

UPDATE

MAY
2017

SPECIAL EDITION: AAHKS MEMBER RESOURCE GUIDE

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CALL FOR SUBMISSIONS

ABSTRACT SUBMISSIONS

Submit high-quality scientific and socioeconomic abstracts by June 1, 2017 for consideration as podium or poster presentations. Abstracts are blind reviewed by the AAHKS Program Committee review team. If you are interested in serving on the review team, contact meeting@aaahks.org.

SYMPOSIUM PROPOSALS

Submit proposals by June 1, 2017 covering all aspects of arthroplasty and health policy. Proposals are reviewed by the AAHKS Program Committee.

SURGICAL TECHNIQUE VIDEO PROPOSALS

Submit high quality, clinically relevant proposals for videos that will provide high educational value. Selection of videos is based on the overall quality and thoroughness of the proposal submission. The deadline for proposals is June 1, 2017.

Start your submission now by logging in to www.AAHKS.org.

RESERVE HOTEL ROOM NOW!

You can log in to www.AAHKS.org to make your hotel reservation now at the Hilton Anatole in Dallas. Meeting registration will open in June 2017.



A WORD FROM AAHKS PRESIDENT MARK I. FROIMSON, MD, MBA



Dear Fellow AAHKS Members,

I want to take this opportunity to thank you for allowing me the honor of serving as President of AAHKS for the next year. This is an historic time in health care as Congress and the Administration debate how best to shape the future of both the payment and delivery systems. AAHKS must continue to be engaged by advocating on behalf of our patients to ensure that they have access to

our care, and that no payment or delivery construct prevents this. Arthroplasty is a life-changing procedure that has the capacity to restore the joy and purpose to our patients' lives. We must never relent in making the impact of our work known to legislators, regulators, payers and other key stakeholders.

We are fortunate to have had both exceptional leadership of AAHKS during our 27-year history and unsurpassed engagement by our members. Our organization—and you, our members—are recognized as the reliable and credible stewards of the field of hip and knee surgery. We have a powerful message to share, and we will need each and every member of AAHKS to help us in our advocacy efforts. Our patients are counting on it.

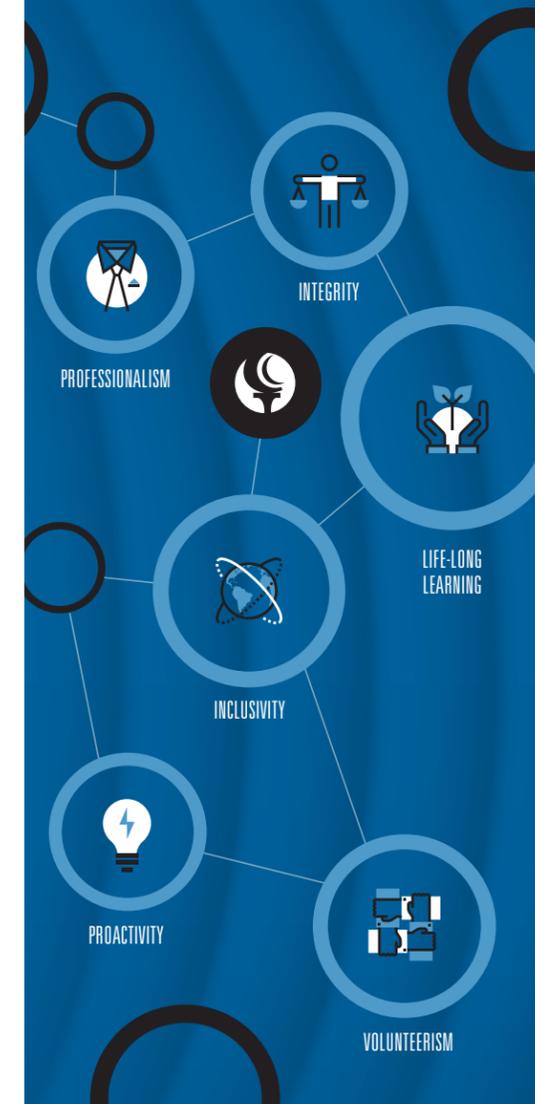
As we face these challenges, we must also continue to recognize the pivotal role that AAHKS plays in creating and validating our evidence base. The AAHKS Annual Meeting is the go-to meeting for what's new and what's true in cutting-edge research that both paves the way for innovation and sets the standard upon which such innovation can thrive. As a leader in education, AAHKS will continue to innovate in our quest to make information accessible and current. We have seen exceptional efforts in this area this past year including successful resident education programs, the maturing of the AAHKS Spring Meeting and new work to support recertification.

It is a privilege for me to serve such a great organization. The work is rapidly evolving, and our success depends in large measure on our ability to communicate effectively and efficiently. Please feel free to reach out to me or any member of our team. Give us your ideas and efforts, as together we work on behalf of our patients to ensure that state of the art hip and knee surgery remains accessible to our patients.

