

A Conversation with AAOS President James H. Beaty, MD

Peter D. McCann, MD

James H. Beaty, MD, is the 75th president of the AAOS and long-standing Associate Editor of Pediatric Orthopedics here at *The American Journal of Orthopedics*. In a recent conversation, we discussed his major focus during his leadership year at the Academy.

My first question to Jim was how one individual president can affect the course of the behemoth ship that is the AAOS. His insightful answer was that the Academy has established institutional priorities over the years and that, with clear-cut lines of ascension in the AAOS leadership, the current president champions a certain number of these institutional priorities on the basis of personal interest and expertise. During his tenure, Jim has chosen to focus on three topics: physician education, orthopedic surgeon on-call issues, and assessment of new technology.

Physician education has been one of the top priorities of the AAOS since its inception, and it is one of Jim's major professional interests. He is committed to developing educational systems that not only provide an opportunity for learning but also monitor how such newly acquired information can change the way orthopedic surgeons practice and assess how such changes will improve patient outcomes. His point is that self-assessment tests, re-certification examinations, and CME courses, all important current methods of educating orthopedic surgeons, are only a means to an end: improving patient care.

He wishes to explore new approaches to orthopedic surgeon education that can demonstrate changes in clinical practice that actually improve patient care. Such approaches might include customized physician



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self-assessment using the Internet, greater collaboration with orthopedic subspecialty societies, and closer involvement with the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations to establish quality acceptable and appropriate quality core measures for orthopedic surgery.

There are many challenges faced by the orthopedic surgeon taking emergency room call at hospitals, and there are many current practice models, ranging from a team of fellowship training surgeons at level one trauma centers to the solo practitioner at a local community hospital. The challenge involves balancing the needs of all patients who present for emergent care with the concerns of the treating orthopedic surgeon, which include liability exposure, lifestyle disruption, and reimbursement.

Jim hopes to address these on-call challenges by emphasizing improved communication to coordinate care among the orthopedic surgeons at community hospitals and tertiary institutions as well as by engaging hospital administrators to develop better management systems. Hospital administrators can accomplish this by developing workable transfer agreements among neighboring institutions consistent with the federal Emergency Medical Treatment and Active Labor Act (EMTALA), establishing dedicated trauma operating rooms appropriately staffed to treat operative cases during daylight hours and stipends for orthopedic surgeons providing emergency room coverage. All patients must be treated, and providing the care optimally will require the coordinated efforts of orthopedic surgeons and hospital administrators.

Jim's third focus is the assessment of new technology. New technology has undoubtedly driven many improvements in patient care. One

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need only look at the arthroscope to appreciate how new technology has dramatically altered the therapeutic landscape. But how does the practicing orthopedic surgeon assess the efficacy of new technology? How does the increased cost of new technology impact the quality of patient care? Simply being “new” does not necessarily imply “better.”

To address the issues of technology assessment, Jim believes that the AAOS’s responsibility includes educating Academy Fellows and the public by recommending reliable sources of information to help them in their assessment of new technology. He does not see the AAOS awarding a Good Housekeeping–like “stamp of approval” on the benefits of new technology.

Rather, he believes that the AAOS has a role in partnering with third-party payers and regulatory agencies such as CMS to help assess the benefits and cost-effectiveness of new technology.

I believe that in Jim Beatty we have an outstanding president to lead us and to achieve these ambitious goals, which will benefit both the patient and the practicing orthopedic surgeon.

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