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# Presidential Address of the American Orthopaedic Society for Sports Medicine

## *Spem Successus Alit*

Allen F. Anderson,\* MD, *President, AOSSM*



One of the great privileges of this office is the unique opportunity it affords me to discuss the state of the society and make a personal statement. The title of this address, *Spem Successus Alit*, translates from the Gaelic language into “success nourishes hope,” which means “stand sure.” It is the Anderson clan motto that was adopted along with the oak tree crest in

the 14th century. Stand sure remains as relevant today for AOSSM, and for me, as it was for my ancestors throughout history.

Today I would like to discuss current challenges to the Society and how we are responding to them. Then, I will recount my improbable journey that led to a career in sports medicine and the most important thing I learned along the way.

### HIRING A NEW EXECUTIVE DIRECTOR

The most serious challenge to our Society this year was the announcement by our Executive Director, Irv Bomberger, that he was retiring effective August 1, 2016. Irv stated, “I want to relinquish my responsibilities at a time of organizational strength and stability.” The Society has been fortunate to have such an extraordinary executive director for the past 20 years. Irv has been recognized in the society management industry as a visionary strategist and a leader. His integrity, single-minded devotion to the

\*Address correspondence to Allen F. Anderson, MD, Tennessee Orthopedic Alliance, 4230 Harding Road, Suite 100, Nashville, TN 37205, USA (email: andersonaf@toa.com).

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Society, vast institutional memory, and stewardship of the Society’s resources has been largely responsible for many of the significant accomplishments over our last 20 years. We may reflect with a sense of pride and satisfaction on the Society’s growth in membership, increase in financial strength, and progress in our core mission areas of education, research, and publishing.

Since 1996, when Irv began his tenure, the membership has grown from 997 to 3412. AOSSM leased almost 2900 square feet of office space in 1996 and now is an equity owner of Ortho Properties LLC, with 11,000 square feet of space and organizational membership in the Orthopedic Learning Center (OLC). The staff has expanded from 4 full-time employees to 19 full-time employees who provide support for medical publishing, education, research, communications, and administration. The annual growth in operations has increased from \$2.3 million to \$7.7 million, and net assets have increased from \$3.7 million to \$11.5 million.

The Society’s educational program has quadrupled in the last 20 years. The number of continuing medical education (CME) and graduate medical education (GME) related activities pertaining to the Match, Accreditation Council for Graduate Medical Education (ACGME), Self-Assessment, Board Review, and surgical skills has expanded far beyond our traditional scientific- and sports-specific courses. In 1996, education expenditures were only \$474,000, and supported 5 CME activities. In the current fiscal year, educational expenditures are \$2,000,000, which supports 10 educational activities and serves 5200 registrants.

Since 1996, the number of ACGME-accredited fellowships has grown from 55 to 95, and more than 3300 orthopaedic surgeons have completed a fellowship. American Board of Orthopaedic Surgery (ABOS) and American Board of Medical Specialties (ABMS) subspecialty certification in orthopaedic sports medicine was approved in 2002. As a result, over 2000 surgeons are now subspecialty certified in sports medicine.

The Society did not have a research program in 1996. In 2003, the first Director of Research, Bart Mann, was hired. Since then, AOSSM has developed a robust research program that has awarded almost \$5,000,000 for grants and projects. Ten percent of the budget now supports research. AOSSM’s research programs have been elevated through

an established research agenda and a grants and awards program that ultimately has raised the society profile within the National Institutes of Health as well as the international sports medicine community.

The AOSSM Medical Publishing Group was formed in 2008 to manage *American Journal of Sports Medicine* (AJSM) publishing activities and launch the new publications *Sports Health* and *Orthopaedic Journal of Sports Medicine* (OJSM). Publishing accounts for 33% of AOSSM's operations. AJSM is now led by Bruce Reider, whose accomplishments on behalf of the journal have made him a legendary editor. Under Bruce's guidance, the annual submissions have increased from 351 to over 1700, and the pages published have increased from 881 to 3100 this year. With more than 1.2 million downloads, the impact factor of AJSM has risen to 1 of 72 in academic journals in orthopaedic surgery.

