AAOS
American Academy of Orthopaedic Surgeons
Board of Councilors

December 2018

Welcome to the Fall Meeting edition of **BOC Now**!
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SYMPOSIA SUMMARIES
The following is a synopsis of the presented symposia.
Presentations are available on the AAOS website: https://www.aaos.org/About/Events/FallReg.
AAOS Now may also include articles summarizing several of the presentations.

Symposium I: Cybersecurity, Hacks, and Ransom
Moderator: Amy Ladd, MD
Speakers: Sam Murrell, MD; Gregory Garza; Paul Haisman

Technology hacks and digital ransom demands have become more commonplace in the healthcare sector, and many physicians and practices may not be well equipped to ward off a future attack. In a panel discussion led by Amy Ladd, MD, three speakers discussed real-world examples of healthcare hacks and tips to improve cybersecurity.

Sam Murrell, MD, an orthopaedic surgeon in Tennessee, discussed his first-hand experience of the hacking of his organization's server. "Orthopaedic practices are a nice target," he cautioned. "Apparently, the practices are of the size where there's a certain revenue associated with the practices, that it makes you a good target."

Gregory Garza, of the FBI, said he sees more and more hacks on healthcare practices. "Most folks that aren't IT or cyber savvy —all they know is they got hacked. That's the about the extent of their knowledge," he said. Mr. Garza discussed how a physician's social media and online presence can be used for research purposes that eventually assist in a successful hack. He also gave advice on managing and protecting passwords to avoid giving hackers another avenue to gain access to sensitive information.

Paul Haisman, MBA, BSc, chief information officer at AAOS, discussed the importance of the Academy's data preservation. He gave updates on how the Academy is working to protect that data by, in part, bolstering its IT team, improving training, and installing monitoring services. "We reached a pretty big milestone this past year, bringing registries back in under the Academy realm," he said. "That is a game changer for the way the management handles the information and secures the data within the organization itself. That extends to the membership data as well. But we are, for the first time, accepting full, confidential PHI data into the systems that run the registries."

Symposium II: The Science, Art, and Ethics of Medicine
Moderator: Thomas Muzzonigro, MD
Speakers: Robert Quinn, MD; David Jevsevar, MD, MBA; Adolph Yates, Jr., MD; Kevin Shrock, MD

Four speakers discussed perspectives on research and quality in orthopaedics .

Robert H. Quinn, MD, chair of the AAOS Council on Research and Quality (CORQ), said the healthcare system lacks real competition, which does not create value for patients. Dr. Quinn gave updates on CORQ initiatives and discussed long-term strategic planning and values. "We're here to try and envision what the landscape is going to look like and to best prepare you, our membership, for that landscape," he said. He gave an overview of the CORQ committees, their 2018 accomplishments, and future plans.

David S. Jevsevar, MD, MBA, of Dartmouth-Hitchcock, discussed the concept of "proof" in orthopaedic research. He stresses to residents leaving his facility to focus on the one-quarter percent of research that is not guaranteed and how to address it. Dr. Jevsevar took the audience through the decades of orthopaedic research from the 1970s to present, noting there is "lots of 'proof' that could be better when we're looking in orthopaedics . It occurs because of all the biases that occurs in research." He concluded, "We can all agree that we want to provide the best care possible, and [that] means taking the best research, using our own experiences, and then using the patient preferences and situations."

Adolph "Chick" Yates, Jr., MD, of the University of Pittsburgh, talked about conflicts of interest in research and how to approach the literature. "Too many conflicted chefs will spoil the meal, and ghost writers should not be invisible," he said. Reversal of medical practice is not uncommon, and there are several potential areas of bias in guidelines and the literature.

Kevin B. Shrock, MD, of Fort Lauderdale Orthopaedics & Sports Medicine, discussed practical aspects of research and quality in the real world, with a specific look at regenerative medicine. He discussed how unqualified healthcare providers may be touting the effects of things like stem cell treatments, promising over-the-top results and charging a premium. "For nonorthopaedists , we really can't do anything directly, but if we set the standards for ourselves and become involved in the process that helps state and federal agencies regulate the industry, then at least

we've made a positive impact indirectly," he said. Dr. Shrock also stressed the need to educate Academy members, patients, and primary care providers who may be recommending regenerative treatments.

