University Orthopaedic Associates, LLC

With the Opening of its Brand New All-Inclusive Facility, UOA Offers One-Stop Comprehensive Care and Treatment

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In addition to the pursuit of excellence in orthopaedic treatment, the surgeons of UOA are deeply committed and involved in the training of medical students and residents at their affiliated hospitals, as well as clinical and bench research. The promotion of community health and well-being is another priority at UOA and is accomplished through participation with numerous organizations throughout the state. Also, the physicians of UOA serve as the orthopaedic consultants for the athletic teams at Rutgers University, Princeton University, Rider University and US Rowing, as well as numerous high school teams.

With the upcoming Fall opening of its impressive 62,000-sq.-ft. state-of-the-art facility in Somerset County, University Orthopaedic Associates is positioned to provide one-destination treatment to orthopaedic patients from many locations throughout the state. Housed within the new building will be three high-tech equipped ambulatory surgical suites to accommodate the many same day, minimally invasive procedures performed by the surgeons of UOA.

Also on site, complete orthopaedic diagnostic imaging services including x-ray, MRI, ultrasound and dexta scanning will simplify the lives of patients, who no longer will need to travel from facility to facility in order to receive diagnosis and treatment. For patients with osteoporosis, a certified Nurse Practitioner, with ISCD accreditation, is on staff to assist with the screening and treatment regimen of each individual patient.

Modern, fully equipped occupational and physical therapy centers, staffed with highly skilled professionals, are included in the new facility as well. For surgical patients, therefore, diagnosis, surgical treatment and post-surgical rehabilitation are all accomplished under one roof. This setup allows for hands-on, personalized care.
that is more efficient through better communication amongst all caregivers because each is in-house.

Setting UOA further apart from other practices, the new facility has a comfortable learning center at which seminars for medical students and residents will be conducted. The learning center will serve patients and the community such as primary care physicians and athletic trainers as well. There, pre-surgical sessions will be conducted to answer questions patients have about upcoming procedures. The sessions will also help patients understand what will be expected of them during their course of treatment. Outcomes are always improved when patients are aware of the commitment they need to make prior to undergoing a surgical procedure. In this way, there are no surprises afterwards and patients can play an active role in the recovery process.

Of course, the most important asset of any medical practice is the expertise of its physicians. At University Orthopaedic Associates, all of the surgeons treat general orthopaedic conditions affecting adult, adolescent and pediatric patients. Each, however, has also been fellowship trained in one of the subspecialty areas of orthopaedic care. New Jersey Physician had the opportunity recently to meet with some of the UOA surgeons in order to learn about the innovative developments within each of their specialties.

One of the original founders of University Orthopaedic Associates was Joseph Leddy, MD, who is presently retired. Dr. Leddy sub-specialized in surgery of the hand and upper extremity. It is a great source of pride for the practice and most certainly for Dr. Leddy that his son, Timothy P. Leddy, MD, is currently one of the hand and upper extremity specialists at UOA. "It was a really unique and wonderful experience for me to train under him when he was one of the professors here and also to join with him in practice here for the few years before his retirement," Dr. Leddy happily remembers.

Like his dad before him, one of the complex procedures Dr. Leddy performs is delicate surgery on infants with congenital differences of the hand. He relates a current case involving two sisters who were born with thrombocytopenia absent radius (TAR) syndrome. Originally operating on the sisters as infants, Dr. Leddy recently operated on one of the sisters now that she is sixteen.

Besides all of the innovative hand and upper extremity surgeries Dr. Leddy performs as an orthopaedic subspecialist at UOA, he receives immeasurable gratification from the work he does with Health Volunteers Overseas. This program sends specialists to other countries to impart expertise and also to learn from their international counterparts. Dr. Leddy serves as a site director for hand surgery in Peru, where there is a need for access to technological developments in the most sub-specialized areas of orthopaedics.

In terms of the imminent opening of UOA's all-inclusive new facility, Dr. Leddy looks upon this as the appropriate next step in the evolution of the practice, which has continually grown in size as well as expertise since his dad helped found it almost forty years ago.

