

A Conversation With AAOS President John J. Callaghan, MD

Peter D. McCann, MD

John J. Callaghan, MD, is the 78th President of the American Academy of Orthopaedic Surgeons (AAOS). In a recent conversation, we discussed his major focus during his leadership year at the Academy.

In 2005, the Board of Directors of the AAOS established a strategic plan with 9 specific goals designed to enhance its mission. A governance structure with a clear presidential line of succession was established to provide a platform for continuity and the mechanism to achieve these goals over a period of years. (Review the AAOS strategic plan at www.aaos.org/member/mbrsvc/strategicplan.asp.)

Each year, the current AAOS President chooses one of the strategic goals to be his or her focus for the year. The focus for Jim Beatty in 2007 was education, and that of Tony Rankin in 2008 was advocacy; last year, Joe Zuckerman focused on practice management. For 2010, John's focus will be on quality of care.

According to John, probably the most compelling reason to focus on quality of care is our country's unprecedented interest in, and passage of, national health care reform in the past year. Fundamental in this debate have been discussions regarding quality of care and the cost of providing that care. John notes that the United States spends more per capita on health care than any other industrialized economy but ranks only 37th in the world in the overall performance of the health care system according to the World Health Organization.¹ A more recent report from The Commonwealth Fund in 2010 indicates that the United States lags well behind other developed nations in overall quality of health care as measured by access, efficiency, safety, and coordinated care.² Clearly, quality of care is a focus for all of us.

John believes that quality of care will be measured by reporting our outcomes of treatment. In his presidential address in New Orleans in March 2010,³ he quoted one of his children's English teachers, "Show me, don't tell me" when it comes to communicating quality. By analogy, quality in health care will be defined by data and facts, not solely opinion. While experience and judgment



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will always be the mark of a talented clinician, evidence-based medicine and guidelines that are informed by documented outcomes will become the mainstays of clinical practice.

John was clear to point out, however, that guidelines and clinical pathways are simply tools, not rigid mandates, to help the practicing orthopedic surgeon choose the best treatment for the patient. The key element of this approach is that treatment recommendations will be based on documented outcomes and that, as our knowledge and database expand, the recommendations of clinical guidelines will evolve and change based on the latest and best reported outcomes. Documented results, not opinion unsubstantiated by facts, will determine quality.

A final key point in our conversation was John's firm conviction that orthopedic surgeons must not only participate but actually lead the process that defines quality of care. The AAOS has taken a principal role in supporting quality of care in such traditional forms as educational initiatives and our robust annual meeting program of extensive learning opportunities, as well as recent efforts to establish an American Joint Replacement Registry and numerous Clinical Practice Guidelines (see www.aaos.org/research/guidelines/guide.asp).

We are extremely fortunate to have someone of John's energy, intelligence, and commitment to our profession to lead us in the coming year. His focus on quality of care and his emphasis that we lead the process that defines quality are especially important as we navigate the shifting landscape of health care reform. ■

REFERENCES

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Dr. McCann is Editor-in-Chief of this journal and Chair, Department of Orthopaedic Surgery at Beth Israel Medical Center, New York, New York.

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