Symposium III: Employee Law, Arbitration, Unions for Surgeons
Moderator: Basil Besh, MD
Speakers: Catherine Hanson; Peter Mandell, MD; Kimball Ross

Shifts in healthcare systems, the consolidation of insurance markets, and the trend of increasing physician employment requires a fresh look at options for physician collective bargaining. Three speakers discussed the history of these changes and options for improving physician employment arrangements.

Peter Mandell, MD, an orthopedic surgeon in Burlingame, Calif., began with a brief history of insurance. States had trouble regulating insurers, and, in 1944, the Supreme Court ruled that Congress could regulate insurers. The Court also ruled that antitrust laws did apply to the insurance industry because insurance is part of interstate commerce. According to Dr. Mandell, the McCarran-Ferguson Act of 1945 gave insurers the upper hand. "The Act itself doesn't regulate insurance, [but] what is does is declare that Congressional Acts, which do not explicitly regulate insurance, will not preempt state regulations. That means insurers are exempt from antitrust laws if states regulate in that area," he said. Dr. Mandell said AAOS supported the Health Insurance Industry Antitrust Enforcement Act of 2009, which declared that nothing in the McCarran-Ferguson Act shall be construed to permit health insurance issuers to engage in any form of price fixing, bid rigging, or market allocations in connection with providing health insurance coverage.

Catherine Hanson, JD, of Whatley Kallas, LLP, went on to discuss National Labor Relations Act (NLRA) protections for employees, which allow the forming of unions. However, she noted that supervisors are excluded from joining these groups for fear that they would "corrupt" the system. The definition of supervisor is "sweeping, [and] once you are defined as such, you are not protected under NRLA," she said. "I suspect that there is not an orthopaedic surgeon in this room or country who is not engaged in responsibly directing the employees of a hospital when it comes to providing care to patients."

Kimball Ross concluded the session by talking about the political aspects of independent practice associations, asking, "How does a medical society represent their employee positions once they go in-house" with employee contracts? He discussed his own example of how this was done in Texas. "I think the resolution to this is going to be political, because you're going to have to change either state or federal laws that facilitate the ability for organized medicine to represent the interests of their members," he concluded.

Symposium IV: Domestic and International Humanitarian Outreach
Moderator: C. Craig Satterlee, MD

Speakers: Amy Ladd, MD; Rick Wilkerson, DO; Kaye Wilkins, DVM, MD

Three speakers discussed their personal experiences in domestic and international humanitarian work to bring orthopaedic care to underserved populations.

Amy Ladd, MD, of Stanford Health Care, discussed her work on the Navajo Reservation, which is a “devastatingly poor” population living in a remote area. Half the population is unemployed and does not have electricity or running water; half of the elder population does not speak English. In addition, more than 15 percent are considered to be in poor or extremely poor health. “The treatment focus is primarily around chronic disease,” she said.

Rick Wilkerson, DO, of Northwest Iowa Bone, Joint & Sports Surgeons, went to Pakistan in the early 1990s. “It was here that I learned that despite the best intentions of many of us that send [medical supplies] overseas in the developing world, trying to make things easier and better to do surgery, it doesn’t always work out,” he said. An example of this was a batch of C-arms that Italy donated to Libya; one of the machines broke, and no one knew how to fix it, he said, rendering it useless in the clinic. Now, having spent more than 20 years working on missions overseas, he provided the audience 10 keys to success in doing humanitarian work, one of which was immersing yourself in the local culture and understanding the equipment and support levels.

