

WHAT'S INSIDE: 2023 HEALTH POLICY FORECAST • FARE GRANTS 2023 Spring meeting • 2022 Annual meeting awards

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### 2023 AAHKS Spring Meeting

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The cutting-edge research, podium presentations and discussions were recorded and paired with CME assessments, allowing orthopaedic surgeons to earn 21.25 hours of CME on demand.

Log onto the AAHKS LEARN platform using your AAHKS username and password, then select "2022 Annual Meeting Recorded Course for CME Credit" to purchase and access the content.

### Missed the 2022 AAHKS Annual Meeting? Watch recordings and earn CME now.

Don't forget to claim your CME. If you attended the AAHKS Annual Meeting, and wish to claim CME credits, here's how:

- 1. Log in to the AAHKS website (https://member.aahks.net/)
- 2. Click the "Claim CME Credit" link in the My AAHKS menu
- 3. Click "Edit" in the first column; a new window will open
- 4. Enter your hours
- **5.** Click the Save button You can print a copy of the transcript by clicking the "Print Transcript" button on the page.

#### Don't forget to upload to ABOS (https://www.abos.org/login.aspx)

- 1. Click "Submit & Review CME/SAE"
- 2. Click "Add CME Item"
- 3. Select the year that the CMEs were obtained
- 4. Select the type of CMEs obtained
- **5.** Select the Accredited Provider/Sponsor for the CME being entered from those listed or select Other to enter one not listed
- 6. Type in the title of the CME course or activity as it is listed on the certificate or transcript
- **7.** Enter the number of credits awarded for this course/activity as shown on the certificate or transcript
- 8. Click "Save CME Item" to save the current entry. This will also update the CME credit totals shown
- **9.** Upload CME Transcript (if entering multiple meetings you must upload transcript for each meeting to receive credit)

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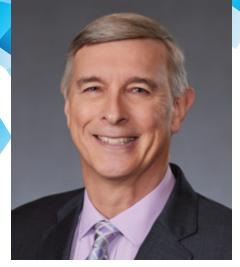
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# **2022 YEAR IN REVIEW**

Michael J. Zarski, JD, AAHKS Executive Director

### **New Leaders Take Office**

The customary leadership change took place in Chicago this March as 2021-2022 President Richard Iorio, MD handed the gavel to 2022-2023 AAHKS President Bryan D. Springer, MD. Also joining the Board as Members-at-Large were Ronald E. Delanois, MD, Lt. Col., USAF, MC (RET) and David W. Manning, MD.

### **AAHKS Welcomes New Employee**

AAHKS leaders and staff welcomed new employee Amy Bolivar in September as Education Specialist. Amy is responsible for coordinating and supporting in-person and virtual education programs, as well as maintaining online platforms including the LEARN online education management system, and the mobile app. She is also staff liaison for the Fellowship Match and FOCAL Committees. Amy has been working with AAHKS for the past three years as a part-time consultant producing the weekly newsletter. She replaced Natalie Loper, who took a position with the American College of Surgeons.

### **Spring Meeting Returns to San Francisco**

Following pandemic-related disruptions in 2020 and 2021, the AAHKS Spring Meeting returned live and in-person in May. The Spring Meeting was chaired by Gregory G. Polkowski II, MD, MSc Education & Research Council Chair and Immediate Past President Richard Iorio, MD. This smaller case-based AAHKS educational activity took place in San Francisco. The 2023 AAHKS Spring Meeting will take place on May 4-6, 2023 in Chicago. Members can register through the AAHKS website.

### **AAHKS Adds Fourth Pillar to Mission**

The three pillars of AAHKS, Education, Advocacy and Research have been joined by a fourth, "Outreach,"

representing the Association's growing commitment to humanitarian activities. These activities include support for Operation Walk international medical missions through our humanitarian foundation, AAHKS Global Outreach, (AAHKS-GO), as well as promoting diversity and inclusiveness by increasing underrepresented minorities in the field of arthroplasty.

### Leaders Return to Washington, DC to Advance Advocacy Efforts

After several years of pandemic-related restrictions on Capitol Hill, AAHKS leaders, including Second Vice President James I. "Hutch" Huddleston III, MD and Health Policy Chair Adam J. Rana, MD and others flew to Washington to continue their work to mitigate negative impacts on Medicare payment for arthroplasty. A clear strategy for recognizing the full value of the services provided by AAHKS members continues to be advanced, with AAHKS sending 16 letters to CMS, Congress and the Administration this year on issues ranging from CJR and BPCI adjustments, Medicare Advantage, Prior Authorization, and proposed Medicare payment cuts. Thank you to our members for sending nearly 600 messages to Congress, voicing our opposition to these cuts.

