

2008 NATIONAL ORTHOPAEDIC LEADERSHIP CONFERENCE -Summation Report-

This report contains brief descriptions of the major activities that took place at the National Orthopaedic Leadership Conference (NOLC).

State Societies Strategy Meeting

The State Societies Strategy Meeting used to be an annual stand-alone meeting held in November. Starting last year, AAOS leaders attached the meeting to the NOLC in an effort to involve more state society officials in the NOLC, especially the Congressional Visits.

There were 127 attendees at this year's meeting. These included representatives from 40 state orthopaedic societies. The meeting covered scope of practice, workers compensation and association management issues.

General Sessions

A. Congressional Visits:

The centerpiece of every NOLC is the visits that participants make to their Members of Congress. This NOLC was no exception.

The primary issues for this year's Congressional visits were correcting the "flawed" Medicare physician payment update formula and promoting the AAOS' omnibus legislation, the "Access to America's Orthopaedic Services Act." AAOS leaders and staff also prepared NOLC participants on how to discuss the US Department of Justice's investigation of inappropriate ties between industry and orthopaedists, in case the issue came up during Congressional visits.

Former Speaker of the House Newt Gingrich spoke during the Congressional visit training program. He gave his views on health care reform, citing the positions of the organization that he founded, The Center for Health Transformation. He also stressed the importance of physician involvement in legislative activities that affect health care.

B. The SGR Formula Defined:

Representative Michael Burgess, MD (R-TX) outlined Medicare payment policy issues with a focus on the flawed Medicare physician payment update formula. Dr. Burgess discussed the intricacies of the formula and his opinions on how to fix it in order to ensure the viability of the Medicare program.

C. Health Care Reform at the State Level:

Michael Tanner, Senior Fellow, Cato Institute, and Enrique Martinez-Vidal, Director, Robert Wood Johnson's State Coverage Initiatives Program, spoke about state health care reform initiatives. They stated that driving forces for state health care reform are the increase in the number of uninsured, declines in employer-sponsored health care coverage, growth in health insurance costs, and an apparent lack of will to find a national solution, among other factors. They then described health care reform initiatives in Massachusetts, Maine, Vermont, California, Pennsylvania New Mexico, Rhode Island, Washington and Oregon, among other states. They discussed states where reforms have been enacted as well as states where proposals have been or are currently being considered. Some of these states have been or are seeking incremental reforms (e.g., programs to cover all children, purchasing pools, increasing dependent coverage, expanding Medicaid) while other states have been or are pursuing comprehensive reforms to provide coverage to all residents. Regardless of the types of health care reform initiatives taking place on the state level and the success or failure of these initiatives, it appears the momentum for health care reform is much stronger in the states than on the federal level.

D. Alternative Approaches to Medical Liability Reform:

Paul Barringer, JD, Chief Counsel, Common Good, discussed the merits of health courts as an alternative to the traditional tort system. He described the main advantages of health courts over the traditional system. These include adjudicators with health care training, independent experts, consistent decisions and rational compensation criteria for damage awards. There is bipartisan support among some federal lawmakers for health courts and interest in them among groups such as the Institute of Medicine, Joint Commission and AARP. A recent public opinion poll indicated that over 60% of the American public is also interested in health courts.

Jeffrey Segal, MD, Founder, Medical Justice, described his organization's purpose and activities. Medical Justice is a service designed to keep physicians from being sued for frivolous reasons. Participating physicians can get up to \$100,000 to counter-sue proponents of frivolous lawsuits. They can also get assistance in bringing counterclaims against plaintiff's expert witnesses that give false or misleading testimony. Another program feature is that participating physicians require their patients to sign a contact agreeing not to pursue a frivolous lawsuit if the outcome of their treatment does not meet their expectations. All of these program features serve as a deterrent to patients, lawyers and expert witnesses that might become involved in a frivolous lawsuit. Statistics on the frequency of medical malpractice claims show that physicians in the program have a much lower chance of being sued than physicians not in the program.

E. The Canadian Experience:

Brian Day, MD, President, Canadian Medical Association, presented details on the creation, evolution and characteristics of the Canadian Health Care System. He stated that the system suffers from tremendous access problems, including long waits for necessary services and unreasonable emergency room waiting times, shortages of health care professionals, unavailability of the latest medical technology, and wasteful spending. Dr. Day also described how the system has gone from 4th in 1970 to 24th today among the world's richest countries. While the system provides coverage to nearly all its citizens with portability of coverage, the poor quality of care and the long waits for care are devastating the nation's health and economy.

