July 21, 2018

**To Hawaii Orthopaedic Association Membership,**

**Item #1**

**IMMEDIATE ACTION ITEM FOR YOU TO DO!**

**PDMP REGISTRATION:**

**PLEASE SIGN UP:**

**Effective July 1, 2018, it is law that physicians must check the PDMP when writing an opioid prescription.**

**Although Hawaii Medical Association thought there would be a post operative exemption, the legislator from Maui eliminated that exception in conference committee.**

**It is now the LAW to register in the PDMP .**

**Below is information which I hope will help you.**

**What You Need to Do Starting July 1**

Comply with the law, which mandates that before writing a prescription for a schedule II, III, or IV controlled substance, you must consult the Hawaii PDMP database to review your patient’s prescription data.

**How Do I Access PDMP Patient Data (Current State)?**

Below are high-level steps on how to access your patient’s prescription data. For more details on this process, you may consult the [Hawaii PDMP Requester User Support Manual](https://sites.sp.kp.org/teams/hpmg/Shared%20Documents/Hawaii%20-%20PDMP%20AWARxE%20Requestor%20User%20Support%20Manual.pdf)

1. Log in to [**https://hawaii.pmpaware.net/**](https://hawaii.pmpaware.net/)
2. Click on “RxSearch – Patient Request”
3. Enter data into all required fields and click Search.
4. Identify your patient from the search results, check the box next to his/her name, and click Run Report.
5. Click “Download PDF” to view the patient report.

**Item #2**

**NOLC Summary report**

**As your Board of Councilor representative to the AAOS, I am providing below a summary report of my activity at the NOLC meeting in June.**

**The details below are a summary of the symposia, committee meetings, and advisory opinions to the AAOS which were voted upon. I hope that you will find this information to be useful in demonstrating what the BOC activities involve.**

**This is the first year of my final three year term. For anyone interested in being a future BOC representative, please feel free to contact me at any time if you have questions regarding the position.**

**National Orthopaedic Leadership Conference (NOLC) Highlights**

**Hill Visits**

The 2018 NOLC Capitol Hill Day on June 7 featured 412 scheduled hill visits with members of Congress from both chambers and both parties, with 280 orthopaedic surgeons participating. In preparation for the hill visits, Dr. Gibson, Chair of the Council on Advocacy, and the Office of Government Relations created three unique webinar presentations to prepare members for their visits to Capitol Hill. The webinars were designed for novice, intermediate, and experienced advocates and reviewed logistics and expectations as well as the three issues and talking points.

The 2018 issues included regulatory relief, opioid policies, and the *Good Samaritan Health Professionals Act.* The surgeons thanked members of Congress for the regulatory relief efforts included in the Bipartisan Budget Act, which included repeal of the IPAB, and discussed other ongoing regulatory burdens facing their practices such as prior authorization and STARK laws. Surgeons also advocated for the [Good Samaritan Health Professionals Act](C://Tools%20Folder/Download%20Folder/2018%20Issue%20One%20Page%20-%20Good%20Sam%20NOLC.pdf) *(AAOS login needed)*, which would provide clear liability protections to licensed health care professionals who volunteer health care services to victims during a declared national disaster. Finally, the AAOS members talked to congress about various legislative proposals in the opioids space and explained the AAOS position on things such as prescription limits, electronic prescribing, and mandatory opioid CME.

The Office of Government Relations has documented all of the feedback from the hill visits, as provided by AAOS members on their ‘green sheets.’ The staff has followed up with each member of Congress as appropriate to ensure that any questions are clarified, and additional information has been provided where necessary. As a measure of success, it should be noted that since the June 7 hill day, the *Good Samaritan Health Professionals Act* has gained nearly 20 cosponsors.

**Award Presentations**

On Friday, June 8, Political Action Committee (PAC) Chairman, John T. Gill, MD, presented the Stuart L. Weinstein awards. These annual awards, established in 2013, recognize the individual state with the highest PAC participation rate, as well as the state that demonstrates the greatest improvement in PAC participation from one year to the next. The recognized states have emphasized the importance of Orthopaedic PAC membership through their state leadership and coordinating efforts with their state societies and Board of Councilors (BOC) representatives to achieve widespread PAC participation. The Orthopaedic PAC was excited to recognize Delaware as the state with the highest PAC participation in 2017, coming in at 57 percent. This was Delaware’s second year in a row receiving the award. Nevada was honored as the state with the most improved PAC participation, with an 8 percent increase from 2016 to 2017.

The Orthopaedic PAC also recognized residency programs that reached 100 percent PAC participation in 2017. These programs were formally honored earlier this year at the 3rd Annual Resident Leadership Reception at the AAOS 2018 Annual Meeting in New Orleans but also received a special mention from Dr. Gill because of their hard work and dedication to the PAC. The six residency programs that reached 100 percent PAC participation in 2017 were the Atlanta Medical Center, New York University, Universidad de Puerto Rico, University of Connecticut, University of Kentucky, and the University of Maryland.