Kaye Wilkins, DVM, MD, of the University of Texas Health Science Center, noted that while there are many programs available overseas, areas within the United States also require extra assistance. He shared a personal experience of providing pediatric orthopaedic care to southern Texas, which did not have this specialized care when he arrived in 1973. In time, fellowship-trained pediatric orthopaedic surgeons established practices in the area, and today, the area has 50 of these practices.

All three speakers encouraged attendees to engage in a humanitarian program, whether short- or long-term, calling it a fulfilling experience.

Symposium V: Professional Well-Being and Burn-Out
Moderator: Robert Orfaly, MD
Speakers: Ramon Jimenez, MD; Michael Tutty, PhD , MHA

Changes in health care may have resulted in an increasing feeling of burnout for physicians. When physician well-being is suboptimal, patient care can suffer. Two speakers addressed this concern and provided insights to improve the working environment to reengage physicians and promote the highest levels of patient care.

Ramon Jimenez, MD, an orthopaedic surgeon in Monterey, Calif., asked the audience to consider if they still enjoyed orthopaedic surgery, whether they feel they have agency in practice, and other questions pertaining to self-care. He said nearly 50 percent of residents and 25

percent to 50 percent of practicing orthopaedic surgeons have lingering or episodic symptoms of burnout. Dr. Jimenez highlighted the AAOS Patient Safety Committee, which seeks to help restore meaning and purpose to orthopaedic practice by supporting surgeons. The committee is developing online resources for physicians, including self-assessment tools, tips, and other educational initiatives. When physicians have joy in practice, there are less errors and reduced patient harm. He provided the audience with tips for improving the work environment. “We’re physicians treating the patients first; we must fall in love with the concept again, with who we are and what we do best,” he concluded.

Michael Tutty, PhD , MHA, of the American Medical Association (AMA), said one in five physicians intend to reduce clinical work hours in the next year, and one in 50 intend to leave medicine altogether in the next two years to pursue a different career due to burnout. One of the biggest causes of frustration for physicians is the time spent updating electronic health records, he said. Physician burnout is a symptom of system dysfunction, said Dr. Tutty. “If we’re going to address burnout, we really need to fix the system issues that cause [the] dysfunction,” said Dr. Tutty, noting that the AMA is focused on tackling this issue at a national level to identify resources for practices.

Symposium VI: Professional Behavior 2.0: How Medical Systems Influence Professional Behavior and What To Do About It
Moderator: Dirk Alander, MD, MHA
Speakers: Kevin Bozic, MD, MBA; Charlene Dewey, MD, MEd, FACP

As a follow-up to a session presented in June at the National Orthopaedic Leadership Conference, two speakers discussed professional behavior. Specifically, they talked about work stressors and their impact on behavior, as well as when to encourage behavior changes and when to part ways.

Charlene M. Dewey, MD, MEd, FACP, of the Vanderbilt University School of Medicine, named four areas where professionalism can lapse: distressed behaviors, sexual boundary violations, improper prescribing, and impairment. She stressed that there is a relationship between personal wellness and work behaviors, noting that mental health, substance use and abuse, personal issues, burnout, and more can impact professional behavior and interactions. Dr. Dewey addressed her organization’s approach to promoting safety and wellness with both individual and institutional methods. “The individual and the organization [are] definitely both sources for unprofessional behavior, so you have to address both,” she said. Dr. Dewey concluded by asking the audience, “If you could change one thing at your institution, what approach might [most likely] be addressed?” At least half of attendees said they would look at workflow solutions from an organizational approach.

Kevin Bozic, MD, MBA, of the Dell Medical School at the University of Texas, Austin, discussed tools for developing a culture of professionalism, noting that his facility has a “unique opportunity,” as it is the first medical school built in the United States on a tier one research

campus in 50 years. “We are really starting from scratch” in incorporating professionalism training and building an organizational culture, he said. Dr. Bozic said professionalism needs to be taught and cannot simply be expected from residents or trainees. Professionalism is a critical core competency that has implications for patient outcomes and physician wellness. Developing professional attitudes, values, and behaviors starts in medical school, continues throughout training and practice, and requires a commitment to lifelong learning, he concluded.

