Presidential Address of the American Orthopaedic Society for Sports Medicine

Lifelong Learning—Mandate or Mission?

Christopher D. Harner,* MD, *President, AOSSM*

Good morning. Thank you, Pete, for that very kind introduction. It's been an honor to follow you as president. It has been a great year!

In July of 1987, I presented my first scientific paper, "Cidex-Induced Synovitis."[3] It was a project that I completed during my residency, still one of the best I have done, and had great relevance to arthroscopic knee surgery. There were over 500 members in the audience, Dr Lanny Johnson was my reviewer, and I was very nervous. I have not missed a meeting since, and 26 years later, I stand before you as the 41st president of this great organization.

In 2003, Pete Fowler stated in his presidential speech that "there is no higher honor."[2] If I had known in 1987 as a fellow what I know now, would I have taken the same path? Absolutely! Since then, my journey has been filled with countless committee meetings, countless late-night conference calls, countless trips to the Hyatt Rosemont, and today, I stand before you to give a speech that I have been thinking about for 26 years!

So why did I choose this title, "Lifelong Learning—Mandate or Mission?" First and foremost, I am an educator. It is in my genes. My mom and dad were educators, most of my aunts and uncles were educators, and my brother, Phil, is an educator. I fell in love with and married an educator, and I bet my kids, for richer or poorer, will be educators. This speech will be the story of our Society's commitment to your education and your lifelong learning in our great profession of sports medicine.

To tell this story, I will frame it around 3 questions:

- Who are we?
- What are our challenges?
- And why is lifelong learning the key to our professional success and happiness?

First, who are we? Although similar in many ways, our differences include practice setting, practice location, reimbursements, payer mix, and regulations. However, I would contend that we are more similar than different.

We are orthopaedic surgeons who love sports and who are trying to provide the highest quality musculoskeletal care to our athletes and patients. We are, by nature, a very competitive group, always trying to improve our knowledge and surgical skills.

Another common attribute I have seen in our members is that we are committed, not just to learn how to do a new surgical procedure or injection of a new substance, but we also want to know why it does or does not work! These common attributes, I believe, have greatly contributed to the culture and growth of our subspecialty. I also believe that this commonality was critical in the development of subspecialty certification that was awarded to our profession in 2003.

So what are our challenges? There are many, but today, I would like to focus my thoughts on lifelong learning and why it is the key to our professional success and happiness. Overall, I am a very positive person. To me, the glass is half full, not half empty. So I believe that within each challenge lies an opportunity, and the goal is to identify and act on it.

So what are some of these challenges and opportunities? The most obvious challenge in the past year has been the Affordable Care Act (ACA). It has been tested and has withstood the challenges of the Supreme Court and the voters. The ACA is now the law of the land. This has created a whole new list of challenges to all of us in our practices and personal lives and directly affects how we care for patients. I can assure you that the AOSSM and Academy [the American Academy of Orthopaedic Surgeons] leadership have and will continue to implement activities and programs to address the economic challenges and promote our profession in a positive way to the public and the government.

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One of the strategies that the Academy has employed during this new health care reform is referred to as "quality as advocacy." The principle here is that we, as orthopaedic surgeons, will be most effective if our advocacy message is presented as a potential solution to the health care crisis and not just a demand for fair reimbursement. The best advocacy is to prove our quality of care!

The AOSSM is working with the Academy and other subspecialty societies to develop both "clinical practice guidelines," or CPGs, and "appropriate use criteria," or AUCs, for specific disease treatments. For example, CPGs have been or are being developed for rotator cuff tear, anterior cruciate ligament (ACL) injury, degenerative knee arthritis, as well as others. The intent of this major initiative is to catalogue and assess published research on the different treatment modalities for these conditions. The development of high-quality, credible CPGs and AUCs is expensive and time consuming, but the Academy believes it is imperative that the profession be the judge and advocate with respect to the care of our patients.