At last year’s NOLC, the Orthopaedic PAC unveiled its newest donor recognition program: “The Orthopaedic Hall O Fame,” which allows the PAC to honor and thank individuals and group practices who have been exceptional leaders and stewards of the PAC. Inductees are recognized by having their picture placed on the “Wall O Fame” in the Academy’s Office of Government Relations. The Orthopaedic PAC was excited to induct its second class of Hall O Famers, who were recognized by lifetime achievement (i.e., dollars raised), peer-to-peer fundraising, resident involvement, and group practice engagement. The 2017 inductees were John Callaghan, MD, the Georgia Board of Councilors, OrthoIndy, and the University of Kentucky Residency Program.

The Board of Councilors’ State Orthopaedic Societies Committee honored an outstanding state orthopaedic society and an executive director for their excellent work and dedication to the orthopaedic community. Since 2009, the BOC State Orthopaedic Society of the Year and Executive Director of the Year Awards have recognized the value state societies and executive directors provide to the orthopaedic community. The BOC State Orthopaedic Societies Committee received numerous applications that highlighted achievements, creativity, and impact on local communities and our profession. This year’s State Orthopaedic Society of the Year was awarded to Puerto Rico Orthopaedic State Society and the Executive Director of the Year Award was awarded to Massachusetts Orthopaedic Association’s Executive Director, Susan Schaffman.

**Symposium I: Orthopaedic Affiliates**

Moderator: Robert Orfaly, MD

Speaker: Dirk Alander, MD

There are many member classes within The Academy’s organizational structure, but the question of inclusivity and broadening the specifications of membership acceptance is still a point of discussion. Robert Orfaly, MD, and Dirk Alander, MD, discussed orthopaedic affiliates and opened up the conversation with audience members on other groups that could benefit from AAOS membership.

Dr. Alander explained that AAOS is known to be “the musculoskeletal specialists” organization, and it wants to continue to be known as such. However, there might be ways to enhance the house of orthopaedics and redefine who would or could benefit from Academy membership. Dr. Alander and Dr. Orfaly asked for input from conference attendees on their thoughts to expand membership qualifications, how the vetting of possible members could be completed, and how AAOS could continue to provide value to members if these changes are implemented.

**Lunch Symposium: What to Expect When You’re Electing**

Moderator: Daniel Guy, MD

Speakers: John T. Gill, MD, Chairman, Orthopaedic PAC

John Rodgers, Executive Director, National Republican Congressional

Committee

The symposium, which was attended by more than 200 AAOS Fellows, helped emphasize the Orthopaedic PAC’s legislative wins and explain the current issues at stake in 2018, including antitrust reform, opioids, MACRA and payment reform, medical liability, development of quality metrics, and physician ownership. John T. Gill, MD, highlighted the Orthopaedic PAC’s fundraising success in 2017, having raised a substantial $1.9 million, an 11 percent increase from its last off year. Overall in 2017, the PAC has donated $1.2 million to candidates who support orthopaedic issues and attended more than 600 fundraising events, increasing the PAC’s political footprint. Dr. Gill emphasized the nature of the PAC’s giving and noted that it is not party based, but based solely on the support of the house of orthopaedics and its high-priority issues.

In the congressional races mentioned, Dr. Gill stressed that if Democrats retain all open seats and pick up all non- “solid Republican” GOP seats, they would still need 12 more seats to take the House. In the Senate, 34 seats are up for election in 2018, 26 of which, are held by Democrats and Independents. Moreover, Dr. Gill explained that control of the Senate will depend on eight “toss-up” seats in Florida, Indiana, Montana, North Dakota, West Virginia, Arizona, Nevada, and Tennessee. He noted that there are 25 total dentists and physicians running in 2018 and urged support for Julio Gonzalez, MD, who is running in Florida’s 17th congressional district.

As the moderator, Daniel Guy, MD, provided some comedic relief during his introduction of John Rogers, hinting at a theme of uncertainty in the 2018 elections. Rogers concluded the symposium by walking the audience through the key races and the candidates. During the presentation, he stressed the high possibility that Republicans will hold onto the House in 2018 elections, highlighting some of the close races and encouraging attendees to support political races across the country whose candidates endorse orthopaedic issues.

**Symposium II: AAOS Leadership Update**

Moderator: Basil Besh, MD

Speakers: David L. Halsey, MD, AAOS President

Kristy L. Weber, MD, AAOS First Vice-President

Joseph A. Bosco, III, MD, AAOS Second Vice-President

M. Bradford Henley, MD, MBA, FACS, AAOS Treasurer

Thomas E. Arend, Jr., Esq., CAE, AAOS Chief Executive Officer

AAOS is making innovative advancements in its strategies, outreach, and educational options. David L. Halsey, MD, AAOS president; Kristy L. Weber, MD, AAOS first vice-president; Joseph A. Bosco III, MD, AAOS second-vice president; M. Bradford Henley, MD, MBA, FACS, AAOS treasurer; and Thomas E. Arend Jr, Esq., CAE, AAOS chief executive officer, discussed what is in store for the Academy’s future.

Member value is reflected in AAOS’ mission and vision. Dr. Halsey said that everything the AAOS Board of Directors does is primarily member focused. He added that the organization will continue to work on how it can help members achieve a more productive and fulfilling professional career.