Along with the elder Dr. Leddy in 1972, the original foundation of the practice included Joseph Zawadsky, MD, who is also retired, and Michael P. Coyle, Jr., MD. Today, Dr. Coyle, who specializes in surgery of the hand and upper extremity, is the senior staff member of University Orthopaedic Associates. Dr. Coyle has witnessed the evolution of UOA firsthand and believes the opening of the new facility will be another positive development. "This is going to streamline things for us," he says. We will be doing basically the same things we've done in the past, but probably much more efficiently for the patient," Dr. Coyle foresees. Fortunately for patients and also colleagues at UOA, who can avail themselves of his considerable experience, Dr. Coyle has no immediate plans to retire.
Working with Dr. Leddy and Dr. Coyle in hand and upper extremity surgery is one of UOA’s newest members, James T. Monica, MD, who has specific fellowship training in shoulder surgery as well as in hand and upper extremity surgery. “Ailments of the shoulder, elbow, and hand are incredibly common. It’s a privilege to use my subspecialty training to help my patients,” Dr. Monica expresses, referring to the innovative upper extremity procedures that he is able to perform.

Dr. Monica describes reverse total shoulder replacement surgery for people who have severe arthritis and who also have rotator cuff tears that are irreparable. This would also be appropriate for a young person with a tear that could not be repaired in the traditional manner. In this innovative procedure that has not yet become commonplace, the socket and ball are switched. A metal ball is attached to the shoulder bone and a plastic socket is attached to the upper arm bone. This allows the patient to use the deltoid muscle instead of the torn rotator cuff to lift the arm.

Another cutting edge procedure performed by Dr. Monica is the Latarjet procedure, which is used for stabilizing shoulders that suffer repeated dislocations. The procedure involves transfer of the coracoid with its attached muscles to an area in front of the socket (glenoid) that is deficient, thereby replacing missing bone and preventing further dislocations.

He also shares information about a neurotization procedure to transfer healthy nerves from one part of the upper extremity to nerves that are no longer functioning, usually as a result of traumatic injury. Dr. Monica explains that the patients in question often have no bicep or deltoid function, preventing them from lifting or flexing the arm. Neurotization, which takes redundant healthy nerve, and brings it over to the nerve that feeds the deltoid or biceps, will help muscle with damaged nerves to eventually regain their function.

Also fellowship trained in hand and upper extremity surgery, Christopher Doumas, MD, has been with UOA for almost five years. Dr. Doumas spends much of his time in UOA’s Monmouth County satellite office, located in Wall, N.J., and also serves as Director of Hand Surgery at Jersey Shore University Medical Center. “I really like the academic side of this practice,” Dr. Doumas mentions, as one important reason he decided to join. He is involved in researching bio-mechanics and feels that being a member of UOA will give him the opportunity to continue that pursuit.

Dr. Doumas, who specializes in minimally invasive nailing of clavicle fractures and arthroscopic triangular fibrocartilage (TFCC) repairs, published two chapters on wrist fractures last year. He is currently developing a new TFCC ligament reconstruction procedure that is less invasive. Dr. Doumas is passionate about helping people and chose his profession in order to have the opportunity to do just that. In fact, Dr. Doumas is willing to donate his services to those in need. He spent time in Haiti, for example, to treat victims of the devastating earthquake there.
University Orthopaedic Associates spine surgeons include Stephen S. Cook, MD and Gino Chiappetta, MD. Joining the practice in 2005, Dr. Chiappetta treats patients with disorders of the spine caused by illness or injury. Dr. Chiappetta is gratified to be a member of UOA for many reasons. One of the most significant for him is its affiliation with academic medical centers like Robert Wood Johnson University Medical Center, which is a Level I trauma center, and also Jersey Shore University Medical Center, which is Level II.

“We get referrals of patients with complex spinal cord injuries, spinal traumas, spinal cord tumors and also those who need revisions of prior surgeries. In terms of being here, we have the resources at the hospital as well as the surgical skills to handle any high-level, complex case,” Dr. Chiappetta shares.

For example, Dr. Chiappetta cites an upcoming case of an adult scoliosis patient who requires revision of a past surgery performed by another spine surgeon. Dr. Chiappetta is also the first spine surgeon to perform both cervical and lumbar artificial disc replacement surgery at Robert Wood Johnson University Hospital.

In addition to these extraordinary complex procedures, Dr. Chiappetta utilizes the most current technology for those procedures that are somewhat more commonplace, such as cervical and lumbar spine fusions. For instance, appropriate patients might opt for a lumbar fusion that is done using the minimally invasive Extreme Lateral Interbody Fusion (XLIF) technique of approaching from the side of the patient as opposed to anterior or posterior entry. In fact, with the opening of UOA’s new facility and its three state-of-the-art operating suites, Dr. Chiappetta looks forward to performing many minimally invasive spine procedures there.