Dr. Day made his presentation to show the pitfalls of one government-run universal health care system as the United States prepares to look at comprehensive health care reform under a new Administration and Congress.

F. Town Hall Meeting with Governor George Allen (R-VA):

Governor Allen talked about his personal experience with orthopaedic surgeons because of his musculoskeletal injuries. He also talked about the need for fresh ideas and innovation as we approach the upcoming election and change in Administration. He then gave his views on national defense, energy, health care, tax/economic issues, and education. Following this presentation, Governor Allen took questions and comments from participants on these and other topics.

G. Proposed Principles of Health Care Reform:

David Halsey, MD, Chair, AAOS Council on Advocacy, gave an overview of the nation's major health care problems. There are almost 48 million uninsured Americans, including 9 million uninsured children. The Medicare Trust Fund is projected to become depleted by 2019. There is enormous waste of resources with out-of-control cost increases. In addition, there is the looming threat of a real health care access problem especially as the population continues to age and physicians face declining reimbursement coupled with ever increasing administrative burdens. We are already seeing an access problem in the nation's emergency rooms.

Dr. Halsey then discussed the work of the Council on Advocacy in positioning the AAOS for the health care reform debate that will probably take place with the new Administration and Congress. He stated that the Council has been working on an AAOS position regarding existing government health care programs (e.g., Medicare, Medicaid, Tricare) while also looking at broader health care issues, such as overall access to care, coverage and quality. He also discussed the AAOS' strategies in working with other medical societies on these issues.

At the end of his presentation, Dr. Halsey posed several Audience Response System questions to get participant feedback on a wide range of health care reform issues that the Council on Advocacy is currently addressing.

H. Media Orthopaedic Reporting Excellence (MORE) Awards:

Through the MORE Awards, the AAOS recognizes media efforts that further public understanding of musculoskeletal health-related issues. At this year's NOLC, participants paid honor to this year's MORE Award winners, including representatives of trade publications, consumer print and broadcast journalism. The presentation of these awards at the NOLC helps the orthopaedic community maintain its relations with members of the media who publicize important stories on orthopaedics and musculoskeletal health.

I. Professionalism/Resolutions Committees Open Hearing and Reports:

See Attached Reports of the Professionalism and Resolutions Committees.

J. How to Become More Involved in Grassroots Lobbying:

John Gill, MD, Chair, BOC, stated that his vision for NOLC participants and, in particular, Councilors is to become more involved in political advocacy activities throughout the year, particularly back home. He then described the history of his own involvement in political advocacy, as a case study. He focused on the importance of developing personal relations with policymakers, including meeting with them in the home district, becoming involved in their campaigns and helping them to raise money. It is important to help them before you ask them to help you on issues. Also, physicians have the basic skills to do this sort of activity since they have (1) specialized knowledge of an important field (i.e., medicine), (2) credibility by virtue of being physicians (i.e., physicians are held in high regard by the public), and (3) the ability to establish rapport with people quickly (e.g., physicians usually establish rapport with new patients very quickly during their first visit with them.). Dr. Gill then discussed the tactics he has successfully used to develop relations with lawmakers.

David Teuscher, MD, Chair, AAOS Advocacy Resource Committee and Councilor (TX), gave his views on political advocacy and the strategies and techniques for success in this arena. As part of this discussion, he conducted a self-assessment survey for participants to evaluate their performance in 10 strategic categories of political advocacy.

K. Presidential Line Reports:

E. Anthony Rankin, MD, President, AAOS, gave his views on the importance of AAOS involvement in advocacy. He stated that AAOS members want our involvement in the political arena to deal with issues such as Medicare reimbursement and medical liability reform. We also need to be involved to protect our patients. To that end, the Board conducted a 2-part workshop on advocacy starting at the end of last year and culminating in April of this year. Through this workshop, we learned about the importance of our organization

taking on the “campaign mindset.” This means achieving unity of purpose among all the orthopaedic organizations and constituencies, allocating the right level of resources through a nimble organizational structure and being committed to long-term success by staying engaged in regulatory and legislative processes that can take years to reach fruition. It also means having effective communications with our members in order to manage their expectations and encourage their participation in the process. Dr. Rankin then discussed the Board workshop process in detail starting from Phase I in December 2007 through the final phase in April 2008.