AOSSM launched the journal *Sports Health* in 2009. Led by the great editor Ed Wojtys, it has become a high-quality clinical journal in a short period of time. The paid circulation of *Sports Health* is over 20,000. It was accepted into PubMed Central in 2014 and Medline in 2015.

The Society's open access journal, OJSM, was launched in 2013 with 17 collaborative societies. More than 250 manuscripts have been published. In 2015, OJSM was accepted into the PubMed Central and Scopus databases. It was also listed by Thompson-Reuters in the New Emerging Sources citation index, which is a precursor to an impact factor.

Irv's remarkable tenure as executive director has fostered unprecedented growth for the Society. His leadership firmly established the AOSSM as a world leader in sports medicine education, research, publication, and fellowship. The current change in leadership presents not just the challenge of adapting to new leadership, but also an opportunity for the organization to move forward to meet upcoming challenges.

Much of our time and energy this year has been spent looking for an executive director. We sought candidates with both the operational skills needed for a successful transfer of leadership as well as the ability to think and act strategically for the future of the organization. Tom Nelson, past CEO of the Academy and wise counsel for previous strategic planning retreats, assisted in hiring the new CEO. With the Committee on Committees, Tom helped develop discussion points, critical issues, and key priorities for AOSSM over the next 2 to 3 years.

The Search Committee consisted of the Committee on Committees; Doug Brown, a senior member who was also Past-President; and Ben Ma, a Board member under the age of 45 years.

The Committee's first decision was to ask Irv to serve as a consultant for 1 year. It then developed a list of key CEO attributes to use in the search process. The Committee interviewed leading firms for health care association management searches for societies with a budget of \$3 million to \$15 million. Tuft and Associates was selected because of their extensive work in the field of orthopaedics.

The first task of Tuft and Associates was to interview key staff and board members, as well as external stake

holders to get a firm understanding of AOSSM, the opportunities and challenges going forward, and the skills and qualities that will be important to the next executive director. Following the November 2015 board meeting, the Search Committee met in Chicago with Tuft and Associates, Tom Nelson, and Irv to review and finalize the position description, develop a timeline, and discuss other aspects of the search.

Over 85 candidates applied for the position. Tuft interviewed these candidates and presented 11 to the Search Committee. Six of these candidates were interviewed in Chicago in early March. Two were selected for their proven track records in leadership and expertise in health care association management. These candidates had second interviews in late March.

This comprehensive and professionally executed search ultimately selected Greg Dummer. Greg is a highly qualified senior executive with proven experience in strategic planning, financial, operational, and mission-related activities. We can stand sure that Greg has the ability to lead this world-class organization and manage our high-performing staff to even greater growth in membership, financial strength, and international influence.

## HEALTH CARE POLICY

One of the greatest challenges we face as an organization is change in health care policies. These changes will dramatically affect practice management and create an air of uncertainty for the profession. The Affordable Care Act, the transition to ICD-10, change in CPT coding, declining reimbursement, and increasing frequency of hospital employment are challenges for the membership that indirectly present challenges to the mission of the Society. The decrease in reimbursement will create financial pressures for the membership; therefore, members may not attend as many educational courses as they have in the past, and they may look for less expensive online resources. This will have direct implications for AOSSM revenue. In addition, the increase in educational meetings by industry, independent education, and other societies has created a more competitive orthopaedic educational space. Consequently, the Society must be poised to provide increasing value for the membership during this time of transition.

The generational shift going forward could benefit AOSSM as younger physicians are increasingly identifying as subspecialists. This new generation of the organization will also present challenges. They will expect new educational methodologies and modalities. Designing education for the future will require a fresh perspective, but the educational methods must continue to serve the old-school membership.