At this year's Academy meeting, President Josh Jacobs stated in his presidential address that "if AUCs are to be developed, and they surely will be . . . and if orthopaedic surgeons will be held accountable to them . . . and we surely will be . . . then I want orthopaedic surgeons, not members of the payer community, to be the developers."[4(p264)]

While the AOSSM board has been supportive of the development of CPGs and AUCs, we also fully appreciate the concern that these may be misused to inappropriately deny care or to limit our clinical judgment as surgeons. As we work with the Academy, we also are working closely with Marc Safran and the Council of Delegates as we move forward with this key initiative.

Let's talk about advocacy. You may assume that our Society had an active role in advocacy, but, to be fair, this was never identified by our membership or board as a top priority. However, 1 year ago in Baltimore, the Council of Delegates, or COD, sent a strong message. The board heard and responded to their request for our organization to be more involved with socioeconomic issues.

In November of 2012, the board developed an action plan and, after a thorough and lengthy discussion, voted to take the following steps to assist our Health Policy and Ethics Committee in being more proactive:

1. Identify federal legislation and regulation as a primary focus of its advocacy program.
2. Utilize the Academy Office of Government Relations to support our Society's initial advocacy activities. The office is located in Washington DC and has 18 staff members who specialize in working on orthopaedic-related health care issues.

The Washington office will provide dedicated staffing to the Health Policy and Ethics Committee to work on issues relevant to sports medicine.

I envision that our initial efforts will be focused on the mandates of the new health care laws. For example, the Congressional Budget Office recently released recommendations to limit in-office ancillary services. In other words, it wants to significantly reduce and possibly eliminate the ability of orthopaedic surgeons to provide imaging and physical therapy services in their offices. This is just an example of how we will be approaching the challenges created in this new world of health care.

Our board heard the COD's concerns and, as a result, implemented change. Along with the Academy, our Health Policy and Ethics Committee, and our COD, we plan to have meaningful and constructive input into government policies that affect our practices.

The last challenge I will address is the challenge of continuing medical education. As you recall, the 3 questions I asked at the beginning of my speech were

- Who are we?
- What are our challenges?
- And why is lifelong learning the key to our professional success and happiness?

I would like to take you through a brief history of postgraduate, or postresidency, education. I will finish my speech with where we are as an organization in developing educational programs for our Maintenance of Certification (MOC) pathway.

The evolution of postgraduate education, basically, began with fulfilling a certain number of continuing medical education (CME) credit hours per year for hospitals, payers, and/or state licensure. This was a system that most of us grew up with, and we thought it was okay! In 1979, the American Board of Orthopaedic Surgery (ABOS) decided that board certification would have a 10-year time limit and, to maintain certification, the diplomate would be required to sit a written or oral examination. This was the beginning of recertification, and since 1986 all diplomates have had time-limited certificates.

In the mid-1990s, the American Board of Medical Specialties (ABMS), the "Motherboard," which consists of the 24 member boards, decided that recertification every 10 years was not good enough. This was the beginning of MOC. The architect of MOC, Dr David Nahrwold, said, "These changes in the self-regulated evaluation of physicians are aligned with the public's expectations of physicians. They focus on improvement, rather than punishment, and should improve the quality of care."[1]

In a 2010 survey conducted by the ABMS, 95% of Americans said it's important that their doctors participate in a program to maintain their certification. To be realistic, with the rapid evolution of knowledge and surgical techniques and patient awareness, it behooves us to fulfill this expectation.

Again, what defines our professional success and happiness? I believe it is the application of our knowledge, art, and compassion to our patients when we correctly diagnose and treat their conditions. An orthopaedic surgeon in private practice wrote on the A Nation in Motion website: "I have always been driven to find a better way of doing things. The field of orthopaedic surgery allows me to think creatively and through research develop better, less invasive ways to treat patients. Medicine continues to evolve and I enjoy this challenge. It feeds my passion to find

better solutions and treatments for my patients."[5] I believe this reflects the culture of our profession.