Joseph Zuckerman, MD, First Vice President, AAOS, discussed his interest in expanding the AAOS’ practice management program. He described the AAOS’ current practice management offerings and future programs, products and services, including the creation of a database of practice management consultants. Dr. Zuckerman then described the Fall 2008 Unity Summit which will involve the top leadership and executive staff of all musculoskeletal specialty societies. The purpose of the Summit will be to talk about issues of common interest and concern and find more effective ways for the specialty societies and the AAOS to work together on them. In addition, Dr. Zuckerman discussed the Board of Directors recent workshop on AAOS finances, which focused on new ways to increase revenues. He also talked about the success of the AAOS PAC.

John Callaghan, MD, Second Vice President, AAOS talked about the need for the AAOS to continue its efforts in research, education, advocacy, and communications. He discussed the major activities in each of these areas and how they interrelate with each other in fulfilling the AAOS’ overall mission to orthopaedists and patients.

L. Council/Cabinet Chair Reports:

Frank Kelly, MD, Chair, AAOS Communications Cabinet, described the role of the Cabinet in supporting AAOS councils and other organizational units. He then discussed the products that fall within the Cabinet’s two main areas of responsibility - member communications and public relations. Dr. Kelly encouraged NOLC participants to let him know how he and the Communications Cabinet can help them.

Alan Levine, MD, Chair, AAOS Council on Education, discussed the Council’s newest initiatives. These include last Fall’s CME Summit for representatives of the AAOS and musculoskeletal specialty societies, the CME faculty development project, the AAOS’ new disclosure database, Webinars on clinical topics, new practice management products, and the use of “surgical simulation” in CME.

David Halsey, MD, Chair, AAOS Council on Advocacy, discussed the Council's major initiatives, including the unified advocacy agenda, the comprehensive musculoskeletal legislative package (AAOS Bill), the AAOS Advocacy Endowment, the newest State Society Action Plan, and the Council's work on health care reform.

Kristy Weber, MD, Chair, Council on Research, Quality Assessment and Technology, described the Council's mission and composition. She also detailed the activities of each of the eight committees under the Council. In addition, she discussed the Council's special projects, including the Orthopaedic Device Forum, and AAOS' efforts to obtain funding for research on extremity war injuries. Dr. Weber also talked about the role and functions of the AAOS Department of Research

M. PAC Report and Status of AAOS Medical Liability Reform Activities:

Stuart Weinstein, MD, Chair, AAOS PAC, discussed the purpose and activities of the PAC. He began by outlining the history of political action in Anglo/American culture and how this led to the formation of PACs in general.

Dr. Weinstein stated that the PAC gives the orthopaedic community access to policymakers and a voice for our key messages. Without a PAC, the specialty is essentially mute. The PAC is "pragmatic", not ideological. It gives to candidates in both parties that support us on our issues.

In the last cycle, we gave 60%-plus to Republicans. Now, we give more to the Democrats because they are in power and they determine the Congress' agenda and the agenda of Congressional committees with health oversight.

PAC contributions and the number of PAC contributors has increased dramatically in the last few years. For example, during the 2003-2004 election cycle, the PAC raised a total of over \$909,000 from 13.6% of the AAOS membership. During the 2005-2006 election cycle, the PAC raised over \$2.7 million from 25.7% of the membership. The orthopaedic PAC is now one of the most successful PACs in the country and top among medical associations, next to the AMA and the American Hospital Association.

N. AAOS Involvement in Medical Liability Reform:

Stuart Weinstein, MD, Chair, Doctors for Medical Liability Reform, gave a detailed history of the medical liability crisis and its adverse impact on the availability of certain types of physicians (e.g., neurosurgeons) around the country. Dr. Weinstein then discussed federal and state-level developments over the last several years, emphasizing the fact that the Bush Administration had made medical liability reform a top priority but then became diverted because of the War in Iraq, Hurricane Katrina and other un-related events. Now, with a Democratic Congress and a new Administration that will have other priorities, there is little chance of a federal solution in the near future. We must

focus on what can be done in the states. Dr. Weinstein then described the successes that have taken place in some states and the on-going efforts now taking place in other states to get medical liability reform. He reported that Doctors for Medical Liability Reform has become relatively inactive but is still maintaining its Web site Protect Patients Now.