Arend discussed the next steps that AAOS will take to strategically plan for the Academy’s future growth. In a perfect world, Arend noted, a strategic plan would drive all other strategies. However, in the real world, environmental and outside factors drive strategy development. To achieve success, governance provides strategic leadership in the execution of plans that AAOS is working on to enhance its future.

Dr. Weber added that it is an exciting time to be in the Academy leadership, and that the board needs to “look critically where the Academy is going in the next five years.” Discussions, interviews, surveys, and simple conversations have been integral to the leadership of the Academy during the development of its new strategic plan.

Dr. Halsey said one of the member values is the American Board of Orthopaedic Surgery’s (ABOS) new options for Maintenance of Certification (MOC). According to Dr. Halsey, the working relationship between AAOS and the ABOS “has never been stronger” and has made certification maintenance simpler for all members. The AAOS and ABOS leadership have met numerous times over the last year regarding ABOS’ MOC program, and “we at the AAOS are pleased and enthusiastic with the changes that the ABOS has and will be making to its MOC program,” he added.

On another important front, Academy members also have a growing need for advocacy, Dr. Weber said. Topics like opioids, biologics, use of the Medicare Access and CHIP Reauthorization Act, and the revision of evaluation and management code have been frequent conversation topics for AAOS members and its leadership. Further, education is available everywhere, but the Academy is working on better ways to provide and distribute it. “We want to be the primary place to house musculoskeletal education,” Dr. Bosco said. He noted that AAOS is creating a vast portfolio of online learning, which will include online courses, surgical techniques modules, tests, and exams. He added that personalized, curated, and downloadable education is integral to educational growth.

During the treasurer’s report, Dr. Henley recapped the Academy’s financial performance in 2017. Operating revenue was $59.68 million, and operating expense was $59.61 million. Operating gain was $78,000, which was $1.4 million better than budget. In addition, the Academy also successfully managed its investments, including its long-term portfolio and restricted funds.

**Resident Assembly Update**

Speaker: Nick Bonazza, MD

Nick Bonazza, MD, provided an update on the Resident Assembly (RA) structure, recent committee accomplishments, and the RA’s goals for 2018 and 2019.

According to Dr. Bonazza, the RA had numerous accomplishments in 2017 and 2018, due to growth. “We wanted to grow our resident involvement in the Academy, and get more people in the resident delegation,” he said.

Every residency program is allotted one voting resident delegate position. Currently, there are 157 delegates (72 percent of possible 218 programs), Dr. Bonazza said. He added that there are 10 elected executive committee members:

* Five subject matter chairs (education, research, health policy, career development, technology)
* Two at-large members
* Vice chair
* Past chair
* Chair

Dr. Bonazza said that resident involvement grew from 2017 to 2018 due to an increase in delegate representation and more than 200 residents attending the Resident General Assembly meeting at the AAOS 2018 Annual Meeting. He noted that the RA executive committee even had 100 percent PAC participation.

Additional accomplishments included educational webinars, a new mentor-mentee program, hosting of the second annual Resident Education Forum at the Academy, and increased participation of the third annual Resident Bowl.

Dr. Bonazza noted that there are goals for the remainder of 2018 and 2019, including the continuation to expand the RA and improve delegate representation, support subject matter committee initiatives and ongoing projects, explore pathways to engage and involve medical student members, continue to collaborate with the PAC, and embark on service and volunteer initiatives.

**Symposium III: Blurred Lines – Appropriate Behaviors at Work**

Moderators: Dirk Alander, MD

Amy Ladd, MD

Speaker: Karen Michael, Esq.

There are many risks associated with certain behaviors at work that can lead to coworkers, patients, or others feeling uncomfortable, harassed, and bullied. Karen Michael, Esq., discussed the legal implications connected to some of these behaviors and how you can avoid them.

According to Michael, harassment and discrimination is not just about sex—it could be race, religion, disability, and age. “Harassment is based on so many different factors,” she said, and anything that might be construed wrong by the involved party—even simple hugging or compliments—should just be avoided.

Michael noted that harassment can involve third parties including patients, venders, and even the family members of patients. “All of these people can create harassment of your employees,” she said.

The most important point that Michael stressed is, if you “see something, say something.” It is important for all companies to implement a code of conduct that defines acceptable and disruptive/inappropriate behaviors, and then create and implement a process for managing those behaviors.

**Symposium IV: Youth and Tomorrow’s Leaders**

Moderator: Lisa Cannada, MD

Thomas Muzzonigro, MD

Speakers: Megan Wolf, MD

Henry Ellis, MD

Charles Nelson, MD

Todd Schmidt, MD

Megan Wolf, MD, discussed the wants and needs of the resident population, including the creation of the Resident Assembly, of which she is a member. Dr. Wolf suggested social networking tips, making communication more effective (such as adding podcasts, and more interactive sessions). Residents want resources and help getting into leadership roles. AAOS should be at the forefront of physician wellness, direct mentorship, coaching, face-to-face meetings, and Dr. Wolf reiterated the importance of mentorship. Further, he discussed the importance of ethically navigating online resources and social media outlets for education and information. She said organizations should be able to help support residents with the additional skills needed for professional growth and success, including leadership, teamwork, collaboration, and innovation.

