## A Conversation With AAOS President John R. Tongue, MD

Peter D. McCann, MD

ohn R. Tongue, MD, is the 80th President of the American Academy of Orthopaedic Surgeons (AAOS). In a recent conversation, we discussed his major objectives during his leadership year at the Academy.

In 2010, the Board of Directors of the AAOS updated the Academy's strategic plan with specific goals designed to enhance its mission in education,



advocacy, research/quality, communication, membership, diversity, and unity. A governance structure with a clear presidential line of succession provides a platform for continuity and the mechanism to achieve these goals year after year.

Each year the current AAOS President chooses one of the strategic goals to emphasize. In 2007, the focus was on education, then advocacy in 2008, practice management in 2009, quality of care in 2010, and last year, Dan Berry concentrated on continuing a number of previous initiatives, including education, research, and quality of care.

John is in private practice in Tualatin, Oregon, and a Clinical Associate Professor at Oregon Health Sciences University in Portland. We reviewed a number of his priorities during his coming year as President. Three priorities stood out and were of particular interest to me: road safety, the social and economic value of orthopedic surgery, and communication among the members of the healthcare extended team.

Long an advocate for road safety, John is a past winner of the National Highway Safety Association Public Service Award. He believes the AAOS should be a national leader in promoting public awareness of the serious threat of orthopedic trauma associated with distracted driving and failure to use seatbelts. With recent reports of major vehicular accidents caused by inattentive drivers texting while behind the wheel, this is surely an important and timely goal for the Academy.

In 2011, John was appointed chair of the AAOS Social and Economic Value of Orthopedics Project Team, whose charge was to quantify the real, but poorly quantified benefits that our patients enjoy following orthopedic procedures. John believes that value in orthopedic surgery needs to be measured not just by the provisional cost-effective in-hospital care, but by the social and economic value patients experience in the years following orthopedic care,

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such as return to work, and an active and independent lifestyle. The long term social and economic benefits of orthopedic care need to be measured and considered as part of the overall value of orthopedic care. In this age, where the entire healthcare delivery system is undergoing dramatic change in the United States, and competition for the healthcare dollar is at its most fierce, such an analysis of the enduring benefits of orthopedic treatments must be part of the debate. The challenge is to actually present real numbers that prove what orthopedic surgeons already know. However, in these days of data driven policy making, we must supply that data to support our position.

Another interest of John's is the importance of teamwork and communication. As the complexity and scope of orthopedic care continue to expand, so does the need for teamwork among the various members of the musculoskeletal healthcare team. John believes that the AAOS in general, and orthopedic surgeons in particular, should be viewed as the leaders in this field. The advantages of such an approach are very obvious: clear and consistent communication will decrease medical errors, decrease the stresses inherent in working with and organizing larger teams, and leveraging our experience and expertise to establish the principles and methods that will be required in the emerging healthcare delivery world. We need to be the leaders, not the followers of such efforts.

We are indeed fortunate to have a colleague as talented as John to lead our organization. His experience as a private practitioner, academician, longtime advocate for our specialty, and his proven track record as a leader all combine to make him an ideal President of the AAOS.

## **AUTHOR'S DISCLOSURE STATEMENT**

The author reports no actual or potential conflict of interest in relation to this article.