O. US Bone and Joint Decade Report:

Stuart Weinstein, MD, reminded participants about the history, mission, and activities of the US Bone and Joint Decade. He stated that the goals of the “Decade” are to raise awareness of the impact on society of musculoskeletal injuries and disorders, increase funding for prevention activities and research, promote cost-effective prevention and treatment of musculoskeletal conditions, and empower patients to make decisions about their care. Another goal of the Decade is to produce information to support educational and political advocacy activities that will further musculoskeletal care in the US.

P. OREF Report:

William Robb, MD, Treasurer, OREF, discussed his organization’s activities and accomplishments over the last year. He stated that 2007 was a very significant year because OREF achieved its best one-year total of gifts ever and successfully completed its \$100 million 50th Anniversary Campaign. Total support in 2007 was over \$17,500.00. Funds from 2007 will support 146 grants in 2008 totaling \$2.8 million. In addition, OREF is placing more emphasis than ever before on supporting research activities that have clear and direct clinical relevance.

Q. State Societies Strategy Meeting:

Charles Hubbard, MD, Chair, BOC State Orthopaedic Societies Committee, gave an overview of the State Society Strategies Meeting. There were over 100 attendees mainly consisting of state society officers and executive directors. The purpose of the meeting was to provide participants with practical training. He mentioned that the focus of the meeting was health policy but it also included sessions on strengthening state society infrastructure. Presenters provided a number of case studies and best practices. Fred Redfern, MD, Chair, BOS State Legislative & Regulatory Issues Committee, described various sessions of the meeting in detail. He then described the various state legislative issues that his committee is addressing, including scope of practice issues such as direct access to physical therapy services, workers compensation reimbursement, ambulatory surgery centers, managed care reform, and medical liability reform.

R. Adjournment:

There being no further business, Drs. Gill and Robb adjourned the General Session.

BOC BUSINESS MEETING

A. BOC Self-Assessment:

Richard Barry, MD, Secretary, BOC, introduced Tim Beck, MD, Chair, BOC Communications Committee. Dr. Beck explained and administered the BOC self-assessment survey through the Audience Response System to help BOC members evaluate their performance in regard to the official Councilor job description and in relation to each other.

Dr. Beck then reported on the BOC Communications Committee meeting. The Committee reviewed the BOC section of the AAOS Web site and made a few changes to it. In addition, the Committee will soon make operational the BOC-only Discussion Page. Also, the Committee is going to create a monthly electronic newsletter for Councilors only and continue publishing articles on the BOC in *AAOS Now*.

B. Program to Increase Councilor Involvement in Advocacy:

Dr. Gill reiterated his vision to help Councilors become more involved in political advocacy. He and Dr. Teuscher described the results the political advocacy self-assessment survey for the BOC. They stated that they want to formalize a program for Councilor participation in the PAC, building relations with Members of Congress at home, and key contact development. They also said they want to use the self-assessment survey to evaluate the Councilors' progress on these activities. A discussion then ensued through Open Microphone regarding whether and how the BOC should implement this program and how Councilor performance would be evaluated if the program takes place. At the end of the discussion, the BOC decided that by the Fall Meeting, each Councilor would:

1. Give to the PAC at whatever level at which he/she is comfortable.
2. Meet with a Member of Congress at home at least once.
3. Report to orthopaedic surgeons in his/her area on AAOS advocacy activities.
4. Improve his/her score on the advocacy self-assessment survey by at least 1 point in any of the 10 performance categories.
5. Re-take the self-assessment survey at the BOC meeting at the Fall Meeting.

C. State Orthopaedic Societies Committee Report:

Charles Hubbard, MD, Chair, BOC State Orthopaedic Societies Committee, reported on the services offered by his committee to state societies, including state society Website development, a grant program, a monthly state society executive directors conference call, and sponsorship of the State Societies Strategy Meeting and new Executive Directors Institute (first one scheduled for Nov. 2008). Dr. Hubbard then detailed grants that the Committee has awarded to state orthopaedic societies through the State Orthopaedic Societies Assistance Fund.

D. Adjournment:

There being no further business, Dr. Gill adjourned the meeting.

BOS BUSINESS MEETING

A. Welcome:

William Robb, MD, Chair-Elect, BOS, welcomed BOS members and reported that Chairman James Tasto, MD was not able to attend the meeting because of family medical reasons.

