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On Rounds

How Do You Mend A Broken Heart?

With Robots And Radio Waves, Lasers And Cold "Stasis"

It reads like science fiction, but real life advances in the treatment of heart disease have taken a quantum leap forward in recent years. Now we are poised on the horizon of another wave of interventions that could mean life for patients who in the past might have been considered too fragile to survive traditional procedures ... **page 4**



NuTech Takes On The World

Homegrown Global Leader in Biotech

Don't feel left out if you don't immediately know NuTech. For those of us not inside the orthopedic or spinal surgery worlds, it isn't exactly a household name. Not yet, anyway. But NuTech is getting ready to change all that... **page 13**

BIOTECH

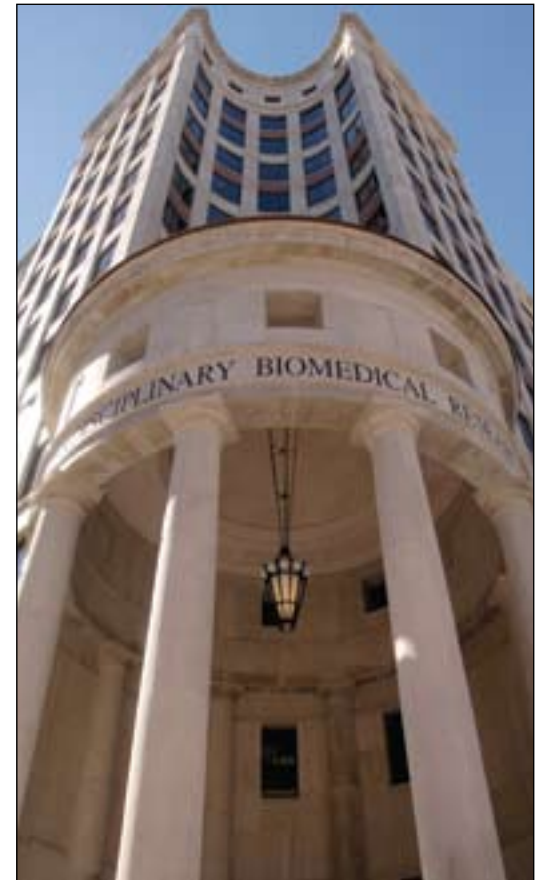
UAB Graduate Program Produces Talented Biotech Work Force

BY ANN B. DEBELLIS

A new master's degree program in Biotechnology at UAB is producing a qualified local workforce that could benefit Birmingham's growing biotechnology industry. Experts expect the program to attract top talent to the area and to entice venture capitalists to invest in firms launched by graduates.

Program Director Kathy Nugent, PhD, says the degree program – the first of its kind in the south and one of only a few in the U.S. – is essential for serving the needs of so many new biotechnology companies. "Because it takes 15 to 20 years for a biotech product to go from discovery to a marketable product, the biotech industry has been in adolescence since the mid 1970s," she says. "Now, biotechnology is evolving and there are hundreds of companies out there with products. In addition, the biotechnology sector has become a discovery arm for pharmaceutical companies. All of this has created a need for specialty training in biotechnology."

Continued on page 12



Students in the UAB graduate program in Biotechnology often use facilities in the Shelby Interdisciplinary Biomedical Research Building



Scott Morris, MD repaired the bunions on his daughter's feet.

What Happened At OSA?

BY STEVE SPENCER

Orthopaedic Specialists of Alabama was founded over 50 years ago. In the intervening years, OSA grew from a group of three physicians practicing in a small office in Trussville to one of the largest medical practices in Alabama, an organization with 30 physicians seeing patients in eight full-time offices and eight outreach clinics, each office fully staffed with nurses, PAs, and physical therapy departments, along with state-of-the-art equipment that included an imaging center. It's safe to say that OSA was the Vulcan of Birmingham healthcare, a steadfast institution that would certainly be here forever.

Which proves, of course, that nothing is ever really certain. In recent weeks, a tornado of rumors has ripped through the city. OSA was finished. Dissolved. Gone. Is this true or not? That depends on who you talk to.

Scott Morris, MD

Scott Morris, MD, the son of John Morris, MD, one of the OSA founders,

Continued on page 10

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Accountable Care Organizations: Making a Mythical Creature Real

By JENNIFER H. CLARK

Do you know what a unicorn looks like? That is a question almost every person can answer affirmatively with ease. Now, have you ever *seen* a unicorn? While an equally easy question, the answer is likely no. Much like the unicorn, a mythical creature that we can picture in our minds but have never seen with our eyes, an Accountable Care Organization presents the same enigma.

This was the analogy offered by from California Healthcare Foundation President and CEO Mark Smith, when he said:

“The accountable care organization is like a unicorn, a fantastic creature that is vested with mythical powers. But no one has actually seen one.”

Accountable Care Organizations (ACOs) are a hot topic for discussion this year and will likely remain in the forefront of medical news for years to come.

Patient Protection and Affordability Act's Focus on ACOs

The Patient Protection and Afford-

ability Act (ACA) sets a national agenda for improved access to care, improved healthcare quality, and lower costs. ACA focuses particular attention on ACOs as a key reform strategy that will transform the business model of healthcare from one based on fee for service and units of service to one where payments will be bundled for a group of providers and will be tied to the quality and value of the care provided. Section 3022 of ACA directs the Secretary of the U.S. Department of Health and Human Services (HHS) to implement an integrated care delivery model in Medicare - the Medicare Shared Savings Program - using ACOs. HHS is expected to issue regulations for the Shared Savings Program at some point in 2011, but, in order to avoid the risk of being left behind, providers should begin preparing for the transition to accountable care now.