With best wishes,

Mark I. Froimson, MD, MBA

AAHKS CORE VALUES



On March 15, 2017, Mark I. Froimson, MD, MBA took office as the 27th President of AAHKS during the Board of Directors meeting in San Diego.

Dr. Froimson is Executive Vice President and Chief Clinical Officer for Trinity Health—a nationwide, non-profit health care system. He formerly served as President and CEO of Euclid Hospital, a Cleveland Clinic Hospital, in Euclid, Ohio. He was staff surgeon in the Department of Orthopaedic Surgery at the Cleveland Clinic for over 16 years, during which time he held leadership positions including President of the Professional Staff, Vice Chair of the Orthopaedic and Rheumatologic Institute, and member of the Board of Governors and Board of Trustees. Learn more about his career and involvement with AAHKS at www.aahks.org/learn-about-aahks

AAHKS
2017 ANNUAL MEETING
November 2-5 | Dallas, Texas

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AMERICAN ASSOCIATION OF
HIP AND KNEE SURGEONS



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PAST PRESIDENTS



1991
J. Phillip Nelson, MD
Phoenix, AZ



1992–1993
Chitranjan S. Ranawat, MD
New York, NY



1994
Richard C. Johnston, MD
Iowa City, IA



1995
Lawrence D. Dorr, MD
Inglewood, CA



1996
Hugh Tullos, MD
Houston, TX



1997
Merrill E. Ritter, MD
Mooresville, IN



1998
Richard H. Rothman, MD, PhD
Philadelphia, PA



1999
James A. Rand, MD
Scottsdale, AZ



2000
Richard B. Welch, MD
San Francisco, CA



2001
John J. Callaghan, MD
Iowa City, IA



2002
Douglas A. Dennis, MD
Denver, CO



2003
Clifford W. Santore, MD
La Jolla, CA



2004
Richard F. Santore, MD
San Diego, CA



2005
Joseph C. McCarthy, MD
Boston, MA



2006
William J. Hozack, MD
Philadelphia, PA



2007
Daniel J. Berry, MD
Rochester, MN



2008
David G. Lewallen, MD
Rochester, MN



2009
William J. Robb III, MD
Evanston, IL



2010
Mary I. O'Connor, MD
Jacksonville, FL



2011
Carlos J. Lavernia, MD
Miami, FL



2012
Thomas Parker Vail, MD
San Francisco, CA



2013
Thomas K. Fehring, MD
Charlotte, NC



2014
Brian S. Parsley, MD
Houston, TX



2015
Jay R. Lieberman, MD
Los Angeles, CA



2016
William A. Jiranek, MD
Richmond, VA



THE AAHKS YEAR IN REVIEW: MARCH 2016–MARCH 2017

By William A. Jiranek, MD, FACS

As I have rotated off the AAHKS Presidential Line at this year's AAOS annual meeting, I wanted to let you know what a great privilege it has been to serve this organization. As has been our tradition, I will summarize some of the progress that AAHKS has made this year.

Advocacy

As I wrote to you last March, hip and knee surgeons have a target on their backs in Washington, D.C. because we account for one of the largest Medicare spends. Consequently, AAHKS has continued to develop relationships at CMS, the FDA and on Capitol Hill. This has included monthly calls between our lobbying firm, Epstein Becker & Green (EBG), and the AAOS Washington Office to establish priorities and coordinate activities. Chris J. Dangles, MD has been an involved delegate to the AMA, and has spurred us to increase the number of AAHKS members who join the AMA. We need 20% participation to preserve our membership position on the RUC.

AAHKS members have made 28 visits to Capitol Hill and CMS this year including the first AAHKS Legislative Retreat in which all committee chairs and vice chairs were invited to participate in Hill visits as well as training from EBG and strategy development sessions. Our goal was to introduce more of our leadership to the legislative process, and to provide a forum for the development of future leaders.



Past President Richard F. Santore, MD made Health and Human Services Secretary Tom Price, MD an honorary member of AAHKS 10 years ago, and we have continued to develop our relationship with him and Senator John Barrasso, MD.

We worked to increase the number of AAHKS members contributing to the OrthoPac this year and were elated that Past President Thomas K. Fehring, MD was elected to the OrthoPac Board. We also worked to add to the "Boots on the Ground" program that Dr. Fehring started by increasing the number of AAHKS members who have personal relationships with their elected members of Congress.

AAHKS nominated the Chief Medical Officer of CMS, Patrick Conway, MD, for the AMA's highest service award, the Dr. Nathan Davis Award for Outstanding Government Service, because we felt he has brought innovation in new payment models to CMS. Dr. Conway has also brought people together at CMS and was recognized during the awards dinner for fostering a dramatic change in employee satisfaction.

We made two trips to CMS this year to meet with Dr. Conway to discuss with him the importance of risk adjustment, quality measures and the need to have arthroplasty surgeons directing alternative payment models for lower extremity arthritis if we are to provide the best care for our patients.

OUR MISSION

Established in 1991, the mission of the American Association of Hip and Knee Surgeons (AAHKS) is to advance hip and knee patient care through education and advocacy.