### Progress in Payment for Patient Optimization Work

The American Medical Association's Current Procedural Terminology (CPT) Assistant published an article in the November 2022 issue stating principal care management (PCM) codes (99424-99427) are appropriate for reporting preprocedural optimization management services including for total joint arthroplasty. An AAOSNow article and webinar on the use of the PCM codes are forthcoming and those with a CPT Assistant subscription can review the article now.

#### **Annual Meeting Relocates**

The 2022 AAHKS Annual Meeting was the first at our latest site, the Gaylord Texan Resort & Convention Center. Program Chair Jeremy M. Gililland, MD produced an exceptional program for the event that attracted record attendance. The 2023 AAHKS Annual Meeting will take place at the Gaylord Texan on November 2-5, 2023.

### Dr. Hamilton Receives Presidential Award

The AAHKS Presidential Award is given to an AAHKS member in recognition of exceptional service to the Association and the profession. The 2022 award was given to William G. Hamilton, MD. Under his leadership, AAHKS mitigated the disruption to fellowship training during the early stages of the pandemic by establishing the Fellows' Orthopaedic Continued AAHKS Learning, or "FOCAL," in response to suspension of elective surgeries at many institutions. Following the success of the initiative, AAHKS created the FOCAL Committee which Dr. Hamilton now Chairs. Through the FOCAL Committee, Dr. Hamilton guided the development of a curriculum for Adult Reconstruction Fellowship Training.

### New JOA Editor in Chief Takes Charge

Michael Mont, MD completed his first year as The *Journal of Arthroplasty* (JOA) Editor-in Chief. Dr. Mont's initial efforts focused on important submission process and manuscript workflow improvements and further reduced *JOA*'s impressive time to first decision. He most notably appointed Audrey K. Tsao, MD as the journal's first woman Associate Editor along with Lynn C. Jones, PhD. Dr. Mont also formalized the Social Media Ambassadors program that supports the dissemination of *JOA* content such as visual abstracts on social media platforms under the direction of Social Media Editor, Jaime L. Bellamy, DO.

#### New WIA Video Released

Building on the first viral video, the Women in Arthroplasty Committee (WIA), under the leadership of Rina Jain, MD, introduced a new video demonstrating actions that can be taken if a member witnesses the workplace discrimination highlighted in the previous WIA video. The latest video provides different tools to allow one to intervene when they witness harassment. AAHKS is committed to supporting women in our field and we urge all members to view the latest video on the AAHKS YouTube channel.

### New Women's Empowerment Award Presented

AAHKS presented the first "Women in Arthroplasty Empowerment Award" to Amy Turk, the Director of Strategy and Innovation, Global Hip Marketing for DePuy Synthes. The WIA Empowerment Award recognizes a person in the orthopaedic community who has gone above and beyond to elevate and support women in arthroplasty in a unique and impactful way. Amy Turk's work with DePuy Synthes' Women of Orthopaedics, dedication and most importantly her advocacy for women in arthroplasty has elevated our female members in AAHKS.

### Humanitarian Award Given to Dr. Meyer

Steven J. Meyer, MD was presented with the 2022 Lawrence D. Dorr, MD, Humanitarian Award. Through Dr. Meyer's organization, Siouxland Tanzania Educational Medical Ministry (STEMM), Dr. Meyer has provided more than 1,000 free surgeries, imported over \$5 million worth of equipment and spent countless hours educating healthcare professionals. The award recognizes his leadership in medical mission trips to remote Maasai villages providing healthcare to totally isolated people groups and introducing TJA to the country of Tanzania.

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### Diversity Award Recognizes Pioneer, Mentor Dr. Grant

AAHKS inaugurated the Diversity Award to recognize an individual committed to making hip and knee arthroplasty more diverse and accessible to patients, increasing women and underrepresented minorities in the field and eliminating disparities in arthroplasty care through education, research and/or community engagement. The first award went to Richard E. Grant, MD. Dr. Grant was Chair of the Department of Orthopaedic Surgery at Howard University Hospital. In addition, he was the first African American president of the American Board of Orthopaedic Surgery (ABOS). Throughout Dr. Grant's career, he empowered minority students and women to enter the field. He personally trained and educated more than 60 minority and female residents.