Meeting the needs of converging generations will take creativity. We cannot rest on our laurels. AOSSM should develop programs that support educational continuity and span the lifetime of a career. AOSSM has exceptional member-retention rates, but the challenge of all orthopaedic organizations is to recruit new members and maintain its membership.

With these issues in mind, the AOSSM leadership held a strategic planning session at the spring board meeting. The Society's past success has been largely attributable to the Board establishing direction for AOSSM and then focusing on a few identifiable priorities in realizing the objectives. A business plan was developed for new online educational opportunities, including strategic partnerships and cost-effective approaches for filling member needs. A detailed report is being prepared for expanding the footprint of AOSSM's educational program. The member and customer data will be studied and analyzed to refine our educational program, especially the annual meeting, to ensure it fulfills our members' interests and needs.

### FELLOWSHIP TRAINING AND ACGME ACCREDITATION

In addition to changes in health care policy and generational changes, we also face the challenge of changes in ACGME policies and procedures. The membership of AOSSM has grown 8% per year over the last 10 years. The fellowship programs produce a source of potential new members every year, who contribute and add volume to the organization's voice. Growth in membership and additional revenue will lead to more funding for research, better educational programs, and greater influence.

Currently, orthopaedic sports medicine has 95 ACGME-accredited fellowships that graduate 230 fellows, or approximately one-third, of all orthopaedic residents. One of the key reasons AOSSM sought subspecialty certification was to elevate the imperative of consistency in orthopaedic sports medicine fellowship training. One ABMS requirement for subspecialty certification is that applicants must complete training in an ACGME-approved fellowship. Prior to obtaining subspecialty certification in 2007, only 55 of the 95 programs were ACGME accredited. Now, all 95 programs are accredited. The only subspecialties with subspecialty certification and universal ACGME accreditation for fellowship programs are sports medicine and hand surgery.

In 2013, ACGME modified its policies and procedures, requiring stand-alone programs (50% of sports fellowships) to be accredited similarly to academic programs and also eliminated the establishment of new stand-alone fellowship programs. Due to these new, onerous requirements, the AAOS received a request from the members of the Board of Specialty Societies to create alternative pathways to ACGME certification.

Although the allure of a simple, less-rigorous approach to GME is attractive, such an approach would probably result in a loss of ABOS subspecialty certification for sports medicine. The leadership believes that while the benefits of ACGME accreditation outweigh a do-it-yourself approach, the Society has an obligation to assist fellowship programs in addressing problems caused by additional ACGME requirements. To that end, the Society has developed a multitiered assistance program. First, the fellowship accreditation task force provides assistance to fellowship

programs for maintaining accreditation. It also established a constructive relationship with the ACGME Institutional Review Committee to efficiently convey concerns with ACGME requirements. It provided a forum for fellowship directors to meet with ACGME to address specific problems programs are encountering. Finally, the society participated in the AAOS Task Force looking at alternative accreditation pathways as well as discussing the issues with ACGME and ABOS so that fellowship training can be consistent and effective.

### ORTHOPAEDIC LEARNING CENTER AND SKILLS EDUCATION

Another challenge we face is making AOSSM's investment in the OLC educationally and financially successful. AOSSM's core mission is to be the premier provider of orthopaedic sports medicine education for members and other sports medicine professionals. A critical component of a well-rounded CME program is skills education. AOSSM, AAOS, and Arthroscopy Association of North America (AANA) have collaborated to provide a unique state-of-the-art forum that integrates innovation and surgical skills emanating from clinical practice, laboratories, and industry.

AOSSM's role in the OLC is of the utmost importance now because there is competition from a growing number of surgical training options from industry and private courses, increased expense of skills training, and a generational shift of surgeons expecting new technology and methodologies.