Henry Ellis, MD, of the Leadership Fellows Program (LFP) 2018-2019, discussed how he was a rookie regarding his knowledge of the Academy. He is learning through the LFP about advocacy. He went on to note the myriad of committees and councils the Academy currently oversees, and asked how to get his foot in the door.

Charles Nelson, MD, described “mosaic mentoring,” which is when you use different mentors for different aspects of your life where you need mentoring. He stressed that mentors need to stay positive and be loyal to their mentees. At the same time, mentees should be direct when looking for mentors, establish a good rapport with their mentors, and show appreciation. He reminded those being mentored to make sure to pay it forward, and that raising other leaders was a part of one’s commitment to the orthopaedic profession.

Todd Schmidt, MD, reviewed the three arms of mentorship: clinical, personal, and life as a physician. He discussed “hard skills” that could require mentoring—such as contract negotiation, malpractice insurance, finance, and digital learning. And mentoring can be effective for “soft skills”—such as effective communication, personal leadership, do’s and don’t’s, and well-being. Dr. Schmidt discussed the Annual Resident’s Conference, a two-day instruction and mentoring conference focused on how residents should conduct their lives in orthopaedics. This type of conference can be very beneficial for residents, as it can help attendees learn orthopaedic clinical skills, provide areas for personal growth (including career, personal, and developmental), and demonstrate ways to better conduct life as a physician.

**Symposium IV: Payment Models**

Moderator: Basil Besh, MD

Speakers: Ross Leighton, MD

David Cannon, MD

Andrew N. Pollak, MD

On Saturday, June 9, at the NOLC, Basil Besh, MD, introduced the three speakers by giving a brief background to the idea of “single payer” health care. As Dr. Besh explained, single payer has become something of a litmus test for the modern progressive wing of American politics. Given this direction and various bills under consideration in the states, the symposium offered attendees a timely look at existing payment models and where we may be going.

Ross Leighton, MD, provided a segment titled, “Canada’s Health Care System: An Overview of Public and Private Participation.” He examined some of the strengths and weaknesses of the existing Canadian system. One “real strength of the Canadian system” is the low death rates related to acute care presentation (such as trauma). However, wait times for elective care are daunting, with orthopaedic care being one of the worst. The costs for both the Canadian and American systems are comparable, as well, while the Canadian system “might actually be more expensive if it did not limit access.”

In a talk on the Veterans Health Administration (VHA), or “Single Payer USA,” David Cannon, MD, provided attendees background information about the largest integrated healthcare network within the United States. While Dr. Cannon pointed out that innovation is difficult in the VHA system, one advantage of being in the system is that there is less malpractice worry and no Maintenance of Certification required. Yet, the challenges of navigating the VHA for patients produces a system where patients are sorted into those that stay in the system and those that can afford to be out of the system.

In the last segment, “What’s next in health care reform: Overview of the Maryland Payment System,” Andrew N. Pollak, MD, introduced attendees to the Maryland all-payer payment model, as well as the Health Services Cost Review Commission (HSCRC), which regulates Maryland’s hospital rates. He also provided an update on how the federal waiver that preceded Maryland’s model has evolved over the years. According to Dr. Pollak, the new waiver (reworked in 2014) will be implemented in two phases. Between CY2014-2018, its main financial focus will be to control and reduce the rate of growth in per capita hospital expenditures for Maryland residents. Beyond CY2019, its focus will pivot to controlling and reducing the rate of growth in total per capita healthcare expenditures for Maryland residents.

**Symposium VI: Disaster Relief Orthopaedics Here and Abroad**

Moderator: Daniel Guy, MD

C. Craig Satterlee, MD

Speakers: Andrew N. Pollak, MD,

C. Craig Satterlee, MD,

Pablo Marrero, MD,

Roman Hayda, MD,

Jordan Vivian

During this symposium, orthopaedic surgeons shared first-hand disaster response experiences and the lessons learned from those experiences. State and federal disaster response efforts were also addressed.

Andrew N. Pollak, MD, said that in the six months following the earthquake that struck Haiti in 2010, University of Maryland medical teams treated 29,833 patients and performed 961 operative procedures under challenging conditions at Saint Francis de Sales Hospital in Port-au-Prince. He shared the following lessons learned from the experience:

* Everything will be more than twice as difficult as you think it should be.
* Unless you have a massive team of help, partner with another organization.
* Develop an exit strategy; waiting for the local environment to “regain” its ability to deliver medical care to the population may or may not be realistic.
* Be prepared for challenges related to security, infectious threats, and cultural differences.

C. Craig Satterlee, MD, spoke about the tornado that touched down in Joplin, Mo., in the spring of 2011. St. John’s Regional Medical Center, a 367-bed facility, sustained a direct hit, lost power, and its generators and emergency medical supplies were destroyed. Dr. Satterlee outlined what the facility learned about preparing for disasters:

* Disaster training helps medical providers respond to the unexpected.
* Pre-existing relationships are important in facilitating organization and coordination of the response.
* Fortify the facility; bunker the intensive care unit, medical supplies, and generator.
* Anticipate communication outages.
* Access to patient electronic medical records is important.