### Minority STEM Students Experience Orthopaedics

AAHKS conducted a hands-on workshop for over 50 minority STEM students from Dallas high schools at the AAHKS Annual Meeting. The workshop aimed to increase awareness of the orthopaedics specialty through surgeon led talks and hands-on workshops using real surgical tools and life-like plastic bones. AAHKS partnered with Nth Dimensions to conduct the program. Nth Dimensions was founded by orthopaedic surgeons to address the dearth of women and underrepresented minorities (URMs) in orthopaedic surgery. The AAHKS Humanitarian Committee, the AAHKS Diversity Advisory Board and other members turned out to work with and encourage the students.

### Industry Innovation Recognized by AAHKS

The new AAHKS Industry Innovation Award is a competitive product award that recognizes cutting-edge innovation in the field of orthopaedic hip and knee arthroplasty by Annual Meeting exhibitors. This year's award recipients were Enovis, for the ARVIS® Augmented Reality System and bioMerieux, Inc., for the BioFire JI Panel.

### Fellowship Programs Receive Over \$1 Million in Support

AAHKS launched a new Fellowship Education Improvement and Innovation Grant Program, developed with a \$1.25 million grant received from founding industry partner, Zimmer Biomet. Grant funding was awarded to nearly 60 Adult Reconstruction Fellowship Programs, to incentivized them to address targeted areas of improvement, including patient optimization, high-risk/at-risk patients, diverse patient populations, site of care impact, registry-based research and advanced technologies in joint arthroplasty. The long-term goals of the program are to standardize curriculum, improve training and financially support adult reconstruction fellowship training nationally.

### AAHKS Builds EHR for OpWalk Trips

The AAHKS-GO Electronic Health Record (EHR) was launched and tested on an Operation Walk trip to Honduras earlier this year. The purpose of the AAHKS-GO EHR is to centralize the collection of patient data from our global humanitarian efforts, making it easier for organizations like Operation Walk to review patient records and follow up more seamlessly after medical mission trips. AAHKS Global Outreach was created to facilitate and centralize support for over 20 Operation Walk entities.

### Updated Perioperative Management Guideline Published

A Clinical Practice Guideline (CPG) was published by AAHKS and the American College of Rheumatology (ACR) to update the CPG on "Perioperative Management of Antirheumatic Medication in Patients with Rheumatic Diseases Undergoing Elective Total Hip or Total Knee Arthroplasty." The guideline includes recommendations for people with forms of inflammatory arthritis as well as a list of medications to withhold and/or continue taking through surgery. Access the CPG through the AAHKS website.

### **New Education Content Reaches Patients**

The strong work of the Patient and Public Relations Committee continues to inform and benefit patients at every stage. New content published this year included:

IP AND KNEE SURGE

- What is Research?
- Paying for your Joint Replacement
- Anesthesia Options
- Cannabis for Managing Hip and Knee Pain
- Resuming Sports after Hip Replacement

This content can be accessed on the AAHKS website and members are encouraged to use it in their practices.

### New Record Expenditure for Research

The Foundation for Arthroplasty Research and Education (FARE) funded a record amount of research grants this year. In addition to the usual four research study grants, FARE also joined with The Hip Society, The Knee Society, and the MusculoSkeletal Infection Society to apply and provide matching funds for a AAOS BOS Research Support Fund Award. Please consider donating to FARE to support the research mission.

### **Renewing Your Membership**

Renewing your membership is easy and only takes a few minutes. If you haven't done so already, here are three convenient ways that you can renew your 2023 membership:

Online: Log in at www.AAHKS.org, click on "Renew" and enter payment information. You can select the one-time payment option or sign up for automatic renewal (memberships renew each October and can be changed at any time).

Phone: Call the AAHKS office Monday - Friday, 8:00 - 4:00 p.m. CST at 847-430-5071.

Pay by Check: Please make checks payable to AAHKS. Include the member's full name and AAHKS ID # on the check for proper credit.

#### Questions? Please contact Eileen Lusk, Senior Director of Membership, at: Eileen@AAHKS.org or call 847-698-1200

Don't let any of your membership benefits expire such as access to The Journal of Arthroplasty and reduced rates at upcoming educational events.