THE AAHKS YEAR IN REVIEW: MARCH 2016–MARCH 2017

AAHKS also applied for, and was accepted as, a Committed Partner in the Health Care Payment Learning & Action Network (LAN), which founded by the Department of Health and Human Services (HHS) to assist the public, private, and nonprofit sectors in U.S. health care make the transition to value based care. This network has held a summit in each of the past two years, and AAHKS has been represented by members of the Presidential Line at both meetings.

I created two task forces during my presidency. The first task force, chaired by Richard Iorio, MD and Adolph “Chick” Yates, MD, was tasked with exploring possible paths to advanced alternative payment models (AAPMs) for our members to improve access to bundled payment programs to satisfy MACRA requirements. We surveyed our membership and found that currently only 40 percent of our members have participated in either the Comprehensive Care for Joint Replacement Model (CJR) or Bundled Payments for Care Improvement (BPCI) programs. There are many AAHKS members who are interested in participating in a bundle, but they work in less populous areas or in smaller groups which don’t have the resources to manage a bundle. The task force investigated the feasibility of forming an AAHKS subsidiary to convene and manage the bundle for interested members. We have interviewed six potential business partners who could provide logistic, actuarial and financial support to this entity if we elect to form it. The task force has written a letter to the Physician’s Technical Advisory Committee (PTAC) at The Center for Medical Innovation (CMMI) detailing the structure and goals of the entity to assess CMMI interest in this approach.

The second task force was an HCAHPS task force chaired by Past President Jay R. Lieberman, MD to develop musculoskeletal-specific patient satisfaction questions as opposed to hospital-specific questions. Dr. Lieberman discussed his idea with Dr. Conway, who felt the idea had merit.

Education

AAHKS continued to develop the educational features of our Annual Meeting in Dallas. Due to the growth of our meeting, we moved to a new space at the Hilton Anatole Hotel. We had an outstanding Program Committee led by John C. Clohisy, MD as Program Chair and Bryan D. Springer, MD as Education Council Chair. The committees evaluated 1,380 abstracts - accepting 56 Podium Presentations, 210 Poster presentations and six symposia. The meeting attracted 2,800 attendees. Highlights of the meeting were presented during Specialty Day at the AAOS annual meeting.



We expanded our knowledge base by cobranding a symposium on Pain Management Strategies in Joint Arthroplasty with the American Society of Regional Anesthesia (ASRA). We were entertained by our guest speaker, broadcast commentator and NFL Hall of Fame quarterback Terry Bradshaw who had recently undergone total knee replacement and shared his thoughts on expectations and recovery. We also continued our Resident Arthroplasty Course and Orthopaedic Team Member Course which were completely filled.

The year 2016 marked the launch of the AAHKS “Spring Meeting.” Organized by Craig J. Della Valle, MD and Dr. Lieberman, the meeting was comprised of small group case presentations on problems in difficult primary and revision THA and TKA as well as symposia which looked at particular arthroplasty topics in depth. The meeting attendance was capped at 200 participants, to preserve the one-on-one interaction that many people are looking for. The 2016 meeting was in Washington, D.C. The 2017 meeting is scheduled May 5–6 in San Francisco with the same format and Dr. Springer serving as program chair.

The third year of our Residents Skills courses took place in 2016. These are hands-on courses organized in three areas across the country to teach the basics of arthroplasty technique. The courses filled completely, and filled within the first month they were advertised in 2017. Consequently, to meet this demand in 2018, we are adding an additional fourth course. We have seen a steady increase in residents applying for the Adult Reconstruction Fellowships, and we feel this is in part due to positive influence of these courses.

Dr. Springer spearheaded the ACR/AAHKS Perioperative Management Joint Guideline Project in conjunction with the American College of Rheumatology to develop a consensus for the management of rheumatologic medications in the perioperative period of joint replacement. The document that resulted from this collaboration is currently being reviewed by selected members of AAHKS.

In 2017, the ABOS offered a recertification exam specific to Adult Reconstruction. AAHKS felt the development of a review course in Adult Reconstruction was an important goal and partnered with the AAOS, The Hip Society, and The Knee Society to develop a virtual review course using discrete modules. Many of our members have served as faculty. This course could not have happened without the Herculean efforts of Joseph T. Moskal, MD and Dr. Springer, collaborating with Derek Moore, MD, Founder of Orthobullets, who provided the structure and the initial content for those modules. The course attracted 150 registrants in its first year, and the reviews from participants have been quite good.

The Evidenced-Based Medicine Committee, chaired by Dr. Yates, with Matthew S. Austin, MD as vice chair, had a busy year. Among many issues, they reviewed the rationale for a single dose of prophylactic antibiotics for hip and knee arthroplasty, the utility of PRP and stem cell injections for arthritis of the hip and knee, the validity of surgeon rating methodology that *US News & World Report* proposed, evidence for safety of same day joint arthroplasty and the utility and dosing of Tranexamic Acid (TXA). This committee has produced a huge amount of quality information to use in our position statements and comment letters.