Pablo V. Marrero, MD, relayed Puerto Rico’s experience with Hurricane Maria, the category 4 storm that made landfall on the island in September 2017. He shared the following ideas for AAOS involvement in future disasters:

* Be prepared—have a disaster plan for every situation.
* Educate members about disaster relief from an orthopaedic point of view
* Create groups of disaster relief volunteers at the state society and national levels
* Coordinate with orthopaedic industry business partners to obtain relief-effort equipment for use by volunteer surgeons
* If possible, create a field hospital—perhaps in alliance with U.S. Armed Forces—that can be transported as close as safely possible to ground zero.
* Get in touch with AAOS members in a disaster area to try to help them with their immediate needs.
* Let people know you care.

Jordan Vivian, manager, AAOS Office of Government Relations, provided disaster response policy updates at the state and federal levels. Federal legislation includes the Good Samaritan Health Professionals Act and the MISSION Zero Act. State laws include Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Emergency Management Assistance Compact (EMAC), and the Uniform Emergency Volunteer Health Professionals Act (UEVHPA). Vivian also reviewed the three types of AAOS-registered disaster response responders. He noted that to become a registered responder, AAOS members must complete the Society of Military Orthopaedic Surgeons-developed disaster response course, which is cosponsored by AAOS, the Orthopaedic Trauma Association, and the Pediatric Orthopaedic Society of North America.

Roman Hayda, MD, discussed how to heighten the level of disaster response awareness among orthopaedic surgeons. Possible ways include adding the topic to residency program curriculums and/or Orthopaedics In-Training and American Board of Orthopaedic Surgery examinations, he said. To encourage participation in disaster response planning/engagement, Dr. Hayda recommended that surgeons volunteer on hospital disaster response committees and register through ESAR-VHP to engage with regional and state disaster response systems. He also pointed out the importance of integrating orthopaedic efforts with trauma and military systems. Finally, Dr. Hayda highlighted the need to test the nation’s current disaster response systems, strengthen state systems, and assess and remove barriers to federal systems.

**Committee Updates**

Advocacy Resource Committee (ARC)

Jordan Vivian, AAOS Manager of Government Relations provided an update on BOS Specialty Advocacy efforts and the role of Ambassadors. With 23 Specialty Societies, there is a risk of diffusion of advocacy efforts. All agree on many things, but not all have the same priorities. Although 92% of the BOS is satisfied with their advocacy partnership, the AAOS is committing to improve communication between the societies and with the AAOS. This will involve collecting the priorities from each society, distilling the complex issues into common talking points so that each society can advocate for their specific issues within the larger context of the AAOS. We are stronger together!

1. Jordan also reported there are now 206 Ambassadors, which is an increase from last year. The AAOS continues to seek motivated individuals with personal relationships with politicians to enlist to be Ambassadors. These Ambassadors can be a valuable tool for the Specialty Societies and there is a potential for specialty specific tracking of ambassador activity. He also requested feedback on how to improve the Quarterly Newsletter.
2. Julie Williams, AAOS Senior Manager of Government Relations reported on efforts to increase diversity in advocacy as well as the participation of residents in advocacy. These efforts include outreach to societies like Ruth Jackson, Gladden and AALOS and an increased social media presence. A survey will be done to learn which advocacy topics are most important to diverse members of the AAOS. Additionally, the AAOS is seeking photos of diverse members participating in advocacy both at NOLC and within state societies.

Increased resident involvement is critical to future success. The AAOS will be reaching out to Program Directors to enlist their support, pushing for pack membership among their residents. *Advocacy Now* will increasingly highlight resident activity within state societies. The possibility of creating prizes or grants for resident advocacy projects was discussed as this could increase activity.

Contact [Claudette Lajam, MD](mailto:clajam@gmail.com) or [Julia Williams](mailto:williams@aaos.org) for more information.

Communications Committee

The committee continues to look for opportunities to increase communication with both internal and external stakeholders, which include the public, media, policymakers and internal audiences like councilors and their local constituents.

As a new BOC benefit, our committee will create a slide deck to accompany this text-based version of BOC Now. This slide deck will help councilors pre-package information to present to their constituents, state or regional society. This issue of *BOC Now* also includes some new additions, including updates around the meeting like advisory statements, hill visits and symposia summaries. We will survey councilors at the Fall Meeting to see if this tool is being used, so please be sure to open that and participate in the survey in San Antonio.

From a public and media perspective, 15 BOC and BOS members participated in media training to help with key message development and skills to help in future media interactions. We will offer this free training again at Fall Meeting, so if you want to participate in that, please keep an eye out for registration as it fills up fast.

The groundwork is being laid for a 2019 Communities in Motion event in Las Vegas where orthopaedic surgeons will help teach members of the community about exercises to keep their bones and joints strong for life. If you would like to be part of this event in Las Vegas next year, [click here](https://www.anationinmotion.org/bone-and-joint-health/communities-event/) to learn more, or contact [Todd Schmidt, MD,](mailto:Tschmidt@orthoatlanta.com) [Wayne Johnson, MD](mailto:waynejohnson525@gmail.com) or [Lauren P. Riley](mailto:pearson@aaos.org).

