACTICE BUILDER

A Well-Burnished Reputation

by Rich Smith

The forward-thinking team at Children's Orthopaedic & Scoliosis Associates, St Petersburg, Fla, operates by a philosophy that embraces compassion, ethics, and sound orthopedic principles.

2004 has been an unusually bad year for hurricanes in Florida. First was Charley, a Category 4 storm that made landfall in the vicinity of the offices of Children's Orthopaedic & Scoliosis Surgery Associates (COSSA). The St Petersburg-based practice of four doctors experienced an increase in cases as a result of hurricane-related injuries, but otherwise took the natural disaster's arrival in stride.

From left are St Petersburg-based Children's Orthopaedic & Scoliosis Surgery Associates partners Jeffrey B. Neustadt, MD, FAAOS; Scott W. Beck, MD, FAAOS; Sheila M. Love, MD, FAAOS; and Gregory V. Hahn, MD, FAAOS.

They take most things in stride at COSSA, whether blown along by the strong winds of clinical change or by the hammering of gale forces upon the realm of administrative operations.

Launched in 1988 by Sheila M. Love, MD, FAAOS, who was the first pediatric orthopedic specialist at nearby All Children's Hospital, the thriving group enjoys a well-burnished reputation for cutting-edge care.

Says practice partner Gregory V. Hahn, MD, FAAOS, "A key to our success is we don't stay stuck in the past; we're not rigid in our thinking about what we do and why. Because this is children's orthopedic surgery, it's vital that we be open to new techniques and have a willingness to change our minds."

A good illustration of this is the way COSSA now treats club feet.

"We've adopted a technique that moves us away from our previously preferred approach of posterior medial surgical release," Hahn reports. "Actually, it's been around since the 1960s-the

Ponsetti casting technique. What we were finding with posterior medial surgical release was good short-term results, but as the patient reached early adulthood, there was a tendency for the corrected feet to become stiff and, in some instances, painful. On the other hand, with the Ponsetti technique, 30 years of data show the feet do beautifully, long-term. Now, about 85% of our club feet cases are treated exclusively with the Ponsetti technique."

CT-GUIDED PROCEDURE

Another change in thinking for COSSA-a big one, in fact-has been the embrace of pedicle screw fixation in the treatment of idiopathic scoliosis.

"Placement of pedicle screws is significantly more challenging in the three-dimensionally deformed spine, which is not only curved in the frontal and sagittal planes, but rotated along the axis of the spine as well," says Jeffrey B. Neustadt, MD, FAAOS, COSSA partner and an affiliate associate professor in the departments of surgery and pediatrics at the University of South Florida College of Medicine.

The challenge is made manageable by use of an intraoperative image-guidance process, he adds.

"We employ for this purpose a fine-cut CT scan, which is then fed into a computer that allows us to register, in vivo, the anatomical reference points that we've determined from the 3D axial and sagittal images," Neustadt explains. "In the OR, we attach to the spine a device that sends out an infrared signal to a camera. Aided by various ‘smart' tools, we're able to merge the preoperatively acquired data from the CT scan with the data that the machine is receiving continually from the spine and from our tools. We view the output of this on a large monitor right there in the OR, which enables us to facilely navigate through the spine and very accurately place our transpedicular screws. As a result, we can more precisely size those screws within the pedicles and the vertebral body, thereby lessening the chances of loosening afterward.

"Before, with the conventional hook-and-rod constructs that have been utilized since the late 1980s, we could expect not much more than a 50% correction of frontal plane deformity. Now, with the use of pedicle screw and rod fixation, we're seeing scoliosis correction of 75% to 80%, along with normalization of sagittal plane profile and better derotation of the spine."

Neustadt, who also serves as chief of the spinal deformity service at All Children's Hospital, indicates this approach permits surgeries on kids of far younger ages than previously possible. It also appears to set the stage for fewer remedial surgeries.