Research

The Research Committee, chaired by Javad Parvizi, MD and vice chair John C. Clohisy, MD, had an outstanding year. The committee convened and organized our first multicenter study (which examined the association of Hemoglobin A1C and prosthetic joint infection). The committee initiated a search for a research coordinator to manage multicenter trials, and hired Chiara Rodgers, MPH, CCRC in March. Chiara has considerable experience in coordinating clinical trials, and we welcome her to AAHKS.

The AAHKS Board of Directors approved the creation of the Foundation for Arthroplasty Research and Education (FARE), a 501(c)3 organization, which was formed to be a funding mechanism for research and education to benefit patients with arthritis and arthroplasty. The Research Committee announced a Request for Proposals (RFP) for research grants in January 2017 and expects to announce its first research grant at the AAHKS Spring Meeting in early May.

The Research Committee also evaluated many companies with the goal of producing an app for cell phones to allow patients to report outcomes in the early postop period, thereby allowing many more AAHKS members to participate in multicenter trials. The committee has selected a vendor and hopes to announce the app at the Spring Meeting.

Publications Committee

This committee, chaired by Harpal S. Khanuja, MD, had the task of renegotiating our contract with Elsevier for *The Journal of Arthroplasty (JOA)*. Due to a substantial increase in submissions, the editorial board has grown with a fifth associate editor and Michael J. Taunton, MD and David J. Backstein, MD as new associate editors. In January of 2017, *JOA* Editor-in-Chief, William J. Hozack, MD, completed his five-year term, and John J. Callaghan, MD assumed the role. AAHKS recognized Dr. Hozack at the Annual Meeting for his steadfast and outstanding service. Michael A. Mont, MD was appointed Associate Editor-in-Chief as well. The *JOA* impact factor of has continued to go up thanks to the hard work of our editors.

AAHKS’s second and wholly owned journal, *Arthroplasty Today (AT)*, completed its second year under the able guidance of Brian J. McGrory, MD, Editor-in-Chief. Dr. McGrory succeeded in maneuvering *AT* to PubMed Central indexing in two years—an amazing feat and testament to his editorial work. For his outstanding efforts in launching *AT*, Dr. McGrory received the Presidential Award at the 2016 AAHKS Annual Meeting.

Patient and Public Relations

This committee, chaired by David F. Dalury, MD, has taken up the significant task of scripting and producing high quality patient education videos that AAHKS members can use to educate their patients. These videos explain common arthroplasty surgical procedures as well as the preparation and recovery from these procedures. These are AAHKS’s own videos, free of commercial influence, and represent a large amount of work by AAHKS members to script and edit. Four of these videos should be ready by mid-summer.

The Patient and Public Relations Committee also added to the popular library of peer-reviewed patient education articles on **AAHKS.org**. Additions in 2016 and 2017 included an update to the article on dental prophylaxis after the AAOS published new Appropriate Use Criteria and new articles on stem cell and PRP injections.





THE AAHKS YEAR IN REVIEW: MARCH 2016–MARCH 2017

Web and Social Media

This committee, chaired by Jeffrey A. Geller, MD, is tasked with keeping our organization current with the most effective ways of communicating with our members. One example was the use of Twitter to put on a virtual Journal Club, which AAHKS cosponsored with Duke Arthroplasty Club. The first article discussed was from *JOA* entitled “What Financial Incentives Will Be Created by Medicare Bundled Payments for Total Hip Arthroplasty?” There were over 4,000 hits! Dr. Springer is the discussant for the next virtual Journal Club in April. Clearly our younger members use social media frequently, and AAHKS needs to keep up with the newest ways of communicating.

International

The International Committee, chaired by Stefano A. Bini, MD with vice-chair Rafael J. Sierra, MD, has sponsored several co-branded meetings with international societies including the Indian Society of Hip and Knee Surgeons 10th Annual Meeting, the 12th Latin American Meeting of Hip and Knee Surgeons, Arthroplasty Society in Asia (ASIA) Meeting, and the 12th Congress of the European Hip Society. In addition, AAHKS served as the first official Guest Society of the British Hip Society. We welcomed our 2016 Guest Societies, the Indian Society of Hip and Knee Surgeons and the European Hip Society, to the AAHKS Annual Meeting in November. The committee has sponsored a reception at the AAOS and AAHKS Annual Meetings for the past several years, which is always well attended and leads to new AAHKS membership applications. The committee spends a considerable amount of time developing protocols and reviewing applicants for Guest Society and co-branded meetings. One important accomplishment this year was the development of a “speakers bureau” to provide high quality speakers to various international meetings. The net effect of these activities has been a substantial uptick in AAHKS international members, with a net gain of 41 international members since this time last year and a spike in collaborative activities between the societies.

Industry Relations

This committee, chaired by Jonathan L. Schaffer, MD, MBA, has engaged industry in a way that has led to more exhibitors at our Annual Meeting and a greater participation by industry. The committee asked each exhibitor to develop “learning objectives” for their areas within the exhibit hall. This shifted the focus to education, as opposed to sales, and the feedback from industry was very positive.