Economics Issues Committee

1. Opioid legislation was a major topic of discussion. The AAOS will continue to oppose limits on the number of pills prescribed. It will advocate for a fully operational Prescription Drug Monitoring Program (PDMP) that will cross state lines and interconnect with EMR to decrease physician workload burden.
2. The Centers for Medicare and Medicaid Services (CMS) removed TKA from the IPO (in patient only) list as of 1/1/2018. This change was in response to emerging evidence in non-Medicare patients that there appears to be a healthy cohort suitable for TKA in an outpatient setting.

Unfortunately, the unintended consequence of this change has been confusion on the part of hospitals, surgeons and payers regarding how to interpret this new rule. Despite the fact that Medicare felt that 90% of all TKAs in Medicare beneficiaries would be done on an inpatient basis, Medicare Advantage Plans have been denying payment of inpatient TKA. Fearing reimbursement issues, hospitals have directed orthopedic surgeons to designate all TKA patients as outpatients. When it becomes apparent that some patients will go beyond the “two midnight rule” and become inpatients, these patients are “readmitted” as inpatients with the associated negative connotation of “readmissions.”

AAOS/AAHKS (American Association of Hip and Knee Surgeons) staffs are meeting with CMS regularly to pursue a resolution of these issues, including misinterpretation by Medicare Advantage Plans of the TKA outpatient rule, two midnight rule exemption for all procedures newly removed from the IPO, education of hospitals and quality improvement organizations (QIO) regarding this rule, and careful consideration of the effect of this rule on BPCI and CJR projects. If you have a denial of payment by a Medicare Advantage plan please contact [Dena McDonough](mailto:McDonough@aaos.org). Additional information can be found at <https://www.aaos.org/uploadedFiles/PreProduction/Advocacy/Federal/Issues/medicare/TKA%20IPO%20FAQs(2).pdf> Or <http://www.aahks.org/advocacy/advocacy-action-letters/>

1. There was some discussion on the potential negative effects of healthcare consolidation. The AAOS is in favor of price transparency, but whether insurance companies, hospitals, or physicians will bear the responsibility to get this data to the public remains to be seen.

Contact [Catherine Boudreaux Hayes](mailto:hayes@aaos.org) or [Craig Mahoney, MD](mailto:iowamahoneymd@aol.com) for more information.

BOC/BOS Professionalism Committee

1. The committee discussed the rising use of emerging biologic therapies (stem cells in this particular discussion) and whether advertising practices surrounding the unsubstantiated clinical application of these therapies may violate ethical principles. The committee felt that creating a position statement (in conjunction with the Committee on Quality and Research) will be a helpful resource for our professional community. AAOS could then use the position statement to educate our surgeons and our patients, based on a specific (evidence-based?) standard. Internal conversations are starting to take place which would allow the committee a chance to comment on the current AAOS position statement on emerging biologics.
2. The committee discussed the Standard of Professionalism on Orthopaedic Expert Opinion and Testimony, which was adopted by AAOS approximately 13 years ago. The committee discussed whether the standard should be reviewed/revised to reflect current day issues. The plan is to work with the AAOS Committee on Professionalism to gain an understanding of the grievance process; and identify any trends or issues the BOC would want to consider. Additionally, the committee discussed whether it would be feasible to conduct a member survey assessing members’ experiences with expert testimony given by witnesses for the plaintiff and/or defense, as well as experiences for members who serve as an expert for the plaintiff and/or defense. Finally, the committee discussed the development of a toolkit or other meaningful resources that members can provide to their legal counsel regarding SOPs.
3. Two subcommittees were created (within the BOC/BOS Professionalism Committee), one to address each of the two general categories (professionalism in advertising with respect to stem cells, and with professionalism in expert testimony). These subcommittees will work in concert with other AAOS committees to advance these topics for the benefit of the general membership. Plan is to coordinate a conference call with the subcommittees to reach out to other AAOS committees to coordinate some of these issues.

Contact [Melissa Young](mailto:young@aaos.org) or [Kevin Shrock, MD](mailto:dockshrock@gmail.com) for more information.

Research and Quality Committee

The BOC Research and Quality Committee is a new committee that was formed to embrace opportunities to improve communication with AAOS members regarding Quality and Value initiatives. The mission of the AAOS Council on Research and Quality (CoRQ) is to advance the application of scientific knowledge to improve the safety and effectiveness of musculoskeletal care. CoRQ is composed of many committees including the Committee on Evidence Based Quality and Value (EBQV). EBQV produces Quality Tools including Clinical Practice Guidelines (CPGs), Appropriate Use Criteria (AUCs), and Performance Measures (PMs). The goal for all three is to drive improvement in healthcare quality that leads to improved patient outcomes. The conclusions and recommendations of some previous Quality Tools have created issues of clarity and confusion. Therefore, significant changes will be made to implement transparency, and more importantly, collaboration in developing these quality tools.

The BOC currently places one member on CoRQ and one member on EBQV. Moving forward two more members of the BOC will be added to the EBQV committee. In addition, members of the BOC and general AAOS membership will be recruited to each working group producing CPGs, AUCs, and PMs. A ‘Key Informant Panel’ of experts will also be tapped for their input irrespective of conflicts of interest with the contingency that they will be nonvoting participants. The Public Comment process will be markedly expanded and robust.