B. Election of BOS Nominating Committee:

Dr. Robb reminded participants that the BOS Nominating Committee nominates the new BOS Secretary at the Fall BOS meeting. The election for Secretary occurs at that time. The new Secretary takes office at the end of the BOS at the AAOS Annual Meeting. The Committee consists of two members plus the Past BOS Chair who serves as Committee Chair.

Dr. Robb then asked for nominations from the floor. BOS members nominated Drs. David Aronson, Donna Manor, Byron Marsolais, and George Thompson. Upon a motion duly made and seconded, the BOS closed the nomination process with these candidates. The BOS then conducted the election process by ballot. The BOS elected Drs. Aronson and Thompson for the Nominating Committee.

C. Proposed BOS Re-organization:

Dr. Robb reminded the BOS that last year, it invited specialty society committee chairs to its committee meetings. These meetings were quite successful because there was a lot of interaction among content experts in the fields that the BOS committees were formed to address – education, health policy, and research. That led BOS members and other specialty society leaders to ask whether we could have more specialty society committee chair involvement in the BOS. This, in turn, led to a study of several options for how the BOS could accomplish this goal.

Dr. Robb then described the options:

1. Maintain the current structure with one BOS representative from each member specialty society's presidential line and one BOS representative from the specialty society's Board of Directors. Specialty society committee chairs might continue attending BOS committee meetings at the Annual Meeting.
2. Change the current structure so that each specialty society's BOS representatives would be the following individuals:
 - a. a designated representative on education issues (if it has one),
 - b. a designated representative on communications issues (if it has one),
 - c. a designated representative on health policy issues (if it has one),
 - d. a designated representative on research issues (if it has one), and
 - e. the executive director or chief executive officer.

One member of each specialty society's presidential line would also continue to serve on the BOS. All of these individuals would meet at different times of the year and would rarely meet altogether at the same time.

A discussion then ensued among participants regarding the re-organization options, the BOS meeting schedule, and the new opportunities that a re-organization would give the BOS and the member specialty societies. Most participants expressed support for some type of re-organization to make the BOS more effective. Several participants said that if the specialty society committee chairs had to serve as BOS representatives, this would be too great a workload for them. Dr. Robb agreed with these participants and stated that the specialty societies would be able to designate their representatives in communications and/or education and/or, health policy and/or research. These representatives would not necessarily have to be the specialty society committee chairs.

Once Dr. Robb made this point, participant support for Option 2 above grew. At the end of the discussion, Dr. Robb polled the participants on the matter. Most participants supported Option 2.

Dr. Robb then reported that the BOS would survey specialty societies over the summer to determine how many BOS representatives they each might appoint. This information will help the BOS leaders and staff calculate the extra costs of the re-organization. Then, in September, the BOS officers will present the AAOS Board of Directors with a formal proposal for BOS re-organization to take place in starting 2009.

D. BOS Health Policy Committee Report:

Steven Ross, MD, Chair, BOS Health Policy Committee, reported on his committee's March 6, 2008 meeting. He stated that the Committee addressed three issues – the proposed AAOS Existing Government Programs Position Statement, inclusion of non-MDs (e.g., podiatrists) in orthopaedic residency programs, and off-label use policy.

E. Adjournment:

There being no further business, Dr. Robb adjourned the meeting.

REPORT OF THE BOC/BOS PROFESSIONALISM COMMITTEE

And Actions of the Board of Councilors (BOC) and Board of Specialty Societies (BOS)

May 3, 2008
JW Marriott
Washington, D.C.

The Professionalism Committee conducted its Open Hearing on May 2, 2008, on the proposed Standards of Professionalism (SOPs) on New Technology and New Techniques.

The Professionalism Committee consisted of William M. Strassberg, MD, chair; and; George W. Brindley, MD; Thomas W. Currey, MD; Doreen DiPasquale, MD; Mark E. Fahey, MD; Larry L. Pack, MD; Vincent Pellegrini, MD; William J. Robb, III, MD; Robert J. Sandmeier, MD; and H. Del Schutte, MD. Richard N. Peterson, AAOS General Counsel and Kathleen I. Delaney, AAOS Professional Compliance Program Administrator, assisted the Committee.

PROPOSED STANDARDS OF PROFESSIONALISM (SOPs) ON NEW TECHNOLOGY AND NEW TECHNIQUES

[Page 19 of the Agenda Book and distributed on-site]

The BOC/BOS Professional Committee drafted these proposed SOPs at the request of the Council on Education. If adopted as proposed, the Standards of Professionalism (SOPs) on New Technology and New Techniques would establish the minimum standard of acceptable conduct for orthopaedic surgeons as they utilize new procedures and new technology in their treatment of patients in non-emergency situations.