#### 2022 Year End Totals

1	Fellow	2658
	Candidate	555
	Arthroplasty Surgeon in Training	525
	Associate	56
	Emeritus	422
	International	288
н	International Resident	10
Ŋ	Clinical Affiliate	286
1	Non-Clinical Affiliate	39
	Honorary	2
1	Total:	4,841

## **2023 HEALTH POLICY FORECAST**

Prepared for AAHKS by National Health Advisors

### **Congressional Action on Medicare**

**Physician Payments** On December 29th, President Biden signed the Consolidated Appropriations Act of 2022 (H.R. 2617). This legislation was the main product of the postelection "lame duck session", which enacted a federal budget for 2023 and extend certain expiring provisions before the end of the year. This year-end package mitigated Medicare cuts to physicians, delayed a 4% "PAYGO cut" and extended the Medicare APM incentive payment. As one of the offsets, the bill also extended the 2% Medicare sequestration by one year. Overall it was a mixed bag for physicians; nearly every AAHKS policy priority was addressed by Congress, but more advocacy is needed to increase support for physicians. Congressional leadership is also signaling that a longer-term solution for Medicare physician reimbursement issues is needed, as shortterm fixes fall out of favor.

Most significantly, Congress included a 2.5% increase to the Medicare Physician Fee Schedule Conversion Factor in 2023, and a 1.25% increase in 2024. Overall, this lowers the Conversion Factor cut to 2% in 2023. This was only possible because of extensive advocacy by AAHKS throughout 2022, coordinated with other medical specialty societies. Most recently, AAHKS supported a letter signed by over 100 health care associations and medical specialties calling on Congress to reverse the full 4.4% scheduled cut. This letter endorses the Supporting Medicare Providers Act of 2022, introduced by Reps. Ami Bera (D-CA) and Larry Bucshon (R-IN) which had 110 sponsors in the House. In the Senate, AAHKS provided grassroots support for a letter signed by 46 Senators calling on Senate Leaders to reverse the cuts.

Recall, CMS attempted to impose a 9.75% cut in the Conversion Factor in 2021. Each year since then, however, Congress has acted to gradually phase-in the cut by statutorily providing a temporary increase in the Conversion Factor. Although our advocacy has ensured that relief was included in year-end legislation, Congressional leadership has not wavered from its plan to phase out conversion factor support. We expect a multi-specialty letter calling for more relief to go to Congress early in 2023, although it is unlikely Congress will revisit conversion factor support in the near-term. Incidentally, the repeated need to act to mitigate Medicare Conversion Factor cuts is inspiring more members of Congress to focus on long-term reform of the Medicare physician payment system. Many more Members of Congress went on record in late-2022, calling for long-term reform on behalf of physicians. Physician-allies in Congress kickstarted this process with a MACRA RFI released in September 2022. Look for 2023 to include some Congressional hearings on early principles for such Medicare physician payment reform.

Congress also extended the bonus to Medicare payments for physicians who are participating in CMS-classified Alternative Payment Models (APMs), such as the CJR program. Like the Conversion Factor support, Congress stepped-down the incentive payment from 5% to 3.5% starting in 2025. The payment is set to expire in 2026, but this is an area where AAHKS advocacy can still make a difference. AAHKS advocacy was critical to supporting the extension of this policy. Over 40 members of the House signed a letter to Congressional leadership asking them to extend the policy, and Reps. Peter Welch (D-VT) and Darin LaHood (R-IL) introduced the Value in Health Care Act which included a 2-year extension.

Finally, Congress delayed the 4% "PAYGO" sequestration until 2025. Congress has never let a PAYGO sequestration go into effect, but it is worth noting that they are delaying the cuts instead of waiving them as they have in the past. This will remain on the AAHKS advocacy agenda for 2024.

One of the concerning developments in the Omnibus is that Congress 1) did not delay the 2% Budget Control Act (BCA) Medicare Sequestration and 2) extended the sequestration for another year to offset other health care policies. Historically, Congress has never extended the BCA Medicare Sequestration by 1 year for any purpose other than delaying for 1 year. Congress is a institution of precedents, and this is a dangerous new precedent. If sequestration becomes an annual offset, it shifts from being a 10-year policy to a permanent policy. This is a policy development that AAHKS should strongly oppose in 2023 and beyond.

### **House Republican Health Policy**

**Priorities** Republicans took control of the House of Representatives with a narrow 222-213 Republican majority replacing a narrow 222-213 Democratic majority. This means big changes for the health policy agenda in the 118th Congress which convenes on January 3, 2023. Democrats will no longer be able to negotiate amongst themselves to move partisan agenda. Additionally, Republicans have abandoned the polarizing "repeal & replace" agenda and replaced it with a more forward-looking health policy platform.