AAOS and BOC leadership are committed to the transparent and collaborative development of Quality Tools that allow members to understand the methodology, trust the process, contribute to the conclusions, and be empowered with the necessary tools to implement the recommendations that ultimately result in improved safety and effectiveness of musculoskeletal care for our patients.

Contact [Laura Tosi, MD](mailto:ltosi@childrensnational.org) or [Kaitlyn Sevarino](mailto:sevarino@aaos.org) for more information.

State, Legislative and Regulatory Issues Committee (SLRI)

1. 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.
   1. Illinois was awarded $4000 for a Scoliosis Screening Model Legislation Campaign to develop a tool to help other state orthopaedic societies raise awareness of the scoliosis screening issue.
   2. An ongoing issue in multiple states relates to the desire of insurers and unions to limit payment to Out of Network (OON) providers to a percentage of Medicare reimbursement. This type of statute will effectively eliminate any option for OON physicians to negotiate with insurance companies. Nevada was awarded $5000 to provide resources to continue advocacy on the OON issue.
   3. Texas was awarded $750 towards a media campaign aimed at Texas lawmakers to give them an overview of orthopaedics and how it affects their districts. The ultimate goal is give the Texas Orthopaedic Society more leverage in the legislature with their annual battles over scope of practice, physician ownership, commercial insurance, etc.
   4. Mississippi was granted $5000 to improve their capacity to impact public policy, specifically the Board of Medical Licensure regulations relating to the prescription of opioids. The Mississippi Orthopaedic Society feels these regulations place an excessive and unrealistic administrative burden on the clinical practice of medicine.
   5. The Maryland Orthopaedic Society requested $15,000 in their efforts to reform Certificate of Need (CON) laws applicable to free-standing surgical facilities. In the late 1970’s Maryland developed a unique all-payer system for hospital services in which all payers pay the same amount for a given service at a particular hospital. Because of this system, there are concerns that there are payment barriers to competition/physician ownership. Even if the CON laws are repealed in Maryland, it might not change the landscape of Maryland’s health care system since the all-payer system may create a ceiling for competition. As a result, $2,500 was given to Maryland to continue their CON advocacy.
   6. The North Dakota Orthopaedic Society (NDOS) was awarded $5000 in their legislative efforts to change a current state law that mandates all surgical specimens be submitted for pathologic examination and to promote a state law which would allow athletic team physicians to accompany and treat their athletes across state lines. Unrelated to this grant was an action by the NDOS along with several other medical societies to express concern with false advertising claims by a stem cell clinic in Bismarck that resulted in an investigation by the state Attorney General’s office. The stem cell clinic was forced to pay nearly $20,000 in consumer refunds and to discontinue stems cell injections not approved by the FDA.
2. North Carolina, Florida and South Carolina provided updates on their previous grants for legislative activity.
   1. North Carolina reported that their efforts to repeal the state Certificate-of-need (CON) laws continue. These laws require healthcare providers to obtain permission before they open or expand their practices or purchase certain devices or new technologies. Applicants must prove that the community “needs” the new or expanded service, and existing providers are invited to challenge would-be competitors’ applications. CON laws have persisted in spite of mounting evidence from health economists, regulatory economists, and antitrust lawyers showing that these laws fail to achieve their intended goals.
   2. Florida reported on two separate legislative initiatives. One bill related to expanded use of Ambulatory Surgery Centers (ASC) and Recovery Care Centers (RRC) and a second initiative supported by Governor Rick Scott and the Speaker of the House, Richard Corcoran to eliminate Certificate of Need (CON). The House has passed the ASC and RRC bill, but this bill was blocked in the Senate. The CON bill also failed to pass the Senate.
   3. The South Carolina Orthopaedic Association (SCOA) has successfully engaged in the legislative arena over the past 2 years to ensure no effort is made to overturn the SC Supreme Court ruling allowing physicians to employ physical therapists. While the physical therapists did have a legislative vehicle that they could have tried to potentially reverse the court decision, the SCOA was able to apply consistent opposition and education to prevent them from moving forward with any initiative.

Contact [Manthan Bhatt](mailto:bhatt@aaos.org) and [Cassim Igram, MD](mailto:cassim-igram@uiowa.edu) for more information.

State Societies Committee

1. The Pennsylvania Orthopaedic Society continues to utilize grants from AAOS to develop a mobile application for its members. With the goals of improving engagement, networking, and communication with the members of this state society, this app includes social media (Twitter feed), photos, a directory, and facilitates PAC contributions. The Pennsylvania Orthopaedic Society has learned a lot regarding the development of a mobile app and would like to share this knowledge with other state societies looking to create a similar application.
2. Resident engagement in state orthopaedic societies is a focus of many states. Through a grant from the AAOS, the Virginia Orthopaedic Society held receptions for residents where the state society leadership and lobbyist spoke with residents on leadership and advocacy topics. The Virginia Orthopaedic Society would like to extend this outreach to medical students, understanding that engagement will be important, regardless of what specialty is selected. The Nevada Orthopaedic Society has requested a grant from AAOS to support resident attendance to the state meeting and to sponsor speakers for grand rounds. The Nevada residency is a new program and this resident support is an important component to their education.
3. Patient education on issues surrounding opioid pain medication is currently in the national spotlight. Using a grant from the AAOS, the Virginia Orthopaedic Society has created a patient education card on the safe disposal of opioid pain medication, which can be handed out with a prescription. The Florida Orthopaedic Society has applied for an AAOS grant to develop physician and patient educational videos that can be played in waiting rooms and pre-operative areas. This video can be shared with a branded by other state orthopaedic societies.
4. The Puerto Rico Orthopaedic Society has been funding a weekly radio program on a variety of orthopaedic issues. This program is of great benefit to both physicians and patients on the island of Puerto Rico: patients call in with medical questions, surgeons gain recognition through participation in this program. Facebook live streaming is used as an adjunct to this radio program. Due to dwindling sponsorship from local manufacturers and distributors, the Puerto Rico Orthopaedic Society has requested an AAOS grant to continue this service to its patients and surgeon members.