The challenges for AOSSM are to develop high-quality programs that will enhance our reputation in the area of surgical skills education and to work collaboratively with our sister organizations to meet the operational needs of a multimillion-dollar business. In response to these challenges, the Society has increased the number of skills courses to 3 next year and has incorporated more skills demonstrations into traditional didactic courses. This summer, AOSSM is holding the first Sports Medicine Fellows Boot Camp at the OLC prior to this fellowship year that incorporates skills and didactic elements so fellows will be primed to begin the fellowship year.

AOSSM and its partners created a task force to ensure full utilization of the facility. The 3 societies are working together at the leadership and staff levels to identify novel ways the OLC can be used for skills education beyond the traditional skills course framework, including new educational methodology, distance demonstrations, and mini-courses.

### QUALITY IMPROVEMENT, PERFORMANCE MEASURES, AND PRACTICE DATA COLLECTION

Another big challenge in the rapidly evolving medical practice environment is the emphasis on performance, improvement, and accountability. The Affordable Care Act targeted widespread variation in the quality of care

along with escalating costs of health care. The flawed sustainable growth rate formula was replaced by the Medicare Access and Chip Reauthorization Act (MACRA). This law created a national quality strategy to improve performance and hold providers accountable through a framework called the Quality Payment Program, which consists of 2 paths, a Merit-based Incentive Payment program (MIPS) or Alternative Payment Models (APMs).

A key component of this strategy is to routinely capture patient-reported outcomes (PROs), and then use these data to develop performance measures to allow for accurate appraisal of physician quality and efficiency. The International Knee Documentation Committee (IKDC) form is an example of a validated PRO measure. The corresponding IKDC performance measure would be based on IKDC data aggregated from a large enough cohorts to assess and compare performance of the individual providers. The development of PRO performance measures requires additional steps in psychometric validation of risk adjustment of the scores based on variables, such as age, smoking, body mass index, health, work status, and litigation, so the outcome is based only on physician performance and not other confounding variables.

The use of PRO performance measures requires establishing a threshold score and determining what portion of physicians has reached the threshold for acceptable performance. The scale of the overall quality improvement endeavor is larger than one organization's intellectual, financial, and operational resources. There is also a perceived level of uncertainty within orthopaedics regarding precise instructions from Center for Medicare and Medicaid Services (CMS) on how to accomplish outcomes data collection.

The Academy is ideally positioned to provide leadership on these issues of quality improvement and performance measures. The financial and human resources within the Academy and relationships with CMS and other reporting agencies may provide clarity in this uncertain environment. Therefore, our approach is to focus on the areas of our natural strength.

We developed the IKDC Subjective Knee Form, which in recent systematic reviews was found to have the best evidence documenting validity and responsiveness for a variety of knee conditions. It is one of the most frequently used forms and has been translated into 17 different languages. The Society is funding the creation of a computer-adapted test version of the IKDC form that will be incorporated into Patient-Reported Outcomes Measurement Information System, also known as "PROMIS." This rigorously developed PRO is the ideal construct for measuring quality care. Additionally, the Society is funding a thorough systematic review of shoulder PROs that will provide valuable insight into the instruments that are best used in determining performance measures for shoulder injuries.

We are also contributing expertise to the Academy for those areas where we are not well suited to address as a more focused organization with limited resources. AOSSM has participated in the AAOS Clinical Practice Guidelines. The Society has nominated Chuck Bush-Joseph and Jay Irrgang to serve on the AAOS Performance

Measure Work Group on managing ACL injuries. Chuck will chair this work group. The process used by the Academy in developing these measures will provide a substantial knowledge base for the Society's continued efforts in understanding performance measurement.

The AOSSM will continue to face challenges in the future. Stand sure that the Society has a collective culture of service, wisdom of leadership, and executive vision to surmount these challenges and continue the growth in membership, increase in financial strength, and progress in our core mission areas that we have enjoyed during the last 20 years.