AAOS PRESIDENTIAL LINE UPDATE
David Halsey, MD, AAOS President
Kristy Weber, MD, AAOS First Vice President
Joseph Bosco, III, MD, AAOS Second Vice President

Dr. Halsey, Dr. Weber and Dr. Bosco participated in an interactive question session to update the Fall Meeting participants on several initiatives the Board of Directors continues to address in 2018.

The PL reported on the status of the work to date by the Governance Task Force. During the governance review process, the Task Force conducted a comprehensive assessment of the current AAOS Governance structure. The Task Force formulated a set of principles that would specify how the AAOS Board will be structured and governed. The PL shared the Governance Principles that were adopted by the Board at its September 2018 meeting. Efforts will continue in 2019 to address further changes to AAOS governance to ensure that it can effectively execute against an organizational strategy.

The PL responded to questions about the current development of a new AAOS Strategic Plan that will be rolled out in 2019 to position the AAOS for success in the next five years. The PL explained the detailed review conducted of the current AAOS Strategic Plan and the work of the Strategic Plan Project Team to better understand member’s needs, focus on core competencies and the strategic partnerships needed to create new member value and loyalty. The new AAOS Strategic Plan, includes a new AAOS Vision along with strategic goals, and will be presented to the Board for approval at its December 2018 meeting. The PL also discussed the role of the BOC and BOS in communicating this work to its constituents.

The Board of Directors continues to look at member value and to better understand who 19,000 plus Active Fellows are. The annual member survey will help the AAOS to better understand what our members need at the various educational and professional stages of their career. Some of the greatest challenges the AAOS will face is adapting to the changing environment in healthcare and providing its members with the appropriate resources to survive.

The PL discussed the role of the BOC and BOS in moving forward with communicating the Governance Principles and the new AAOS Strategic Plan. The BOC and BOS are important conduits as advisory bodies to the Board of Directors. These groups provide the opportunity for an important two-way communication with the orthopaedic state societies and specialty societies

to share critical information that will impact our members.

At the conclusion of the session, Mr. Dino Damalas, AAOS Chief Operating Officer, provided an overview of the new Orthopaedic Video Theater (OVT) recently launched and is an expanded AAOS member benefit. Visit video.aaos.org today.

BUSINESS ACTIVITIES OF THE BOARD OF COUNCILORS AND THE BOARD OF SPECIALTY SOCIETIES

The BOC/BOS Resolutions Committee conducted an open hearing to listen to comments on three proposed AAOS advisory opinions, one proposed AAOS resolution that was withdrawn and resubmitted as an AAOS advisory opinion and two AAOS resolutions requiring a five-year review.

The proposed advisory opinions were:
1. The American Academy of Orthopaedic Surgeons should consider revision of the current conflict of interest guidelines as applied to service on the AAOS Board of Directors.
2. The American Academy of Orthopaedic Surgeons should consider clarification and standardization of the process for creation of Plans for Active Management.
3. Disaster Preparedness.
4. Professional Compliance Program Grievance Process.

The Five-Year Review of AAOS Resolutions involved the evaluation of two resolutions that were adopted after the 2O14 Annual Meeting.
1. Association Resolution #1: Educate and Promote Volunteerism and Orthopaedic Advocacy.
2. Academy Resolution #2: Support for Orthopaedic Research.

The BOC/BOS Bylaws Review Committee also conducted its open hearing to consider comments on three proposed amendments to the AAOS Bylaws.

The three proposed amendments to the AAOS Bylaws included:
1. Membership Articles – Association.
2. Board of Councilors – Term of Office – Association.
3. Board of Councilors – Term of Office – Academy.

After the Open Hearing, the BOC/BOS Resolutions Committee and the BOC/BOS Bylaws Review Committee discussed the proposed documents, the open hearing comments, and deliberated. The committees presented their recommendations to the BOC and the BOS during the joint BOC/BOS Business Meeting where the two groups discussed and voted on the recommendations. The results from the votes will be considered by the Board of Directors at its December 2O18 meeting.