Republican Leader Kevin McCarthy formed the "Healthy Futures Taskforce" which produced five white papers outlining a framework for Republican health policy priorities in the 118th Congress. Those white papers included physician-friendly themes like the "doctor patient relationship". Within that framework AAHKS may have new opportunities to address top priorities like inpatient-outpatient determinations. Another stated priority in the white papers is the reauthorization of the Support Act, the 2018 opioid legislation for which AAHKS lobbied, which provides an opportunity to re-engage on pain management issues and highlight lower-joint arthroplasty's role in relieving chronic pain.

A biproduct of Republicans retaking the majority is the increased influence of the House "GOP Doc Caucus". While Democratic doctors like Rep. Ami Bera and Raul Ruiz (D-CA) have championed efforts to stop Medicare cuts to physicians and give providers a fair shake in surprise billing legislation, there will be 16 Republican doctors in the House next year. With razor-thin voting margins, the tight-knit group of physicians could demand a lot from Congressional leadership.

### **Congressional Leadership Changes**

The personalities at the top of the Committees can impact the fate of stakeholders, and Sen. Bill Cassidy M.D. (R-LA) taking over the top Republican spot on the Health, Education, Labor & Pensions (HELP) Committee is a positive development for physician interests. The previous top-Republican on the Committee, Richard Burr (R-NC), was largely indifferent to physicians and his predecessor, Lamar Alexander (R-TN), ended his career in a bitter fight with health care providers. While Sen. Cassidy often has quickly evolving positions on health policy, he is ultimately the most doc-friendly Republican Senator in recent history at the top of the Committee. The new Chairman of the HELP Committee is Sen. Bernie Sanders (I-VT) who is expected to use the Committee as a platform to promote his life-long objective of single-payer health care.

On the other side of the Capitol, the House Ways & Means Committee will lose Rep. Kevin Brady (R-TX) as its top Republican. Brady was at least fair, and sometimes a staunch ally, to physicians. He will be replaced by either Vern Buchanan (R-FL), Jason Smith (R-MO) or Adrian Smith (R-NE). While Vern Buchanan is the obvious choice because of his seniority and fundraising advantage, both Smiths are closer to Republican Leader Kevin McCarthy. Whatever the outcome of this Chairmanship race is, it will be important for AAHKS to engage with the new top House lawmaker for Medicare. All of the House and Senate health care committees are expected to devote significant time to oversight of CMS' ongoing implementation of (1) provider-payer out-of-network payment dispute resolution processes under the No Surprises Act, and (2) the new process authorized under the Inflation Reduction Act for Medicare to establish a "maximum allowable price" for certain prescription drugs.

The House Democratic Leadership team of Speaker Nancy Pelosi (D-CA), Democratic Leader Steny Hoyer (D-MD), and Democratic Whip James Clyburn (D-SC) (combined average age 84 years), who have served together for 15 years, are stepping down. They are expected to be replaced by Rep. Hakeem Jeffries (D-NY), Rep. Katherine Clark (D-MA), and Rep. Peter Aguilar (D-CA) (combined average age 51 years).

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Democrats maintained narrow control of the Senate with Sen. Chuck Schumer (D-NY) continuing as Majority Leaders and Sen. Mitch McConnell (R-KY) as Minority Leader. With the retirement of Sen. Patrick Leahy (D-VT), first elected to the Senate in 1975, the new Senate President Pro Tempore (3rd in line to the Presidency) will be Sen. Patty Murray (D-WA), first elected 1992.

### **Prospects for Health Care Legislation**

in 2023 With the two chambers of Congress split between the two parties, each with narrow control, there is little likelihood of passage of sweeping, major legislation. There are few high-profile issues that the parties agree on. Further, with each party holding onto narrow majorities, there is little incentive for deal-making now as each party wishes to defer major decisions until after 2024 when conceivably either party could gain control of all of Congress. Expect the Republican House and the Democratic Senate to pass many so-called partisan "message" bills that have no chance of enactment but rather serve to illustrate the contrasting priorities of the parties.

Nevertheless, while a party split in Congress means a slowdown for many legislative issues, there is a long history of bipartisan health care bills becoming law during periods of partisan gridlock: the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA); the 21st Century Cures Act of 2016; the No Surprises Act of 2020. At the top of the list for the next bipartisan health care law is the Improving Seniors' Timely Access to Care Act which would require Medicare Advantage plans to utilize standardized electronic prior authorization systems.