The discussion during the Open Hearing of May 2, 2008, focused on the philosophy underlying these Mandatory Standards. Several questioned the need for SOPs on New Technology and New Techniques. A concern was raised whether these SOPs are the result of clear abuse by orthopaedic surgeons. It was responded specifically that there have been a number of complaints regarding incidents of minimally invasive surgery that lacked appropriate patient follow-up. A further response addressed the importance of personal responsibility to be competent to manage post-treatment complications or to call the appropriate colleague. It was felt that these SOPs would advise Fellows of AAOS' expectations while not creating a certifying program for Fellows in New Technology and New Techniques.

A general concern was raised that these SOPs do not contain "bright-line" behaviors. In addition, concerns were raised about the lack of specificity in the Mandatory Standards and surrounding the word "new." Several comments were made about the perception that the SOPs would not be enforceable. In response, it was opined that the definition of new technology and new techniques would evolve over time and that the Committee on Professionalism (COP) would interpret what constitutes new technology and new techniques on a case-by-case basis during its consideration of grievances.

A separate concern was expressed that these SOPs re-state basic principles learned during residency and continued in general practice. Specific concerns were raised about the details of obtaining informed consent, including disclosing personal experience.

In addition, concerns were raised about Mandatory Standard No. 4 that requires orthopaedic surgeons to report as appropriate positive and negative experience regarding the evaluation of new technologies and

new techniques. Several questioned whether this Mandatory Standard applied only to researchers or to all orthopaedic surgeons. One concern was that this Mandatory Standard attempted to dictate behaviors that are not applicable to orthopaedic surgeons in private practice.

Recommendation of the BOC/BOS Professionalism Committee:

Submit the Standards of Professionalism (SOPs) on New Technology and New Techniques, as amended, for Fellowship consideration to AAOS by September 1, 2008.

Action of the Board of Councilors:

Adopt the recommendation of the BOC/BOS Professionalism Committee.

Action of the Board of Specialty Societies:

Adopt the recommendation of the BOC/BOS Professionalism Committee

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The BOC Professionalism Committee appreciates the challenges and opportunities that these SOPs present to the BOC, the BOS and the Fellowship.

Respectfully submitted,

William M. Strassberg, MD, Chair
George W. Brindley, MD
Thomas W. Currey, MD
Doreen DiPasquale, MD
Mark E. Fahey, MD
Larry L. Pack, MD
Vincent Pellegrini, MD
William J. Robb, III, MD
Robert J. Sandmeier, MD
H. Del Schutte, MD

May 3, 2008

REPORT OF THE BOC/BOS RESOLUTIONS COMMITTEE

And Actions of the Board of Councilors and Board of Specialty Societies

J. W. Marriott Hotel
Washington DC
May 3, 2008

The BOC/BOS Resolutions Committee conducted an Open Hearing on May 2, 2008, to hear comments on two proposed BOC/BOS Advisory Opinions and one proposed BOC Advisory Opinion.

The members of the BOC/BOS Resolutions Committee are David Teuscher, MD, Chair; John Duddy, MD; Donald Faust, MD; John B. Gonzalez, MD; Russell Hudgens, MD; Andrew Hvidston, MD; Kurt Konkel, MD; Bruce Leslie, MD; Richard Mackessy, MD; William J. Robb, III, MD; Harry Schmaltz, MD; Jack Steel, MD; and Brian Ziegler, MD. Rick Peterson staffed the committee.

BOC/BOS Advisory Opinion #1: AAOS Adoption of Statement on Podiatry Sponsor: American Orthopaedic Foot and Ankle Society (AOFAS)
[page 49 of the agenda book]

If adopted as proposed, BOC/BOS Advisory Opinion #1 would urge the AAOS to adopt the principles of the Position Statement on Podiatry developed by the American Foot and Ankle Society (AOFAS). These principles, as summarized, include:

- Podiatrists provide a valuable service when they function within their education and training;
- All health care practitioners who provide surgical care to the foot and ankle, including podiatrists, should be educated, trained and credentialed to the same high standards, such as those established by the Accreditation Council on Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS);
- Patient care would be best served if podiatric students take and pass the standardized US Medical Licensing Examination (USMLE) at the completion of podiatry school, if podiatry residency programs attain and maintain ACGME certification, and if podiatric residents pass a certifying examination prepared by a member board of the ABMS; and
- The orthopaedic community should be willing to assist regulatory and credentialing bodies to achieve these goals and to work with the podiatric community for the benefit of patient care.