Yes, MOC is a mandate. But it was done in response to the public's expectation of its doctors. It is a program that is designed to keep us current in our medical knowledge and skills.

In 2010, our board identified MOC and the development of educational programs as the number 1 priority. We set a goal to identify, develop, and promote educational programs that facilitate member compliance with ABOS MOC requirements. This would include developing programs in Part II and Part IV activities—Lifelong Learning and Performance in Practice.

Since 2010, our Society has continued to develop its CME activities, including self-assessment examinations, board review courses, online databases, and other educational and publishing resources. Basically, everything you need to fulfill Part II of your MOC can be achieved through either the AOSSM or the Academy educational programs.

In addition, this year, we developed a mechanism where all of your AOSSM and Academy CME will be logged into the same database to streamline the process. In Part IV, we continue to evolve and develop tools:

- Practice Improvement Modules, or PIMs, are being developed in several areas, with our initial PIM on patellofemoral pain awaiting incorporation into the ABOS site.
- We are in the beginning stages of developing an ACL registry for our members. This will take time, but our board believes that registries will have significant value to our members' clinical practice and also fulfill the Part IV requirement.

In the future, we will begin working with the ABOS to develop special pathways for surgical skills CME. Our Society board is strongly committed to developing high-quality surgical skills courses. It is our goal to work with the ABOS to tie this into the MOC CME requirements.

The lifeblood of any medical organization is reflected in the quality of its educational offerings. The AOSSM has been the primary source of orthopaedic sports medicine education for both our fellowships or graduate medical education and our members or CME. Achieving this was no easy task!

In order to fulfill its responsibilities to educate fellows and members, it was critical for our profession to develop an "educational roadmap" or curriculum. The curriculum would define our "body of knowledge" and basically guide us in all of our educational offerings. Since its development in the early 1990s, there has been an explosion of high-quality fellow and member programs and benefits.

I will name a few:

1. As I mentioned, subspecialty certification status was awarded to our profession by the ABMS. This process took 15 years to achieve, but it means that our profession is recognized by all of medicine as having a unique body of knowledge and area of clinical practice. Since 2007, over 2000 orthopaedic sports medicine specialists have received dual certification in sports medicine and orthopaedics.
2. The educational quality of our fellowships has significantly improved. Ninety-six fellowship programs have received Accreditation Council for Graduate Medical Education accreditation. This is 36 more than *Hand*, which has 60.
3. Our flagship publication, *The American Journal of Sports Medicine* (*AJSM*), under our editor Bruce Reider, continues to rise in the publishing world. Just last month, *AJSM*'s impact factor increased almost 20%. Now our journal is the highest ranked orthopaedic journal in the world.
4. Our multidisciplinary *Sports Health: A Multidisciplinary Approach*, conceived in 2009 and under the editorship of Ed Wojtys, now has a circulation of over 23,000.
5. Our new open-access journal, *The Orthopaedic Journal of Sports Medicine*, had its first publication in May. This new online journal further reflects on the expanding body of knowledge in our profession of sports medicine.

As many of you know, we are finalizing our plan to move to a new home in Rosemont in early 2015. This 165,000-square-foot building will house the Academy, the AOSSM, and more than 25 orthopaedic organizations, along with a state-of-the-art learning center that will include surgical skills and distance learning opportunities. The AOSSM is fully committed to our lifelong learning and our professional success and happiness.

Now is my time to thank a few people. This comes with great opportunity but is also challenging. The opportunity is clear: to express my gratitude to individuals who have been influential to me in my personal and professional life—and that's a lot of people!

My good friend Jim Beaty has many great quotes, and one of my favorites is "If you see a turtle on a fence post, you know he did not get there by himself." So who helped this turtle standing on this podium today? I know I did not get here by myself. I have had a lot of help from my colleagues, friends, and family.