As has been our custom for the past five years, the committee sponsored an industry breakfast at the 2017 AAOS Annual Meeting, and this year may have been our most interactive yet. Some of the issues that industry would like to work on are a consensus position on unique implant identifier (UDI), same day surgery and patient centered care. This led to a decision to have a meeting between industry and AAHKS leaders the day before the start of the 2017 AAHKS Annual Meeting.

Membership

The AAHKS Member Outreach Committee has continued to encourage steady growth in membership, as AAHKS welcomed its 3,000th member in March 2016. Chair Brian M. Curtin, MD has worked to include other members of the arthroplasty team with a particular focus on physician assistants (PAs) this year. This has included working with other committees to develop features of our society and Annual Meeting that would attract other groups. Dr. Curtin’s hard work has led to an increase of 512 new members this year!



Quality Measures

The Quality Measures Committee, chaired by David R. Mauerhan, MD, completed the Primary Total Hip Arthroplasty Performance Measure Set this year. This committee has now completed measures for both the hip and knee, which is an amazing amount of work and an amazing accomplishment.

Practice Management

This committee which has been so ably chaired by Frank R. Voss, MD for many years, brought Louis S. Stryker, MD in as vice chair this year. This committee has advocated for arthroplasty codes for many years. Among the many issues the committee dealt with this year was the ICD-10 PCS problem of being unable to discriminate between UKA and TKA and other “cross-referencing” between ICD-10 and CPT, structural allograft coding questions, the question of whether a kinematic sensor warranted a new code, responding to CMS (in the negative) for TKA going on the outpatient only list and developing coding for the second stage of a two-stage reimplantation for PJI.

Humanitarian Committee

Many AAHKS members have organized and participated in missions to improve the musculoskeletal health of disadvantaged patients both in the U.S. and abroad. The AAHKS Board of Directors supported the formation of the Humanitarian Committee to provide organizational and logistic support to these efforts by coordinating fundraising and publicity initiatives and to involve as many willing AAHKS members as possible. One group that is interested in exploring what such an arrangement might look like is OpWalk International (OWI). The Humanitarian Committee is charged to hire a consultant to help define the goal and scope of services that could be required should AAHKS provide logistic and fundraising services to OWI.

Collaboration between AAHKS, The Hip Society and The Knee Society

Surgeon Rating System

The AAHKS leadership learned of a plan by U.S. News & World Report (USNWR) to develop a methodology for rating arthroplasty surgeons when USNWR wrote to request that we provide one or two of our members to consult on the development of their methodology. This was January 2017, and their planned publication date was April 2017. We respectfully declined to provide consultants when most of the methodology was already determined. USNWR responded by agreeing to delay publication of their ranking if the subspecialty societies would provide input into their methodology. The AAOS leadership plus the leadership of the subspecialty societies met with the developers of the USNWR ranking methodology at the 2017 AAOS Annual Meeting and discussed the methodology. AAOS and arthroplasty subspecialty societies made it clear that we did not approve the methodology or the ranking system. We did offer to provide consultants if sufficient time was available for review and sufficient data was made available for the consultant.

Research Initiative

Several meetings were held with the presidential lines of The Hip Society, The Knee Society and AAHKS this year resulting in agreements to collaborate on several research areas. One area was the coordination of research projects with each society identifying a project compatible with a multicenter methodology. AAHKS agreed to hire a full-time research coordinator and make that person available on a contract basis to the three societies to administer the above studies. The coordinator was hired in March 2017.

Resident Skills Courses

The AAOS, The Hip Society, The Knee Society and AAHKS have collaborated on skills courses in three geographically dispersed locations across the country. These have filled and generated a modest funding surplus which has been rolled into the development of courses for the following year. There is evidence that these courses are influencing residents to pursue a career in adult reconstruction.

Self-Assessment Exam

The AAOS, The Hip Society, The Knee Society and AAHKS collaborated on the OKU 2016 Adult Reconstruction Self-Assessment Exam, which has been highly utilized.

ABOS Recertification Exam

The AAOS, The Hip Society, The Knee Society and AAHKS collaborated on the development of the 2017 Board Review course for the new ABOS Adult Reconstruction recertification exam. We estimate that there are approximately 300 physicians eligible to take the recertification exam each year, and in the first year of the course, there were 150 registrants.

In conclusion, AAHKS has continued to concentrate its efforts along its mission of advocacy and education according to our 2016–2018 Strategic Plan. This is dramatic progress that all AAHKS members have contributed to and can take pride in. Thanks again for the opportunity to serve as your President.





MEMBERSHIP UPDATE AAHKS RETAINS MEMBERS AND CONTINUES TO GROW

Thank you to members who have paid their membership dues for 2017!

If you have not renewed your membership, please pay dues online by logging in at www.AAHKS.org or by calling 847-698-1200 to pay with a credit card. If you prefer to mail a check, make it payable to AAHKS, and send to

9400 W. Higgins Rd.
Suite 230
Rosemont, IL 60018

Include your full name and AAHKS ID number.