### Biden Administration Medicare Regulatory Action We expect to see signifi-

cant changes in Medicare provider and plan regulations proposed in 2023. The third year of any administration is often its most "activist". The first two years of an administration are generally spent focusing on immediate regulatory issues inherited from the previous administration and then researching and developing their own proposals. Further, the third year of an administration is the last one for which the administration is guaranteed to control the annual regulatory process from start to finish as regulations proposed in a fourth year can be reversed by a subsequent administration. First, the Biden administration released a proposed rule this week that would begin adding standards to streamline prior authorization for Medicare Advantage, Medicaid managed care plans, and exchange plans. CMS hopes to finalize the proposal sometime in 2023.

Next, CMS has stated it will propose a regulation in 2023 that will provide for a shorter path to Medicare coverage for breakthrough medical devices. Also, CMS is under pressure from numerous stakeholders to limit the growth in federal payments to Medicare Advantage plans and update standards on plan marketing practices.

The White House has tasked CMS with adding data collection and new quality measures across the Medicare program to assess the existence of disparities in the treatment by race, ethnicity, language, gender identity, sex, sexual orientation, geography, and disability status. Also, CMS is considering whether to propose in 2023 adding new Medicare standards, including conditions of participation, to require hospitals, nursing homes, and hospices can better prevent and prepare for "the harmful impacts of climate change on beneficiaries and consumers."

### Center for Medicare and Medicaid Innovation (CMMI or "the Innovation Center")

The Biden administration has set an innovation goal to "have 100% of Medicare FFS beneficiaries in accountable care relationships by 2030" wherein beneficiaries "should experience longitudinal, accountable care with providers that are responsible for the quality and total cost of their care." Further, that "accountable care requires access to and coordination of primary care and specialty care to meet the full range of patient needs." Therefore, the focus for CMMI for the next several years is building new models, including mandatory models, that can integrate specialists into primary care and population-based models. This includes developing a successor model to the CJR.

CMMI will issue in 2023 a Request for Information for more feedback on current and potential future bundled payment models. We know CMS is considering at least the following: (1) making available more specialist outcome data to inform primary care physician referrals; (2) using e-consults and enhanced referrals in primary care models to improve access and reduce wait times for specialty visits; (3) making capitat ed payments to specialists for their role in managing defined chronic conditions; and (4) condition and procedure-based spending targets to promote active longitudinal management of high-volume and costly conditions.

**COVID-19 Pandemic** The Biden administration is expected to let the COVID-19 Public Health Emergency (PHE) declaration expire later in 2023. The administration has signaled it will extend the declaration for another 90 days when its current extension expires in early January 2023. That means the next PHE declaration expiration date will land in early April 2023 and this is seen as the most likely time for the declaration to end. Hospitals and other health care providers are no longer depending upon most Medicare regulatory flexibilities granted as a part of the PHE. There is widespread agreement in the value of continuing some of the regulatory flexibilities permanently, such as making telehealth more available for Medicare covered visits. Congress is most likely to authorize permanent Medicare coverage for telehealth visits for mental and behavioral health care.

The biggest impact from the end of the PHE will be a significant increase in the number of uninsured. It is estimated that millions of individuals have Medicaid coverage solely due to the PHE's expansion of Medicaid eligibility, which ends with the end of the PHE. CMS and the states have been preparing to transition many of these individuals to alternative coverage for which they are eligible, but the overall number of uninsured will increase.



### STEVEN J. MEYER, MD Receives the 2022 AAHKS HUMANITARIAN AWARD

At the 2022 AAHKS Annual Meeting, Steven J. Meyer, MD was presented with the prestigious Lawrence D. Dorr, MD, Humanitarian Award. Through Dr. Meyer's organization, Siouxland Tanzania Educational Medical Ministry (STEMM), he has provided more than 1,000 free surgeries, imported over \$5 million of equipment and spent countless hours educating health care professionals.

This award recognizes his leadership in medical mission trips to remote Maasai villages providing health care to totally isolated people groups and introducing TJA to the country of Tanzania. The organization's philosophy has been to provide aid to persons in extreme poverty regardless of color, creed, gender or religion. A large focus has been to educate impoverished children and provide orphan care, humanitarian relief, medical services and training, agricultural improvement and community development, which includes feeding 5,500 children school lunches daily. Dr. Meyer graduated from the University of Iowa College of Medicine and completed his residency at the University of Kentucky, Shriner's Hospital. He is fellowship trained in general orthopaedics and pediatric orthopaedics.

The AAHKS Lawrence D. Dorr, MD, Humanitarian Award recognizes AAHKS members who have distinguished themselves by providing humanitarian medical services, as well as programs with a significant focus on musculoskeletal diseases and trauma including the hip and knee, in the United States or abroad.