Committee Updates

Advocacy Resource Committee (ARC)

Current ARC goals are to improve the AAOS Congressional Ambassador program through: Ambassador recruitment and recognition, increased PAC participation, improved website visibility for advocacy activities, and improved communication about relevant issues. The ARC has expanded activity at the State level through increased engagement with the Republican and Democrat Governors Associations to communicate on patient and orthopaedic practice issues. The ARC is also focused on diversity in advocacy through outreach to residents and to groups like Nth Dimensions medical student program. Councilors interested in these activities should contact Claudette Lajam, MD or Julia Williams for more information.

Communications Committee

The group held a brainstorm around what a history of BOC might look like and to what audiences, as this committee will consider that in 2019 as a tool to help educate past, present and future BOC members. The group also generated ideas around measures of success for the BOC Booth in Las Vegas, and recommended promotional tactics to drive traffic and increase engagement. Contact Todd Schmidt, MD, Wayne Johnson, MD or Lauren P. Riley for more information.

Economics Issues Committee

The committee had a discussion of the 2 midnight rule. A result of the removal of TKA from the inpatient only procedure designation has resulted in many hospitals designating all TKA cases as an outpatient procedure. Counselors shared their experiences. There appears to be much variability with the interpretation. Creating a list of metrics that could be used as guidelines to help identify those patients that would qualify for outpatient status was mentioned as an idea. Further recommendations for outpatient THA or TSA status has been put off by the AAOS until the TKA situation is clarified.

The group also discussed modifications to Stark Laws. There appears to be a need to modify these laws as the delivery of healthcare changed. There are two bills now in Congress that address this, HR 4206 and S 2051. It was the opinion of the advocacy arm of the AAOS that something would be passed.

CMS wanted to change the fee schedule for E/M codes proposing to blend payment rates for levels 2-5 beginning in 2019. The AAOS responded that this would not be appropriate and instead, AAOS suggested possibly three levels for physicians might be more appropriate. CMS agreed with our proposed changes and blended levels 2-4. Contact Catherine Boudreaux Hayes or Craig Mahoney, MD for more information.

Research and Quality Committee

The Research and Quality Committee met for the second time at the AAOS Fall Meeting 2018. A key objective of this committee is the inclusion of BOC members in the development of AAOS Quality initiatives. To that end, three BOC members have been assigned as Key Informants to CPG projects and three BOC members have been assigned as Work Group Members to CPG projects. The Research and Quality Committee Chair, Dr. Laura Tosi, serves on the EBQV Committee and will be joined by 2 additional BOC members in March of 2019, pending Board approval.

Quality projects nearing completion are CPGs on Periprosthetic Joint Infection and Rotator Cuff Tears and an AUC on Surgical Site Infection. CPG projects starting in early 2019 are Glenohumeral Joint Osteoarthritis (update), Osteoarthritis of the Knee (non-arthroplasty) 3rd Edition, and Distal Radius Fracture (update). The AAOS has secured a $1.5M grant from the Department of Defense to develop 6 CPGs and 6 AUCs. Grant projects that are currently underway include Acute Compartment Syndrome, Limb Salvage and Early Amputation, and Psychosocial Risk Factors and Screening.
The Committee on Evidence-Based Quality and Value continues to submit AAOS measures to CMS for inclusion in MIPS.

Nathan Glusenkamp, Director of the AAOS Orthopaedic Registries, updated the Committee on Registry program highlights. The American Joint Replacement Registry (AJRR) has been re-integrated into the AAOS. The Registry Oversight Committee (ROC) was created. The AJRR now captures 25% to 30% of all US TJA volume annually. The Shoulder and Elbow Registry was launched on October 24, 2018 with a Shoulder Arthroplasty module. Future modules include Rotator Cuff Repair, Total Elbow and more.