A special thanks to all members who support the association, help to spread the word about membership value and assist in the application process by providing letters of recommendation for new member applicants.

Membership Numbers by Category

1,990 Fellow	349 Candidate	37 Affiliate
132 Clinical Affiliate	290 Arthroplasty Surgeon in Training	30 Associate
284 Emeritus	1 Honorary	207 International
Total Members		3,320

AAHKS 2017 ANNUAL MEETING

November 2-5 | Dallas, Texas

BOOK YOUR HOTEL FOR THE 2017 AAHKS ANNUAL MEETING

NOVEMBER 2 - 5, 2017 • HILTON ANATOLE, DALLAS, TEXAS, USA

Save the date and book your hotel early for the 2017 AAHKS Annual Meeting. Log in to the AAHKS website at www.AAHKS.org to access the hotel reservation link.

FOUR FULL DAYS OF EDUCATIONAL OPPORTUNITIES!

MEETING OBJECTIVES

Thursday, November 2

Start the conference at Noon by attending industry-sponsored symposia on current topics in total joint replacement, and reconnect with friends and colleagues in the evening.

Friday, November 3

Bring along your staff for the Orthopaedic **Team Member Course** and the **Business of Total Joint Replacement Course** that begin at 7:00 a.m. following breakfast in the Exhibit Hall Learning Center. Invited residents take part in the **Annual Resident Course**. Industry-sponsored symposia continue early in the morning up until the **Ask-the-Experts Case Sessions** in the afternoon. Visit the Poster exhibition prior to the General Session which includes Podium Presentations on primary and revision TKA/THA, infection, health care policy and non-arthroplasty topics and Symposia on key issues affecting your orthopaedic practice. End the day with a reception in the Exhibit Hall.

Saturday, November 4

The day starts at 6:00 a.m. with breakfast in the Exhibit Hall Learning Center. The General Session, Poster Exhibition and Exhibit Hall continue all day. Gather with friends and colleagues at the **President's Reception** at the end of the day in the Exhibit Hall.

Sunday, November 5

Stay for Sunday! The General Session continues with Podium Presentations and Symposia until Noon.

**REGISTRATION FOR THE 2017 AAHKS ANNUAL MEETING
OPENS IN JUNE, AND HOTEL RESERVATIONS CAN BE
MADE NOW BY LOGGING IN TO WWW.AAHKS.ORG.**



USE THA/TKA PERFORMANCE MEASURES SETS FOR MIPS REPORTING

AAHKS formed Hip and Knee Arthroplasty Work Groups to identify and define quality measures to improve outcomes for patients undergoing elective primary total hip and total knee arthroplasty. These projects utilized the expertise of practicing orthopaedic surgeons and other clinicians to create explicit, valid and feasible quality measures that can be used to monitor and improve the quality of orthopaedic care. The measures evaluate outcomes and appropriate preoperative, intraoperative, postoperative care which are critical to improving patient function and quality of life. You'll find the introduction to the measures on pages 12-13 and the complete measure set documents in the Performance and Quality section of www.AAHKS.org.

These measures can be reported through the American Joint Replacement Registry (AJRR) as part of their designation as a Qualified Clinical Data Registry (QCDR). The measures can also be used for reporting as part of the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program (QPP) in MACRA. MIPS allows participants to earn payment adjustment based on evidence-based and practice-specific quality data. This includes reporting up to six quality measures which includes these measure sets. You can search the measures list and learn more about MIPS on the CMS Quality Payment Program website <https://qpp.cms.gov/measures/performance>.



ABOUT THE FELLOWSHIP MATCH

The SF Match lists unmatched fellowship programs for the Adult Reconstructive Hip and Knee/Musculoskeletal Oncology Fellowship on their website at www.SFMatch.org. They begin accepting registrations for 2019 placement in August.

AAHKS, The Hip Society, The Knee Society and the Musculoskeletal Tumor Society have established this program to match orthopaedic residents and institutions for fellowships in adult reconstruction or musculoskeletal oncology. Complete details are at <http://www.aahks.org/residents/fellowship-match/>



AAHKS COUNCILS AND COMMITTEES

COUNCIL CHAIRS

Health Policy Council
Richard Iorio, MD

Education and Communications Council
Bryan D. Springer, MD

Membership Council
Javad Parvizi, MD, FRCS

COMMITTEE CHAIRS
(staff liaisons in parentheses)

Advocacy
Richard Iorio, MD (Joshua Kerr)

Committee on Committees
Craig J. Della Valle, MD
(Renalin Malvar-Ledda)

Education
William P. Barrett, MD (Sigita Wolfe)

Evidence-Based Medicine
Adolph J. Yates, MD (Joshua Kerr)

Fellowship Match Oversight

Christopher J. Peters, MD
(Sigita Wolfe)

Finance
Ryan M. Nunley, MD (Sharon Creed)

Humanitarian
Harpal S. Khanuja, MD
(Chiara Rodgers)