Nominations for the 2023 AAHKS Lawrence D. Dorr, MD, Humanitarian Award are now being accepted through June 5, 2023, at www.AAHKS.org/Humanitarian. Dr. Meyer is pictured below with J. Craig Morrison, MD, who presented him with his award at the 2022 AAHKS Annual Meeting.

Dr. Meyer is a true advocate for the people of Tanzania, especially the orphans. I've witnessed his relentless drive and dedication personally. After a 24-hour flight home from Africa, and with no hesitation, immediately resuming his clinical duties to balance responsibilities with his partners, all so he can remain devoted to his trips to Tanzania. Dr. Meyer's care for the people of Tanzania is not a theoretical experience, but a real one."

- Brian D. Johnson, MD, a partner and friend of Dr. Meyer



### WILLIAM G. HAMILTON, MD Receives the 2022 PRESIDENTIAL AWARD

AAHKS presented William G. Hamilton, MD with the 2022 Presidential Award for all the outstanding service he has given to AAHKS since 2006. Since the beginning of his membership, Dr. Hamilton has been heavily involved, serving as faculty for the Orthopaedic Team Member Course, Resident Course and Ask the Experts sessions, and in many other capacities at AAHKS Annual and Spring Meetings throughout the years.

Dr. Hamilton has also held various committee positions as an AAHKS member, including terms on the Patient & Public Relations, Quality Measures and Fellowship Match Oversight committees and as the lead of the Fellows Orthopaedic Continued AAHKS Learning (FOCAL) Committee – one that Dr. Hamilton was instrumental in creating. FOCAL arose as a response to the COVID-19 pandemic when elective surgeries were postponed at many institutions. There was concern that the pandemic might significantly impair the fellowship learning experience. To help augment fellows' education, the FOCAL Initiative was created – a free, online, interactive learning experience for surgeons in training that have chosen adult reconstruction as a specialty.

Through FOCAL, arthroplasty fellows and senior residents are invited to listen to lectures from many of the country's top adult reconstruction surgeons and participate in case discussions. As a result of the success of the initiative, AAHKS created the FOCAL Committee. Under Dr. Hamilton's leadership, the FOCAL Committee continues to offer monthly webinars to augment fellowship training as well as promoting a fellowship training curriculum. Dr. Hamilton is pictured below with President Bryan D. Springer, MD, who presented him with his award at the 2022 AAHKS Annual Meeting.

During a potential time of crisis for orthopaedic education due to the onset of the COVID pandemic, Dr. Hamilton and his team quickly filled the potential void with the establishment of the FOCAL curriculum. This educational platform, which continues today, provided the foundation at a time when other traditional opportunities were in jeopardy." – Bryan D. Springer, MD





### RICHARD E. GRANT, MD Presented with the INAUGURAL AAHKS DIVERSITY AWARD

The first-ever AAHKS Diversity Award was presented to Richard E. Grant, MD. Dr. Grant is a semi-retired board-certified orthopaedic surgeon who is truly devoted to promoting diversity in orthopedics. During his time at Howard University Hospital, where he was the chair of the Department of Orthopaedic Surgery, Dr. Grant was famously known for his community outreach endeavors, encouraging community members to tap into the orthopaedic care available at nearby hospitals.

Dr. Grant is a retired United States Air Force Lt. Col. Veteran who specialized in treating complex musculoskeletal conditions of the hip, knee and spine. He earned his medical degree from Howard University School of Medicine, completed his internship at the Kaiser Foundation Hospital in Oakland California and his orthopaedic residency at the United States Air Force Wilford Hall Medical Center in San Antonio, Texas. Following his residency, he completed two prestigious fellow ships in joint arthroplasty and adult spine surgery. What made Dr. Grant the best candidate for the Diversity Award is his commitment to promoting quality care that carefully addresses the orthopaedic needs of underserved patients in both majority and minority urban settings. After all his years of residency and post-residency training, he returned to the inner city to practice and remained in the urban community throughout his illustrious career. The majority of patients in the community that Dr. Grant served were African American, who usually presented more advanced disease and debilitating deformities.

He found it important to share his expertise in joint replacement surgery, gender-specific knee replacement and sickle cell disease-related osteonecrosis with a community that could benefit from both research and academia. Dr. Grant is pictured above with Rinelda M. Horton, MD (left) and Muyibat A. Adelani, MD (right), who presented him with his award at the 2022 AAHKS Annual Meeting.