UOA’s joint replacement specialist is David A. Harwood, MD. Dr. Harwood shares some of the innovative joint replacement surgeries which he performs. For many younger, more active patients, traditional hip replacement surgery is not the best option because there are limitations to the activities that can be resumed afterwards. For these individuals, Dr. Harwood performs computer-assisted Birmingham hip resurfacing. Unlike total hip replacement, which requires removal of the femoral head and the insertion of a hip stem down the shaft of the femur, hip resurfacing preserves the femoral head and neck. Dr. Harwood shaves only a few centimeters of bone around the femoral head and shapes it tightly to fit the Birmingham hip implant, not unlike fitting a cap for a tooth. The vast majority of patients who undergo this procedure can eventually resume their active lives without limitation.

Dr. Harwood is most excited about a knee replacement procedure he has recently incorporated that is practically bloodless. With the benefit of remarkable new technology developed by Smith & Nephew that uses MRI and x-ray images to custom-fit surgical instruments to each patient’s unique anatomy, Dr. Harwood can merely snap the computer-mapped, customized implant on the end of the femur, saving countless steps required in the traditional procedure. He explains that before, a big hole was made in the femur bone for a rod to hold the jig needed to make the cuts. This created a great deal of blood loss. Now with this less invasive, computer-mapped approach, besides experiencing less blood loss, patients require less time under anesthesia and have a lower risk of infection.

Combining patient-matched technology with technology also developed by Smith & Nephew that extends the life of the replaced knee allows Dr. Harwood to provide optimal results for patients of all ages. With implants created by using a combination of materials that have been tested to simulate 30 years of wear performance, Dr. Harwood explains that even patients in their 30s and 40s can now undergo knee replacement surgery without worrying about another procedure 10 or 15 years down the road.

Like his colleagues at UOA, Dr. Harwood is looking forward to the opening of the new facility. “There’s going to be plenty of parking, plenty of comfortable places to wait and even a coffee shop where patients can grab a bite,” Dr. Harwood shares. He further reveals there will be accessibility not only for handicapped people in wheelchairs,
but also for patients on stretchers who come by ambulance. “It has been very well thought out,” he adds, wanting to credit those at UOA who have spent a great deal of time working on all of the details that will definitely set their facility apart from others.

UOA’s comprehensive trauma specialists include Carlos A. Sagbiien, MD, Mark S. Butler, MD, David R. Polonet, MD, and John M. Delgado, MD. In addition to treating patients who have been involved in a traumatic event resulting in an orthopaedic injury, many are involved in various research projects. In fact, at the 42nd Eastern Orthopaedic Association meeting taking place in Williamsburg, VA, this coming October, Dr. Saglebien and Dr. Harwood are presenting the protocol they developed to reduce blood loss in total knee replacement surgery, as described above. Dr. Saglebien points out the fortunate timing of this less invasive knee replacement in terms of the opening of UOA’s new facility - complete with ambulatory surgical suites. “In the near future, there is a high likelihood that for the right patient at the right age, same day knee replacement surgery will be performed at our new facility,” he predicts.

Additionally, Dr. Saglebien is currently conducting research on bisphosphonate-related femur fracture in patients with osteoporosis who have been on medications like Fosamax for extended periods of time. He reiterates the importance of screening patients and monitoring their medications to prevent serious side effects. Again, the new facility, with dexam scanning on site and a dedicated NP, will be instrumental in providing patients who have osteoporosis the highest level of care.

Whether it’s for the “weekend warrior” or the serious athlete, University Orthopaedic Associates offers the most innovative and effective sports medicine treatment. Jeffrey R. Bechler, MD, Charles J. Gatt, MD, Timothy M. Hosea, MD, and newest member Aman Dhawan, MD, ensure that patients can “get back in the game”.

Dr. Gatt begins shoulder arthroscopy by marking the incision site.
Dr. Hosea specializes in sports medicine at UOA and also serves as the team physician of US Rowing and Rutgers University. Dr. Hosea shares his work on a novel surgical system for one-step repair of damaged articular knee cartilage for patients between the ages of 18 and 55. Dr. Hosea was one of only five specialists nationwide and the only one in New Jersey to initially collaborate on a clinical trial to evaluate the safety and effectiveness of the Cartilage Autograft Implantation System (CAIS™) as compared to microfracture, which is the traditional surgical approach. Microfracture repairs have been shown to not hold up well over time. CAIS™ involves removal of a small sample of healthy cartilage from a non-weight or low-weight bearing area of the patient’s own damaged knee. That cartilage is then broken up and combined with an absorbable material (scaffold) on which cells can grow. This scaffold is implanted at the damaged site to promote healing.