Contact [Greg Gallant, MD](mailto:gallant3513@gmail.com), or [Erin Volland](mailto:volland@aaos.org) for more information.

Advisory Opinions

*The BOC and the BOS conducted business through an open hearing to collectively discuss and act upon ten proposed opinions. Members of the BOC/BOS Resolutions Committee heard testimony on each opinion during the BOC/BOS Open Hearing. The Committee considered the testimony, along with the background information provided to them prior to the meeting, and made recommendations to the BOC and the BOS. During the BOC/BOS Business Meeting, the BOC and the BOS voted to adopt the recommendations within the Report of the BOC/BOS Resolutions Committee. The BOC and the BOS forwarded the opinions and their recommendations to the AAOS Board of Directors for consideration and action during its June 2018 meeting.  Following are the actions as approved by the Board of Directors:*

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| **DATE & PLACE INTRODUCED** | **STATEMENT NUMBER** | **TITLE**  **(as revised by the BOC, BOC/BOS)** | **SPONSOR** | **AAOS BOARD ACTION** | **IMPLEMENTATION** |
| Spring 2018  Washington, DC | BOC/BOS Advisory Opinion #1 | The AAOS Should Consider Utilizing the AJRR Surgeon Specific Data to Allow for Voluntary Public Reporting | Adolph J. Yates, Jr., MD (AAHKS) | Received June 2018.  Referred to AJRR. |  |
|  | BOC/BOS Advisory Opinion #2 | The AAOS Should Consider Utilizing the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) Methodology to Prepare Clinical Practice Guidelines | Adolph J. Yates, Jr., MD  (AAHKS) | WITHDRAWN – No further action required. |  |
|  | BOC/BOS Advisory Opinion #3 | The AAOS Should Consider Revision of Current Conflict of Interest Guidelines as Applied to Service on the AAOS Board of Directors | Adolph J. Yates, Jr., MD  (AAHKS) | WITHDRAWN – No further action required. |  |
|  | BOC/BOS Advisory Opinion #4 | Opposition to the Recognition of the Shoulder as One Anatomic Site | Anthony E. Romeo, MD (ASES); Charles Bush-Joseph, MD (AOSSM); Robert E. Hunter, MD (AANA) | Received June 2018.  Referred to the OGR. |  |

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| **DATE & PLACE INTRODUCED** | **STATEMENT NUMBER** | **TITLE**  **(as revised by the BOC, BOC/BOS)** | **SPONSOR** | **AAOS BOARD ACTION** | **IMPLEMENTATION** |
|  | BOC/BOS Advisory Opinion #5 | Position Statement on Firearm Injury | Florida Orthopaedic Society | Received June 2018.  Referred to the Communications Cabinet. |  |
|  | BOC/BOS Advisory Opinion #6 | AAOS Opposition to Decreased Payment for Medicare Services | Florida Orthopaedic Society | Received June 2018.  Referred to the OGR. |  |
|  | BOC/BOS Advisory Opinion #7 | Support for Repeal of MACRA/MIPS | Florida Orthopaedic Society | Received June 2018.  Referred to the OGR. |  |
|  | BOC/BOS Advisory Opinion #8 | Inclusion of Federal Healthcare Prescription Drug Monitoring Databases (PDMPs) | David L. Cannon, MD, MBA | Received June 2018.  Referred to the Patient Safety Committee and the OGR. |  |
|  | BOC/BOS Advisory Opinion #9 | Inclusion of Methadone in Prescription Drug Monitoring Databases (PDMPs) | David L. Cannon, MD, MBA | Received June 2018.  Referred to the Patient Safety Committee and the OGR. |  |
|  | BOC/BOS Advisory Opinion #10 | Expansion of Resources for Hospital Employed Orthopaedic Surgeons | Jeffery D. Angel, MD and  David L. Cannon, MD, MBA | Resolved A: Received June 2018. Referred to the Council on Education and the Office of General Counsel.  Resolved B: Received June 2018. Referred to the Office of General Counsel. |  |

In conclusion, it is my honor to represent you as your BOC representative to the AAOS and also to represent you at the HMA legislative committee. In October I will become HMA President and will continue to represent your orthopaedic interests in that body.

Thank you each for the orthopaedic surgery care you provide to the people of Hawaii each day.

Regards,

Jerry Van Meter, M.D.

Hawaii State AAOS Board of Councilor