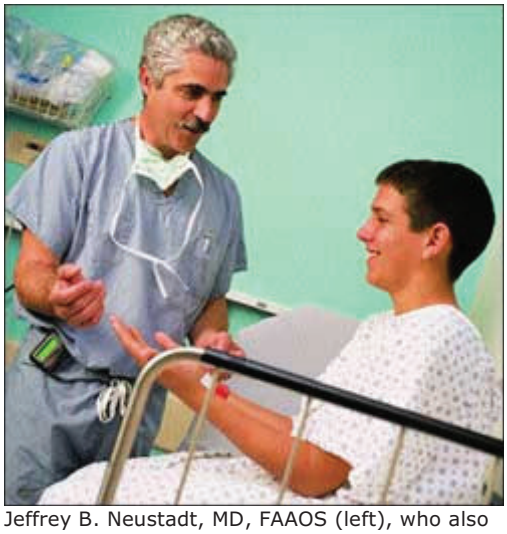
"It used to be," he says, "the patient who was skeletally immature but needing scoliosis surgery frequently required an anterior spinal fusion as well as a posterior fusion with instrumentation to prevent the ‘crankshaft' phenomenon from occurring-that, of course, being where the spine, despite its fused status in the back, kept growing in the front.

"Now we have the thoracic pedicle screw option. This, we believe, offers a way of posteriorly fusing the spine while also overcoming the remaining anterior growth potential. As such, there's no need for a second operation."

Demineralized bone matrix allograft represents yet

another technological boon for the practice's efforts at obtaining good results on behalf of its scoliosis patients.

"Traditionally, bone graft has been harvested from the patient's iliac crest or ribs, lengthening surgical time by about 30 minutes and increasing postoperative pain," Neustadt says. "The demineralized bone matrix allograft we're using now is a cadaver bone product. Along with bone marrow obtained from the patient, this has replaced the need to obtain autogenous bone graft. The result is faster surgery and, for the patient, less postoperative pain. At least for children and adolescents, it's resulted in just as good a fusion rate as if we'd used their own bone."



Jeffrey B. Neustadt, MD, FAAOS (left), who also serves as chief of spinal deformity service at All Children's Hospital, reviews the progress of patient Jacob Wyatt.

MAKING BIG DECISIONS

These and other COSSA surgeries take place mainly in an inpatient setting, that of All Children's Hospital.

"We do 90% of them there," says Hahn. "We do another 5% at St Joseph's Hospital in Tampa. The remainder are handled in outpatient centers, one operated by All Children's and another by St Joseph's."

The group would like to one day establish an outpatient surgery center of its own, but Hahn says too many difficulties at present lie in the way.

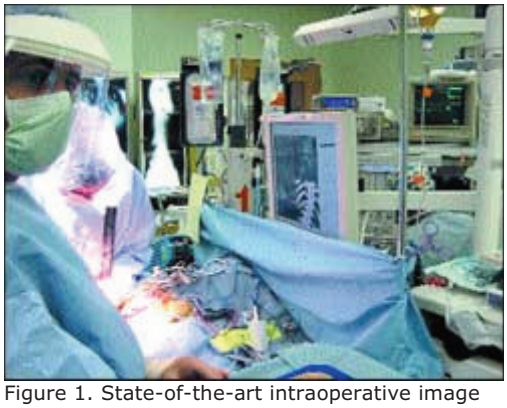


Figure 1. State-of-the-art intraoperative image guidance technology in the OR allows surgeons to view preoperatively aquired data from a CT scan that is merged with continually received data (via "smart tools") during the surgical procedure. The intraoperative images are displayed on an oversized monitor (see enlargement below in Figure 2), enabling accurate navigation.

"It would be financially hard for a pediatric orthopedic group like ours on its own to do this, but clearly there's a need in the market for a pediatric-oriented surgery center," he contends. "You can perform outpatient surgery on a 12-year-old in a conventional surgery center, but not on, say, a 6-month-old, and that's because of the lack of specialized amenities and support to handle a child that age."

Love, Neustadt, Hahn, and COSSA partner Scott W. Beck, MD, FAAOS, were named this year by a local periodical as Tampa Bay Area top doctors and Best Doctors in America. Not surprising in light of their team's commitment to provide, as Love puts it, "highest-quality, state-of-the-art pediatric orthopedic care in a way that's always kid-friendly and reassuring to patients and families."

The group's stated core values-to provide compassionate, ethical, and efficient care based on science and sound orthopedic principles-are something Neustadt's been thinking about a lot recently, prompted by events outside his practice.

"I'm on the board of directors at my own children's school," he says. "It's the first real commitment I've undertaken to the community, above and beyond the free care I and my practice partners provide to the 35% to 40% of our patients who are indigent. Getting involved with the community at this level, through the school, was something I felt I ought to do in order to make a difference outside my profession."

