PRESIDENT’S PERSPECTIVE

Dear Colleagues,

The only constant in medicine and orthopaedic surgery is change. The only variable is the speed and magnitude of the importance of the changes. We all should be acutely aware of the recent acceleration of change in our profession. You just have to turn on the news or read a paper or online review to realize that we are in a very important stretch of history.

A lot will change in the next few years and we need to be part of the conversation. The AOFAS partnered with the AAOS Office of Government Relations a few years ago to ensure our voices are heard; however, we cannot rely on them to do the heavy lifting for us.

It is of paramount importance that every single AOFAS member, and the younger members in particular, take an active role in advocacy. That does not mean that everyone needs go to Washington, DC, and lobby the federal government. It does mean that we all need to speak up and get involved on a local level to advocate for our future and well-being.

Since this is an important issue that requires a collaborative effort, I invited Casey Jo Humbyrd, MD, chair of the AOFAS Health Policy Committee, for her perspective on advocacy.

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September 12-15, 2019

Celebrate 50 years of innovation and camaraderie

Make your plans to join your colleagues in September at AOFAS Annual Meeting 2019 and the AOFAS 50th Anniversary Celebration. This year’s meeting will be held Thursday through Sunday, September 12-15, at the Hyatt Regency Hotel in Chicago. In recognition of this important milestone of the Society, the Annual Meeting program will reflect on the past while challenging attendees to look forward and consider new, innovative approaches to foot and ankle surgery.

“The 50th anniversary presents a unique opportunity to look back at the ‘old school’ opinions and techniques and see how our specialty has changed and progressed over time,” said AOFAS President J. Chris Coetzee, MD.

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PRESIDENT’S PERSPECTIVE, CONTINUED

I know what you’re thinking. Why bother with advocacy? Why would any orthopaedic surgeon want to take on more work?

If you’re not at the table, you’re on the menu.

Healthcare is increasingly complex and politicized. Since the development of state-sponsored healthcare, political involvement in the medical industry has only grown. At the federal level, the Affordable Care Act and its alphabet soup of new programs (BPCI! MIPS! MACRA!) has increased the importance of political advocacy. At the state level, there are continuing issues about tort reform, scope of practice expansion of non-physician providers, and business of medicine issues, such as physician-owned physical therapy or ambulatory service centers (ASC).

AOFAS is committed to representing our members’ and patients’ interests at all levels of our democracy. And member involvement is key to the success of a 50-state approach. AOFAS coordinates with the AMA and AAOS on federal-level advocacy, such as the recent passage of the Veterans Administration (VA) bill clarifying the role of podiatrists within the VA system. At the state and local levels, we depend on our members and their involvement with medical organizations and legislators.

In the past year, there have been multiple state-level bills that directly impact foot and ankle orthopaedic surgeons. In Nebraska, recent legislation would allow pediatric supervision of physician assistants. Physician assistants’ scope of practice includes medical management beyond pediatric training, creating a backdoor mechanism for scope expansion to support podiatrists as physicians. In Colorado, AOFAS member Daniel K. Moon, MD, MS, MBA, was pivotal in explaining the value of care provided by orthopaedic surgeons to legislators. Through his efforts he prevented significant scope of practice expansion that would have affected both orthopaedic surgeons and plastic surgeons. And in my state of Maryland, there was an attempted scope expansion to rebrand podiatrists as physicians.

For a 50-state advocacy approach to be successful, we need our members to be engaged and supportive. To that end, the health policy team at AOFAS has two specific asks of our members:

1. If you see or hear something, say something! Please don’t assume that we are always aware of the legislative docket in each state. Sign up for your state medical societies’ action alerts, and please pass along any information about upcoming legislation. At a minimum, we would like to submit a joint
2. Consider testifying before your local legislature when legislation is up for debate. We will provide example testimony, model legislation, and a letter of support, but showing up is often sufficient to swing the debate in your favor. Similarly, if we reach out asking for help, please consider contacting a legislator.

Together, we can keep orthopaedic surgeons at the table and, hopefully in the future, writing the menu.

Get involved
Learn more about AOFAS advocacy efforts and sign up for alerts at aofas.org/advocacy (member login required).

ANNUAL MEETING 2019, CONTINUED

A history of exceptional education
The meeting kicks off on Thursday with the Pre-meeting Course, chaired by Michael J. Coughlin, MD, Patrick B. Ebeling, MD, and Christopher B. Hirose, MD. Highlighting the evolution of foot and ankle surgery over the years, the program features presentations by the doctors who pioneered surgical techniques and provides a unique look at the practices used today. Case presentations and discussion will be incorporated into all the sessions to identify best practices. Two keynote presentations by Lew C. Schon, MD, and Charles L. Saltzman, MD, will showcase important findings in the field and the patients who have benefited.

Special sessions
The Thursday schedule also includes full-day sessions for orthopaedic residents and allied health practitioners.

The Resident Program starts with a primer on key foot and ankle topics, developed by the AOFAS Young Physician Committee. A Fellowship Fair over lunch will enable residents to meet with fellowship programs from across the US in an informal setting. The day ends with the popular Orthopaedic Resident Symposium. Organized by the AOFAS Postgraduate Education and Training Committee, this session offers roundtable case discussion presented and moderated by committee members.

The Allied Health Program, developed by the new AOFAS Allied Health Work Group, will cater to healthcare professionals who work with patients before and after foot and ankle surgery. Topics will also include nonsurgical treatment that may be referred by a foot and ankle orthopaedic surgeon. Special programming for health practitioners will be offered throughout the meeting; please check aofas.org/annualmeeting for updates.

Discussion and debate
Chairied by Steven L. Haddad, MD, the Annual Meeting Scientific Session features compelling symposia on clinical topics and paper sessions with the latest orthopaedic research. Additional time has been built into the program for case presentation, in-depth discussion, and debate.

As Dr. Haddad explains, “We’re going to incorporate a new level of didactic interaction to give each individual panelist the chance to truly outline their theories and make sure they are either accepted or refuted by the audience.”

Research Forum
Moderated by AOFAS Research Committee Chair Harold B. Kitaoka, MD, the Research Forum is titled, “Using Research Findings in Clinical Practice.” Research Guest Speaker James G. Wright, MD, MPH, FRCSC, FRCSEd, will present “How