Jayson Murray, Director of the Department of Clinical Quality and Value, updated the committee on Qualified Clinical Data Registry (QCDR) Measures. QCDR is a designation from CMS that allows registries to submit up to 30 measures, from which the registry can submit the required 6 measures on behalf of participating surgeons to CMS to satisfy MIPS performance measure requirements. AJRR is now designated as a QCDR. Additionally, QCDR Measures are critical for Quality and Performance Improvement.

We are pleased to note that the ABOS is developing a new pathway for Part III of their MOC program that will include AAOS CPGs and AUCs along with journal articles as potential Knowledge Sources. The AAOS is also working to harmonize education and quality efforts, with the newest edition of the OKU and will include highlights from CPG recommendations in the appropriate chapters.
Contact Laura Tosi, MD or Kaitlyn Severino for more information.

State, Legislative and Regulatory Issues Committee (SLRI)
One of the main functions of the State Legislative and Regulatory Issues (SLRI) committee is to administer and monitor the effectiveness of the AAOS State Health Policy Action Fund to assist state societies in dealing with state legislative and regulatory issues. To this end several grants were approved to various states.

- Minnesota was awarded $4,000 for a campaign related to scope of practice for physical therapist. The Minnesota society hopes to protect the current requirement that a physical therapist must refer to a physician after 90 days.

- Tennessee was awarded $2,500 for a campaign related to patient reported outcomes (PROs). The goal is to have the public employee plan adopt PROs as a replacement for prior authorization.
- Nevada was awarded $10,000-15,000 on a grant to protect out of network billing. The Nevada state legislature is considering a bill that would set out of network payments to a percentage of Medicare.
- Virginia was awarded $10,000-15,000 for a campaign to repeal the state's certificate of need law for ambulatory surgical centers and imaging services.
- Texas was awarded $4,000 to fund their efforts related to scope of practice.
- Pennsylvania was awarded $2,500 for a campaign related to patient reported outcomes (PROs). The goal is to have the public employee plan adopt PROs as a replacement for prior authorization.
- North Dakota was awarded $5,000 for a campaign to allow for the creation of recovery care centers for ambulatory surgical centers.

Contact Manthan Bhatt and Cassim Igram , MD for more information.

State Societies Committee
The committee shared some of the biggest challenges to small and large state societies which include increasing membership, resident engagement, branding and collaboration with neighboring states and the AAOS. The committee approved funding of seven new state society grants. Work is underway on a "bank" of all grants funded over last 10 years to help increase awareness to other state societies facing similar challenges.
The group reviewed the Model State Orthopaedic Society framework and updated several areas to reflect best practices with the following suggested supportive actions:

- communication – add BOC Now to state society newsletters;
- resident engagement – ensure residents are informed of issues occurring at the state level affecting the practice of orthopaedic surgery;
- governance and diversity – conduct an annual evaluation of the Society's executive director and the Society's board should mirror the diversity of the membership;
- membership - consider involving advanced practice providers;
- advocacy - share each state's legislative wins; and
- education – educating members should be a key initiative of the Society and the Society should consider developing a mechanism or partnership for providing CME.

Contact Greg Gallant, MD, or Amy Sherwood for more information.

BOC Booth, Upcoming Meetings and Future Awareness:

BOC Booth in Las Vegas: Your elected Board of Councilors influences the direction of education, health policy, bylaws, research and more on behalf of your profession. Stop by the

booth in Academy Hall to learn more or volunteer your time to help educate those who stop by the booth.

BOC Committee Meetings in Las Vegas: For the most up-to-date schedule, visit aaos.org/boc.

BOC Awareness Video: Who is the BOC and what do we do? Don't forget that a video exists to help us explain to others what we do on behalf of the orthopaedic profession. Councilors are encouraged to share this video at any state or regional society meeting. The video can be downloaded and is posted online at http://www.aaos.org/About/Board_of_Councilors/.

We want to hear from all councilors to ensure BOC Now is meeting your needs. Please reach out directly to either of us as we look to enhance communications both internally and externally across the BOC, and put forth future and valuable editions of BOC Now and/or other communications.

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Connect with us!