The BOC/BOS Resolutions Committee appreciates the efforts of the AOFAS in bringing the on-going podiatry matter to the attention of the BOC and BOS. We concur that AAOS should adopt a carefully crafted, patient care-oriented statement about these health care practitioners that is widely supported in the orthopaedic community.

Recommendation of the BOC/BOS Resolutions Committee:

Adopt the following substitute resolution:

The Board of Councilors and the Board of Specialty Societies recommend that the AAOS Board of Directors should consider and adopt an Advisory Statement on Podiatry similar to the one recently approved by the AOFAS Board of Directors.

Action of the Board of Councilors:

Adopt the substitute resolution (yes – 89%; no -11%)

Action of the Board of Specialty Societies:

Adopt the substitute resolution (yes – 61%; no -39%)

BOC Advisory Opinion #2: Establish a BOC Medical Economics Committee Sponsors: Julio Gonzales, MD and John Nordt, MD
[page 79 of the agenda book]

If adopted as proposed, the Board of Councilors would establish a Medical Economics Committee to “study market pressures and trends affecting the practice of orthopaedic surgery.” The BOC Medical Economics Committee would be charged with developing recommendations to improve the economic environment for orthopaedic surgeons regionally and nationally and with creating educational programs and communications “to inform orthopaedic surgeons of market pressures affecting their practice environments.”

The BOC/BOS Resolutions Committee received testimony in general support for the establishment of a Medical Economics Committee within the Board of Councilors. We understand the value of such a group to the AAOS. The Resolutions Committee was urged to refer this important decision to a BOC work group for further study and that this work group should present its report and recommendation to the BOC at the 2008 Fall Meeting. A similar vetting process has been used by the BOC when considering the creation of new committees in the past.

Recommendation of the BOC/BOS Resolutions Committee:

Adopt the following substitute resolution:

The Board of Councilors recommends that the BOC Executive Committee establish a work group to study the creation of a Medical Economics Committee within the BOC, with its report and recommendation to come before the 2008 Fall Meeting.

Action of the Board of Councilors:

Adopt the substitute resolution (voice vote)

BOC/BOS Advisory Opinion #3: Children’s Fitness Tax Credit USA

Sponsor: Pediatric Orthopaedic Society of North America (POSNA)
[distributed on site]

If adopted as proposed, the AAOS would support the establishment of a Children’s Fitness Tax Credit in the US similar to that recently adopted in Canada.

Although there was no POSNA representative to speak to the proposed Advisory Opinion, the BOC/BOS Resolutions Committee reviewed the proposed statement and shares the concern it addresses. Indeed, when former House Speaker Newt Gingrich spoke to the NOLC on Wednesday, he specifically expressed his grave concern about the epidemic and causes of pediatric/adolescent obesity in the US. We applaud the POSNA Advocacy Committee for selecting this issue as the centerpiece of its 2008 agenda.

Recommendation of the BOC/BOS Resolutions Committee:

Adopt the following substitute resolution:

The Board of Councilors and the Board of Specialty Societies recommend that:

- A. The AAOS Council on Advocacy or one of its constituent committees consider whether amendments to the federal income tax are the most effective way to address the serious concern of pediatric/adolescent obesity in the US; and
- B. AAOS support the efforts of POSNA in addressing the serious concern of pediatric/adolescent obesity in the US.

Action of the Board of Councilors:

Adopt the substitute resolution (voice vote)

Action of the Board of Specialty Societies:

Adopt the substitute resolution (voice vote)

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The Resolutions Committee appreciates this opportunity to be of service to the AAOS, the Board of Councilors, and the Board of Specialty Societies.

Respectfully submitted,

David Teuscher, MD, Chair
John Duddy, MD
Donald Faust, MD
John B. Gonzalez, MD
Russell Hudgens, MD
Andrew Hvidston, MD
Kurt Konkel, MD
Bruce Leslie, MD
Richard Mackessy, MD
William J. Robb, III, MD
Harry Schmaltz, MD
Jack Steel, MD
Brian Ziegler, MD

May 3, 2008