Industry Relations
Jonathan L. Schaffer, MD, MBA
(Renalin Malvar-Ledda)

International
Stefano A. Bini, MD (Joshua Kerr)

Leadership Development
Jay R. Lieberman, MD
(Eileen Lusk)

Membership Outreach
Jonathan P. Garino, MD (Eileen Lusk)

Nominating
William A. Jiranek, MD, FACS
(Renalin Malvar-Ledda)

Patient and Public Relations
David F. Dalury, MD (Denise Rodd)

Practice Management
Frank R. Voss, MD (Joshua Kerr)

Program
Robert M. Molloy, MD (Sigita Wolfe)

Publications
Gregory J. Golladay, MD
(Denise Rodd)

Quality Measures
William G. Hamilton, MD
(Joshua Kerr)

Research
Javad Parvizi, MD, FRCS
(Chiara Rodgers)

Web and Social Media
Jeffrey A. Geller, MD (Denise Rodd)



PRIMARY TOTAL HIP ARTHROPLASTY PERFORMANCE MEASURE SET

2016 AAHKS APPROVED FINAL MEASURES

Measure #1:

Postoperative Complications within 90 Days Following the Procedure

Percentage of patients undergoing an elective primary total hip arthroplasty who did not have a secondary procedure on the operative hip for any of the following reasons: periprosthetic fracture, dislocation, mechanical failure of the implant, irrigation/debridement of deep infection or a debridement of a superficial infection or hematoma within 90 days following the procedure

Measure #2:

Health and Functional Improvement

Percentage of patients undergoing a hip arthroplasty who reported functional status based on the Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR) and either the NIH PROMIS-10 Global instrument or the VR-12 during the preoperative visit within 3 months prior to the procedure and at the postoperative visit between 180 and 365 days following the procedure

Measure #3:

Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy

Percentage of patients undergoing a hip arthroplasty with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure

Measure #4:

Venous Thromboembolic and Cardiovascular Risk Evaluation

Percentage of patients undergoing a hip arthroplasty who are evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure (e.g. history of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia, and stroke)

Measure #5:

Identification of Implanted Prosthesis in Operative Report

Percentage of patients undergoing hip arthroplasty whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant, and the size of each prosthetic implant



PRIMARY TOTAL KNEE REPLACEMENT PERFORMANCE MEASURE SET

2013 AAHKS APPROVED FINAL MEASURES

Measure #1a–1c (composite measure):

Assessment of Patient History, Physical Examination, Radiographic Evidence of Arthritis

Percentage of patients undergoing a total knee replacement who had a history completed within one year prior to the procedure that included all of the following: onset and duration of symptoms, location and severity of pain, activity limitations (e.g. walking distance, use of assistive devices, and difficulty with stairs)

Measure #2:

Shared Decision Making: Trial of Conservative (Non-surgical) Therapy

Percentage of patients undergoing a total knee replacement with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, exercise, injections) prior to the procedure

Measure #3:

Venous Thromboembolic and Cardiovascular Risk Evaluation

Percentage of patients undergoing a total knee replacement who are evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure including history of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia, and stroke

Measure #4:

Preoperative Antibiotic Infusion with Proximal Tourniquet

Percentage of patients undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet

Measure #5:

Identification of Implanted Prosthesis in Operative Report

Percentage of patients undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant, and the size of the prosthetic implant



AAHKS PRESENTS IN LONDON

By Stefano A. Bini, MD

The British Hip Society's (BHS) 450 delegates welcomed a delegation from AAHKS to London in March as their first Guest Society. Several AAHKS members joined the official delegation of the AAHKS Presidential Line—Mark I. Froimson, MD, MBA and Craig J. Della Valle, MD—and Stefano A. Bini, MD, Chair of the International Committee.

The AAHKS delegation presented several scientific papers as well as a Symposium discussing same-day surgery, bundled payments and digital health topics. Exposure to our British colleagues' perspectives on shared problems was eye opening, and the quality of the research excellent.

The BHS delegates who presented at the 2016 AAHKS Annual Meeting were very complimentary of the experience. We will welcome BHS to Dallas as one of our 2018 Guest Societies and look forward to our continued relationship in future years. We are grateful to Fares Haddad, Immediate Past President of BHS and member of the AAHKS International Committee for promoting and facilitating the event.



RESEARCH NEWS

AAHKS is committed to advancing patient care by supporting research projects with great potential to contribute to the field of total joint arthroplasty and related fields. AAHKS has dedicated funds to support high-caliber projects on an annual basis. We recently received numerous great requests during our current grant cycle and will announce the winner of the grant during the 2017 AAHKS Spring meeting on May 5 in San Francisco. For more information on applying for the next cycle, please visit <http://aahks.org/share-your-study/>.