First, I am very grateful for the support of my parents and family. My mom, Kay, who is 89, is here today along with my brothers Phil and Charlie. Although my father Jim, my brother Ken, and dear friend George Paulus are not here today, I know that they are smiling and very proud of me.

I have benefited from many wonderful orthopaedic mentors. This is a picture of Dr Ferguson and me. He turned 95 last month and is the reason I came to Pittsburgh 30 years ago.

My orthopaedic mentors are far too many to name, but I would especially like to acknowledge Ken DeHaven, who was my godfather in 1990. Ken, you have been a rock for me throughout my career.

My career as a teacher is only as good as the students I have had the privilege to teach. To all of my past and current fellows, thank you.

I would like to acknowledge and recognize our incredible AOSSM staff, led by Executive Director Irv Bomberger and Managing Director Camille Petrick. They have built an incredible team of individuals who have taken our

Society from the sleepy days of Sun Valley and Keystone, with meetings of 500 members, to a 3000-member organization that is growing every year. Our future is bright under their leadership, and the move to our new building is especially well timed to accommodate our Society's growth.

I would like to thank our terrific board of directors and council chairs. It is my great honor to work with such outstanding leaders. We are in great hands with Jo Hannafin taking over tomorrow.

This incredible program and year for me could not have occurred without the hard work, dedication, and passion of my program chair, Mark Miller, and the Program Committee. Mark, it seems like yesterday that you were my fellow (although it was 1993), and I am very proud of your great achievements.

Finally, I want to especially recognize Freddie Fu. As many of you know, I have been at Pitt with Freddie for 26 years. In 1987, following my fellowship with Lonnie Paulos and Tom Rosenberg, he asked me to come to Pittsburgh to "build big program." I accepted this challenge, and it has been one of the best decisions I have ever made.

During my first year on faculty, Freddie would run up and down the hospital halls, yelling "Wes Hanna? Wes Hanna?" Basically, he was asking "Where is Harner?" Well, of course, the residents picked up on this, and for years, I was known as Wes. Thank you, Freddie and Hilda, for your incredible friendship and support over the years.

I would like to acknowledge the University of Pittsburgh and UPMC for sharing in our vision and development of our big program.

My final thank you goes to my wonderful family, who are here today. None of this would matter without you! To my 3 children—Andrew, Christopher, and Nina: you guys know how much I love you and how proud I am to be your dad.

Finally, I'm sure you've heard: "Behind every great man is a very surprised woman." Cindy, for 30 years, you have been the love of my life and my emotional and psychological support. Thank you for the beautiful life you have given me and our children. "It had to be you."

I will repeat what I started with: lifelong learning is the key to our professional success and happiness. Do not underestimate the power of education, collegiality, and camaraderie in the constantly evolving world of orthopaedic sports medicine. We are blessed and privileged to be a part of this great profession. I am humbled and honored to have served as your president.

REFERENCES

1. American Board of Medical Specialties. What is ABMS MOC [presentation]. http://www.abms.org/Who_We_Help/Member_Boards/MOC_Communications_Zone/downloads/powerpoint/ABMS_MOC.ppt. Accessed June 15, 2013.
2. Fowler PJ. Presidential address of the American Orthopaedic Society for Sports Medicine: stars and heroes. *Am J Sports Med*. 2003;31(6):828-830.
3. Harner CD, Fu FH, Mason GC, Wissinger HA, Rabin BS. Cidex-induced synovitis. *Am J Sports Med*. 1989;17(1):96-102.
4. Jacobs JJ. Presidential address. Moving forward: from curses to blessings. *J Am Acad Orthop Surg*. 2013;21:261-265.
5. A Nation in Motion. Orthopaedic surgeon: Dr Steven C. Chudik. Available at: http://anationinmotion.org/surgeon-story/orthopaedic-surgeon-steven-c-chudik/. Accessed June 15, 2013.