## PERSONAL STATEMENT

Personally, I have been blessed in so many ways. Not the least of which was the circumstances of life that resulted in a career in sports medicine and my presence at this podium. Given my history, I am fortunate to just be a member of this great society consisting of so many dedicated and gifted surgeons, much less serve in a leadership position.

When I was an adolescent, I was a poor student due to a learning disability called dysstudia, a neurocognitive disorder caused by lack of studying. I compensated for this profound disability by being temperamental—half temper and half mental. I vividly remember several adults telling me that I was going to be something when I grew up. Being young and naïve, naturally I thought they meant something good. It wasn't until years later that I realized they thought I would be living in the Big House, wearing an orange jumpsuit and flip-flops.

I was saved from this ignominious prophecy by great parents. I had a loving mother, who died when I was young, and a father whom I idolized. He told me when I was a child that he would give his life for me, and I knew in my heart it was true. I would have done the same for him without hesitation. I was so proud that he was my father. I loved him more than life. He was one of the greats of the greatest generation. He not only loved me, but he also taught me what it was to be a man and a father. He believed that the greatest attribute was character, a quality that is ultimately defined by our actions. The foundation of his character was built on the core values of integrity, loyalty, duty, and faith. He genuinely embraced these ideals and made them his core values, because they resonated with his innate sense of goodness.

He believed that we are all created equal. That innate talent determines what you are capable of achieving, but there is no substitute for hard work, for you cannot live up to your potential without it. Always do your best; the freely chosen pursuit of excellence is the practical ideal, and one day you will give an account for how you managed the talents you were given. Perseverance is a quality that is essential to success because it overcomes most deficiencies. Any form of honest work nurtures personal dignity, self-reliance provides independence, and the concept of personal responsibility will nourish the freedom and desire to accomplish your dreams.

My dad used to tell his friends that I was a good boy. Every time I heard that it gave me an even greater desire to live up to the compliment and to make him proud of my accomplishments.

I focused all my efforts on sports because it was fun and I was better than most of my peers. Unfortunately, I peaked too early. By the sixth grade, I was no longer the biggest, fastest, and toughest player on the team. I worked hard, persevered, and went to University of Tennessee as a 185-pound outside linebacker. I made up for my lack of size by being really slow. In those days, UT was known as Linebacker U, with players like Hacksaw Reynolds. He got that nickname after he used a hacksaw to cut his own Jeep in half after we lost to Ole Miss. He was a very scary guy.

Freshmen could not play on the varsity team in those days, so the freshman team played other schools. To my chagrin, for the first time in my life, I was relegated to the second team. I had difficulty understanding that because I was the best dummy holder on the team. Eventually, the guy that played first team got hurt and I started against Georgia Tech. I made 24 tackles and played one of the best games of my life. The head coach, Doug Dickey, called me to his office the next day, shook my hand, and said "Good game, Little Man."

When he called me "Little Man," I immediately realized I would never play first team again. This led to a fundamental change in my worldview. I had to do something else to make my father proud. So, out of desperation, I studied one semester to see if I could make good grades. To my utter astonishment, I made a 4.0 while taking the most difficult courses that were offered to athletes at UT, such as school shop safety, basket weaving, and weight lifting. I was amazed by what could be accomplished by taking books home, reading assignments, and studying. I had an uncle who, as a general surgeon, was revered in our family. Although it seemed highly improbable given my academic history, I decided that after this initial success, I would go to medical school. I was encouraged by my father's belief that if I worked hard and persevered, I could accomplish any goal.

In the crucible of medical school and training, I developed a profound ambition to be successful and to obtain all that life had to offer. I was driven to sacrifice the present for the future, to build the foundation of my life on a career that would make my dad proud. I realized that success is measured in many ways and on many levels. Consequently, I thought it was important to identify what success meant to me personally, so that when I succeeded I would know it. I defined success with worldly measures, including a loving family, a busy practice, and a big house in the best neighborhood, membership in the most prestigious country club, an expensive car, and wealth.