Dr. Hosea and the research team followed a group of 29 patients with damaged knee cartilage, randomly assigning the participants to either the CAIS™ or microfracture group. Patients’ progress was monitored for two years using standardized assessment tools and MRI imaging. The results, published this past June in the American Journal of Sports Medicine, found CAIS™ to be a “safe, feasible and effective method that may improve long-term clinical outcomes” for patients with damaged knee cartilage. Since that pilot study, the FDA has now expanded the program to include 300 patients.

Along with the other UOA surgeons, Dr. Hosea feels fortunate to be a member of a practice that embraces academic pursuit. “We try to set a good example for our residents and medical students so they see that you have to continue to grow,” Dr. Hosea relates. “You can read your journals and go to meetings, but you should be involved at the cutting edge of things. Our practice reflects this with our team of orthopaedic specialists, who are the ‘best of the best’ from throughout the country. For example, our newest sports medicine physician, Dr. Aman Dhawan, completed his fellowship in sports medicine and shoulder surgery at the prestigious Rush University Medical Center. That’s where I think we like to see that our group is at—we always want to be at the cutting edge of orthopaedics in New Jersey,” he emphatically states.

Charles J. Gatt, Jr., MD, is also a sports medicine surgeon at UOA and serves as Chairman of the Department of Orthopaedics at UMDNJ. Dr. Gatt is in total agreement with Dr. Hosea and the other surgeons at UOA regarding the obligation they have to teach and set an example for medical
school students and those who are in an orthopaedic surgery residency program. “Everyone at University Orthopaedics, including myself, is a faculty member at Robert Wood Johnson Medical School. With that responsibility there is a direction of the practice that keeps us at the cutting edge of orthopaedics,” Dr. Gatt states, unaware that Dr. Hosea voiced the same sentiments only moments before. Dr. Gatt feels that it is only by keeping current with all of the latest technological developments in orthopaedic surgery that he and his colleagues at UOA can properly educate those who are in training.

As part of his residency teaching, Dr. Gatt is also quite involved with basic science research. As such, he has been funded by the NIH and the Department of Defense to develop a tissue-engineered replacement for the meniscus. Perhaps the most common procedure in orthopaedic surgery is a partial meniscectomy, which is the removal of a torn meniscus. However, at present there is no replacement available on the market. Dr. Gatt is far enough along in this research that he is able to predict that clinical trials can begin in as little as two years. Equally exciting, Dr. Gatt is also working on a tissue-engineered ACL replacement. Currently, the ligament is rebuilt by taking part of the patella or the hamstring. When this replacement device is approved, hopefully within five years or so, post-surgical pain that commonly occurs at the site of the harvested tissue will be eliminated and the entire recovery process will be hastened.

As sports medicine specialists, Dr. Gatt and his colleagues at UOA are concerned about the welfare of the young athletes whom they treat as well as those throughout the state. In particular, Dr. Gatt refers to stress fractures which are common in adolescents. Very often pediatricians or primary care physicians will advise these youngsters to abstain from sports participation for a month or six weeks until the fracture heals. Dr. Gatt explains that in most cases activity modification is a better approach. While he will recommend limitations on practice sessions, Dr. Gatt’s treatment methods allow the patient to “stay in the game”. In an effort to educate PCPs, trainers, parents and young athletes, Dr. Gatt and other sports medicine experts have created an Internet database that shares correct information for a variety of stress fracture situations.

Whether for an infat with a congenital difference, an adolescent or adult athlete with a sport-related injury, a weekend warrior, a victim of a traumatic event, or a person who is merely experiencing the wear and tear of an active life, the sub-specialized surgeons at University Orthopaedic Associates continue to offer comprehensive, cutting-edge care and treatment. In fact, throughout the almost 40 years since its inception, UOA has developed life-long relationships with patients, providing care as the situation warrants. With the opening of its magnificent, all-inclusive facility, University Orthopaedic Associates has a new home at which patients will receive the highest level of integrated orthopaedic healthcare services available.

For more information about UOA and its office locations or to schedule an appointment, call 732-545-0400 or visit www.uoaonj.com.