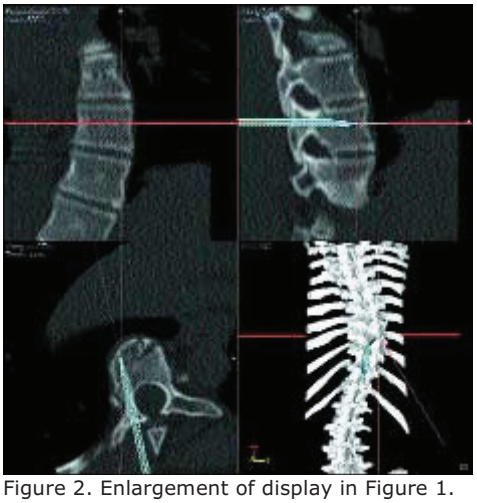
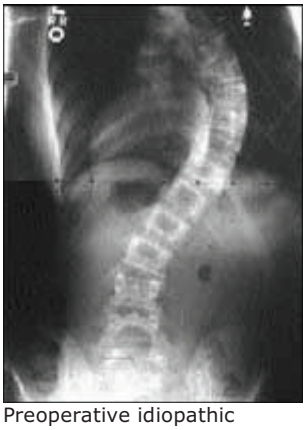
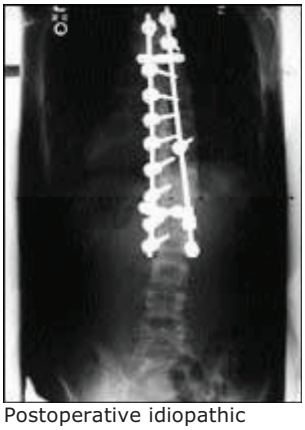


Figure 2. Enlargement of display in Figure 1.



Preoperative idiopathic scoliosis, PA view.



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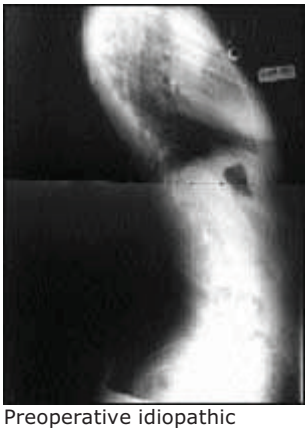
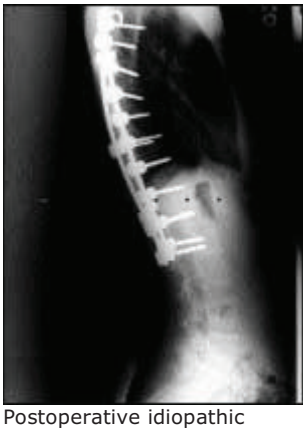


Preoperative idiopathic scoliosis, lateral view.



Postoperative idiopathic scoliosis, lateral view.

He explains that what got this started was an organizational trainer talking to the group at one of its recent retreats about the value in developing long- and short-term business-and personal-goals. However, it was the application of that teaching as it related to the practice that hit home the hardest.

"The trainer spoke at length about core values and how it's important to try one's best to define those for your group," Neustadt recalls. "The reason is that doing so allows the mapping out and prioritizing of what you want to accomplish. Knowing what your core values are is helpful because if you ever get to a place where you have to make decisions about things like the type of equipment you're going to invest in or how big an investment you're going to make or even who you're going to hire and in what capacities, those core values will serve as a reference point against which you can base your decisions. In other words, if buying a particular piece of equipment somehow ties back to your core values and abets those, then chances are your decision will be a good one-even if the result of the purchase turns out different from initial expectations."

A chance to put all of that to the test will soon materialize for COSSA. At some point within the next year or so, the group intends to acquire a pair of new systems-digital imaging and electronic medical records.

"Thus far, we've gotten to the stage where we're just researching the options," Neustadt divulges. "The effort is being spearheaded by our office administrator working with our chief

radiology technologist. They'll eventually present their findings to us. Then, we'll weigh whether the technology is sufficiently established and developed to be worth proceeding on-we'll steer clear of anything that looks like it's still in a beta-testing mode or an otherwise unreassuringly early development phase."

Moving forward on acquisitions huge enough to have potentially significant impact on the practice-as, for instance, digital imaging and EMR surely will-those need unanimous consent, says Neustadt. However, acquisitions of lesser magnitude generally require the agreement of only a majority of the partners.

That is only to be expected, given the structure of the group's compensation formula-a hybrid of the one-for-all-and-all-for-one approach and the opposing eat-what-you-make recipe.