FUTURE MEETINGS

Specialty Day

March 10, 2018
New Orleans

AAHKS Spring Meeting

May 4–5, 2018
Miami

AAHKS 2018 Annual Meeting

November 1–4, 2018
The Hilton Anatole, Dallas



MULTIDISCIPLINARY APPROACH TO AAHKS SPRING MEETING

Several of the symposia at the 2017 AAHKS Spring Meeting will include experts from fields outside of hip and knee arthroplasty to discuss many of the challenges we all face in arthroplasty. The American Society of Regional Anesthesia (ASRA) will take part in a co-branded symposium moderated by William A. Jiranek, MD, FACS, AAHKS Immediate Past President. This symposium will focus on the latest trends in multimodal pain management techniques. Additionally, speakers from the Orthopedic Trauma Association (OTA) will collaborate with AAHKS faculty to discuss current trends and management of periprosthetic fractures around total hip and knee arthroplasty.

AAHKS

2017 SPRING MEETING

MAY 5 – 6 • SAN FRANCISCO

The Westin St. Francis



FARE GRANT FINALISTS ANNOUNCED

Finalists for the Foundation for Arthroplasty Research and Education (FARE) grant have been selected. The winning recipient, whose high-caliber research project will receive the FARE grant, will be announced at the 2017 Spring Meeting.

Finalists are:

Peter Boyle, DO
(The Rothman Institute)
P. Maxwell Courtney, MD
(Rush University)

Ran Schwarzkopf, MD, MSc
(NYULMC)
Thorsten M. Seyler, MD, PhD
(Duke University)



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HEALTH CARE ECONOMICS FOCUS OF RECENT ARTHROPLASTY TODAY ISSUE

Five articles focusing on various aspects of health economics comprise the March issue of the AAHKS open-access journal *Arthroplasty Today*. Mark J. Spangehl, MD, Associate Editor, references the increase in research papers and symposia presented at orthopaedic meetings. "The United States has the most expensive health care per capita in the world without necessarily delivering the highest quality or best outcomes for all patients. Because of increasing financial constraints, government, payers, and society will continue to challenge us to improve the value of care (less cost without compromising outcomes) for patients," he said in the editorial.

Visit www.ArthroplastyToday.org for full-text of the featured articles:

- **Variation in the cost of care for primary total knee arthroplasties**
Derek A. Haas, Robert S. Kaplan
- **Financial impact of total hip arthroplasty: a comparison of anterior versus posterior surgical approaches**
Noah M. Joseph, Jared Roberts, Michael T. Mulligan
- **Improving value in primary total joint arthroplasty care pathways: changes in inpatient physical therapy staffing**
Christopher E. Pelt, Mike B. Anderson, Robert Pendleton, Matthew Foulks, Christopher L. Peters, Jeremy M. Gililand
- **Surgical site infection and transfusion rates are higher in underweight total knee arthroplasty patients**
Jorge Manrique, Antonia F. Chen, Miguel M. Gomez, Mitchell G. Maltenfort, William J. Hozack

Arthroplasty Today needs article reviewers!

If you are interested in serving as a volunteer peer reviewer for articles submitted to *Arthroplasty Today*, please contact Denise Smith Rodd, AAHKS Manager of Communications and Web Content, at drodd@aahks.org or 847-430-5064.

ORTHOEVIDENCE⁺



NEW BENEFIT FOR MEMBERS SUMMARIZES PUBLISHED STUDIES

AAHKS has partnered with OrthoEvidence to make the popular ACE Reports available to members through free premium accounts. ACE Reports provide an online summary of published orthopaedic research from around the world. Please contact helpdesk@aahks.org if you have not yet received your login in an email from OrthoEvidence.



ADMINISTRATION CHANGES PRESENT OPPORTUNITIES

Two new appointments to health care positions in the United States Department of Health and Human Services (HHS) present opportunities for advocacy engagement in Washington, D.C.

Congressman Tom Price, MD was confirmed as the new Secretary of HHS. Dr. Price's experience as an orthopaedic surgeon gives him a critically important perspective on the real-world impact of health policy including the importance of access, coverage, the doctor-patient relationship, clinical decision making and challenges of navigating a complex health care environment. "We have confidence that as a fellow physician and AAHKS member, he will seek to put patients first in his role as HHS Secretary," said William A. Jiranek, MD, FACS, AAHKS Immediate Past-President.

Indiana health care consultant, Seema Verma, was confirmed as the new Administrator of the Centers for Medicare and Medicaid Services (CMS). Verma has extensive Medicare and Medicaid experience at the state level.

We look forward to continuing our work with the HHS agencies, especially the Centers for Medicare and Medicaid Services (CMS) now under the leadership of Dr. Price and Ms. Verma.



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AAHKS

2017 ANNUAL MEETING

November 2-5 | Dallas, Texas

AAHKS 2017 TO-DO LIST

- ✓ SUBMIT ABSTRACTS, SYMPOSIUM PROPOSALS, VIDEO PROPOSALS **BEFORE JUNE 1**
- ✓ MAKE HOTEL RESERVATIONS **NOW**
- ✓ REGISTER FOR THE MEETING AND COURSES IN **JUNE**

WWW.AAHKS.ORG