By the time I was 45 years old, I had achieved all of my personal criteria of success. But the goals I had striven so hard for did not provide the satisfaction that I was ultimately seeking. Then, I suffered a loss of extraordinary magnitude when my father died. At that time, my heart was completely empty; the best description of how I felt is hollow. There was no joy, satisfaction, or fulfillment in

the success of my career or in life. When I walked through this tragedy, it revealed that I had foolishly built my life on a foundation as unstable as sand.

I learned that building my own foundation would never be fully satisfying or give me the purpose I longed for, never free me up for the authenticity I desired; it led to a life of fear of failure and pride in reputation that some could always call into question, of trying to construct a vocation that finally gave the validation I so longed for, yet it could not withstand the vicissitudes of life. I felt just like Harold Abrahams, a runner in the movie *Chariots of Fire*, who stated "I have never known contentment. I am forever in pursuit, and I do not even know what I am chasing. I was chasing the wrong thing, and I was never going to find it, ever."

When I was doing 400 cases per year, I thought I would be satisfied doing 500 cases, when I reached that milestone, I thought I would be content with 600 cases. The same was true for presentations, publications, and money. There was no satisfaction in accomplishing any of these goals. It was a never-ending pursuit of satisfaction in the wrong place. There would never be enough.

My Heavenly Father came to my rescue when I was powerless to build a foundation that would sustain me. When I subsequently built the foundation of my life on the Rock 20 years ago, my perspective completely changed. I felt like Eric Liddell, Harold Abrahams' counterpart in *Chariots of Fire*. He stated, "I believe God made me for a purpose, but He also made me fast. When I run, I feel His pleasure." He was running from an overflow of the heart, not to win. Like Eric Liddell, I feel God's pleasure when using the talents I was given to fulfill my sacred responsibility to sow the seeds of hope and healing in the lives of others. This change in perspective satiated my eternal thirst and filled my empty heart long ago. It led to me to develop a "servant's heart," to love people rather than using them to achieve worldly measures of success.

There is nothing wrong with working hard and desiring to do well. Ultimately, the outcome of that effort will not provide the satisfaction that we all yearn for. I stand sure in the solace provided by the most important thing that I have learned. My purpose in life is not to make my earthly father proud or achieve personal, worldly success, but to glorify my Heavenly Father, the Author of Life, who provides the ultimate satisfaction of my soul.

In conclusion, I would like to thank my friend, Irv Bomberger, whose organizational skills and visionary leadership has contributed so much to the Society. I would also like to acknowledge sweet Camille Petrick and the entire high-performing AOSSM staff for their devoted service.

The greatness of this Society resides in the membership and those who volunteer. I would like to thank the members of the Society who have served on the Council of Delegates (COD), Committees, and the Board of Directors. A culture of respect, collegiality, and dedication to a common mission, the betterment of the Society and the profession, has made working with these extraordinary leaders a pleasure and honor.

Also, I want to acknowledge those who have contributed so richly to my personal journey. First, I want to thank my

father, whom I loved so much and strived so hard to emulate. He gave me the greatest gifts of love and inspiration to exceed all expectations. He is the reason I am here today. I would also like to thank Candy, my wonderful and loving wife. The happiest day of my life was 43 years ago this month, when she said "I do." You are the love of my life.

My three sons, Brian, David and his wife Laura, and Chris and his wife Jeanna, are also here today. They are each successful in their own careers. Brian is an

orthodontist, David is a stockbroker, and Chris is a sports medicine physician in our practice. Although I am proud of your success, always remember that I love you for who you are and not what you accomplish.

I want to express my deepest appreciation for the privilege of serving AOSSM in this capacity. It is an honor and stewardship that has defined my career in sports medicine. Thank you for coming today and respectfully listening to my report on the state of society and most important thing I learned in my improbable journey.

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