"We came up with this as we grew from two to three doctors," Neustadt explains. "It's set up so that if you bring in more business and work harder, you'll benefit more economically. However, we each take 30% of our individual profit after common expenses such as rent and support-staff salaries are paid and put that in a common pot. The pot is then divided equally among us. The result is the highest earner is sharing more of his or her income, and the lowest earner is benefitting more. But this is a very equitable and painless way of reaffirming that we're all partners in this together."

FULL-GROWTH MODE

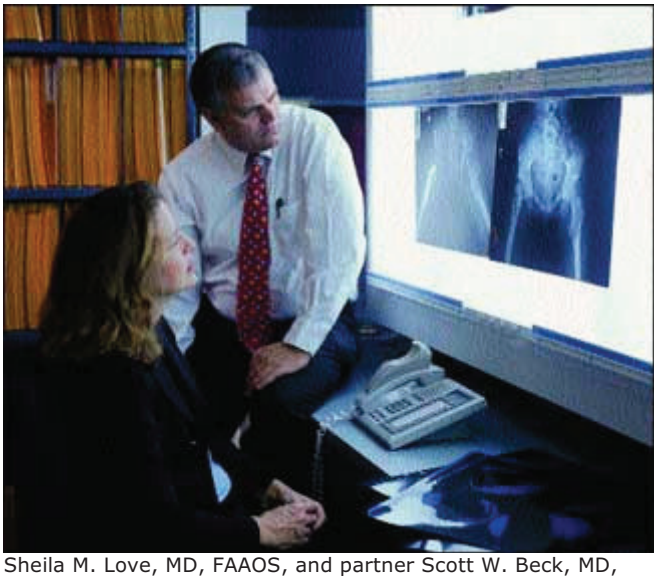
Since there is no corporate leadership arm to COSSA, the four partners must concern themselves as much with the business aspects of practice as they do the clinical. Naturally, insurance reimbursement occupies a slot high up on the list of such matters.

"Insurance is very complicated; it's hard to keep up with all the changes and nuances," says Love. "It's a big challenge for us to be able to give excellent care despite the insurance companies."

She notes that COSSA has joined an IPA that is large enough to be able to wrest contract negotiation concessions here and there from payors, which has been helpful.

At the same time, Florida is one of the many states suffering from a malpractice insurance crisis, and that too is a source of discomfiture for the group.

"The typical orthopedist is sued every 4 or 5 years on average here," Love says. "I'm fortunate that I've never been sued once. But, regardless, our premiums for malpractice coverage keep going up and up. Last year the increase was about 120%."



Sheila M. Love, MD, FAAOS, and partner Scott W. Beck, MD, FAAOS, review the x-rays of one of their young patients. Love launched COSSA in 1988.

COSSA is not taking that lying down. Love, for one, has become more politically active, throwing her support to state and federal candidates or causes promising reform. The group's main line of defense, though, is to redouble efforts to ensure that the care delivered is the very finest possible, she injects.

Ironically, the malpractice crisis is contributing to growth in COSSA's case volume. Says Hahn, "To avoid exposing themselves to liability risks, a lot of adult orthopods are no longer treating children and a lot of the adult hospitals no longer will put children under full anesthesia for procedures. So they are transferring almost everything to All Children's Hospital, especially trauma. That leads to referrals aplenty for us because of our long-standing close relationship with All Children's Hospital."

COSSA now is so busy, in fact, that it is actively searching for a fifth pediatric orthopedist and an additional nurse-practitioner to join the group. (The team already sees patients at a second office in neighboring Tampa and at a satellite office in nearby Sarasota.)

"We're in full growth mode here, and doing everything we can to extend quality," says Neustadt.

Clearly, they could have used the extra help the weekend Hurricane Charley hit the area. That weekend alone, Neustadt performed 14 emergency surgeries-several of them on children with injuries linked to the hurricane. And cases kept pouring in throughout the week that followed.

"We agreed to take every kid we could," says Love.

Thankfully, the hurricane left COSSA's offices-and the homes of the doctors and staff-untouched, even though it made landfall in their immediate area.

"We were expecting to be hit full-force," says Love. "But we were spared."

If only the same could happen with insurance and malpractice matters, the group would see nothing but blue sky. Of course, for the countless kids who have been treated by COSSA over the years, blue sky showed up long ago-and no amount of stormy weather is likely to dampen the happiness that has been surgically (and nonsurgically) provided by this particular group. As Beck summarizes it, "When a mom tearfully says to me, ‘My child can now walk thanks to you,' it makes it all worthwhile."

Rich Smith is a contributing writer for Orthopedic Technology Review.