What is an ACO?

Essentially, an ACO is a network of doctors and hospitals in a local delivery system that shares responsibility for providing care to patients. Under the new law, ACOs must agree to manage all

of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years. The ACO contracts with payers to be accountable for the entire continuum of care provided to a defined population. If the cost of care provided is less than targeted amounts agreed to by the payer and the ACO, and certain quality measures are achieved, the ACO and the payer will share the savings generated.

ACOs are the foundation of the Medicare Shared Savings Program. Section 322 of ACA calls for the Centers for Medicare and Medicaid Services (CMS) to enter into contracts with organizations that agree to be accountable for the cost, quality, and overall care of a population of Medicare beneficiaries assigned to ACOs. For ACO purposes, “assigned” means those beneficiaries for whom the professionals in an ACO provide the bulk of primary care services. However, a beneficiary may continue to seek services from physicians and providers outside the ACO.

Who can form an ACO?

Any of the following may form an

ACO:

- Physicians and other professionals in group practices;
- Physicians and other professionals in networks of practices;
- Partnerships or joint venture arrangements between hospitals and physicians/professionals;
- Hospitals and the physicians/professionals they employ; and
- Other groups of providers that the Secretary of the U.S. Department of Health and Human Services deems appropriate.

What are the requirements of an ACO?

ACA has dictated initial requirements that an ACO must meet in order to participate. An ACO must have a legal structure allowing it to receive and distribute shared savings, and a leadership and management structure that includes clinical and administrative systems. ACOs must also have sufficient primary care physicians participating to provide care to assigned beneficiaries (at least 5,000 Medicare fee-for-service

Continued on page 20

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Barriers to Care, *continued from page 19*

care possible to their patients," Skochelak concluded.

Whereas re-entry poses problems in terms of skill sets, recruitment comes with myriad issues tied to regulatory mandates. Stark regulations and anti-kickback laws have been tweaked and refined to a point where a great deal of complexity and confusion exists. Entire seminars have been given on how to define geographic service areas and exemptions to the rule for hospitals attempting to recruit physicians and establish remuneration plans that satisfy federal statutes.

Curtis Pryor, CEO of national physician recruiting firm Arthur/Miller, Inc., noted the intent behind the regulations governing recruiting practices was to certify that the interest of patients in a geographic population were being served first ... over and above the interests of the hospital or physician. However, he continued, the rules have become so complex that patients are done a disservice when the right doctor cannot be placed in the right location.

"Through the years, you've seen hospitals and clinics grapple with, 'how do you deal with this ... how do you recruit

in this environment?'" Pryor observed. "It's a constant grind to figure out how to balance all of this, and it has left a lasting legacy on the physician recruitment industry."

Fear of regulatory miscue has changed the way facilities now approach recruitment. "We have seen a dramatic shift almost to the point where the decision-making process has shifted from the administrative area to the legal areas of a hospital," Pryor said. "More often than not, we know the gateway to making a deal is through the attorney's office. I do think there are many cases where the pendulum has swung so far that hospitals have gone too far the other way. Instead of doing things that are reasonable and customary, they have offloaded the process to their legal team, which ultimately inhibits their ability to be competitive."

He added this trend does not bode well for a large swath of American communities when considering the current physician shortage, which is projected to worsen. Although Pryor doesn't have any easy answers, he does hope to see balance return to the system where decisions are made based on what is truly best for patients.

New Discovery, *continued from page 14*

constitute the scaffold to intertwine and accumulate without becoming too tightly packed," says Tambralli, currently a student in the UAB School of Medicine. "High density is the problem with flat, two-dimensional scaffolds."

Scanning electron microscopy showed that the cotton ball-like scaffold consisted of electro spun nanofibers with a similar diameter but larger pores and a less dense structure compared to the traditional electro spun scaffolds.

"In addition, laser confocal microscopy demonstrated an open porosity and loosely packed structure throughout the depth of the cotton ball scaffold, unlike the superficially porous and tightly packed structure of the traditional ones," Jun says.

Blakeney compares the discovery process to trying to put a ship in a bottle. He put the material from a syringe into a bottle first to see how it would work. "That didn't have a good result, but it allowed us to see how it might work," he says. Blakeney then started trying to create structures using funnels, prongs and other objects in different arrangements. "The bowl structure came from different iterations of the process and evolved into what we have now," he says.

While they were creating the process, Blakeney says they had no idea of the possible ramifications. "It didn't seem too amazing at the time, but when we sat back and looked at the broader applications, we realized it is a big deal," he says.

The patents for the technology have been transferred to start-up company Endomimetics, LLC for further development. "There are huge needs in the

medical field for re-engineered tissue, so we want to move forward with different applications as quickly as possible," Jun says.

Jun likens the revolutionary impact of this technology on the medical field to the effect of the 3D movie *Avatar* has had on the film industry. "We are in the beginning stages of this discovery, but I can see great potential for this technology in regenerative medicine," he says.

Accountable,

continued from page 11

beneficiaries), meet patient-centeredness criteria, and have processes to:

1. Promote evidence-based medicine;
2. Report necessary data to evaluate quality and cost measures; and
3. Coordinate care.

Conclusion

While the healthcare industry is devoting significant attention to ACOs, the concept is still broad in concept and short on details. Lawmakers left it to regulators to figure out how to put the provisions into practice. Until the Centers for Medicare and Medicaid Services (CMS) issues rules in the coming weeks and months outlining how ACOs will work in practice, ACOs will remain a mythical creature.



Jennifer H. Clark is an associate in Balch & Bingham, LLP's Health Care Law Practice Group.