We are excited to honor Dr. Grant as the inaugural AAHKS Diversity Award recipient. He has been a long-standing champion for ethnic and gender diversity in orthopaedics, and specifically, hip and knee arthroplasty. His dedication to diversity and orthopaedic education evolved most notably as Chair of Orthopaedics at Howard University for 13 years. While the objective data on his impact is impressive, we were most struck by comments we received on how Dr. Grant made his residents and medical students feel. It is his ability to make minority and female surgeons-in-training feel not just competent and capable, but also included and important."

### AMERICAN ASSOCIATION OF HIP AND KNEE SURGEONS

### AMY TURK Presented with the AAHKS WOMEN IN ARTHROPLASTY EMPOWERMENT AWARD

It is with great pleasure that AAHKS presents the Women in Arthroplasty (WIA) Empowerment Award to Amy Turk. Amy is the Director of Strategy and Innovation Global Growth Hip Marketing for Johnson and Johnson and has experience in global strategic marketing, acquisitions and commercial integration. The WIA Empowerment Award recognizes a person in the orthopaedic community that has gone above and beyond to elevate and support women in arthroplasty in a unique and impactful way. Amy's work with Women of Orthopaedics, dedication and most importantly, her advocacy for women in arthroplasty has elevated our female members in AAHKS. These acts of leadership directly align with the WIA mission of promoting, mentoring and professionally developing women in arthroplasty.

Amy is an active player in changing culture. She's a change agent that truly deserves to be honored as the recipient of the Women in Arthroplasty Empowerment Award. Amy is pictured above with Rina Jain, MD, who presented her with her award at the 2022 AAHKS Annual Meeting.

Amy has worked continuously in her career to elevate and reach women in Arthroplasty. When I first met Amy, she asked, 'where are the other women' and 'how do we get women together.' Like in industry, she saw a clear lack of representation and few women having a voice in our specialty. She has worked tirelessly to connect women in arthroplasty by hosting events to help develop our leadership skills, networking and connecting us with other non-female arthroplasty surgeons as mentors and advocates. She advocates within her own business to make sure women in arthroplasty are on the podium and teaching courses." *– Linda I. Suleiman, MD* 

# AAHKS 20 SPRING MEETING 23

### Join us in Chicago at the Radisson Blu Aqua Hotel, May 4-6, for the AAHKS Spring Meeting.

The Spring Meeting is a smaller gathering of faculty and surgeons that's intended to equip practicing orthopaedic surgeons with state-of-the-art information and cutting-edge strategies to enhance overall surgeon competence related to the care of patients with arthritis and degenerative disease. You'll enjoy breakout sessions, emphasizing case-based learning in a small-group setting with some of the leading faculty in the field of arthroplasty.

With attendance capped at 250, this gives participants the unique opportunity to meet face-to-face with faculty and discuss hip and knee patient care.

We are truly excited about this year's program and with limited spots for registration, be sure to reserve yours soon. For more information, visit us online at www.AAHKS.org

### **Objectives**

- Analyze total hip and knee arthroplasty cases
- Investigate the patterns contributing to effective total hip and knee primary arthroplasty and revision
- Determine the strategies contributing to optimal perioperative and post-operative care, including complication management
- Consider effective practice management tips and related health care policy

### CME

The American Association of Hip and Knee Surgeons (AAHKS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Association of Hip and Knee Surgeons (AAHKS) designates this live activity for a maximum of 15.5 AMA PRA Category 1 Credits<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



### **2022 AAHKS ANNUAL MEETING AWARDS**

#### James A. Rand Young Investigator's Award: Increased Revision Risk with Rotating Platform Bearings

in Total Knee Arthroplasty

#### Presented to: Vishal Hegde, MD

Johns Hopkins Dept. Of Ortho Surgery, Baltimore, MD

Co-Authors: Jamil Kendall, MD, Kathryn Schabel, MD Christopher E. Pelt, MD, Patrick J. Yep, MPH, Kyle Mullen, MP Ayushmita De, PhD and senior author Ryland Kagan, MD



#### **AAHKS Surgical Techniques and Technologies Award:**

**Resurfacing the Thin Native Patella: Is It Safe?** 

Presented to: Jacob M. Wilson, MD Vanderbilt University Orthopedic Surgery, Franklin, TN

#### **Co-Authors:**

Mikaela H. Sullivan, MD, Mark W. Pagnano, MD and senior author Robert T. Trousdale, MD

### **2022 POSTER AWARD** RECIPIENTS

### **Complications Not Including Infection**

Nerve Palsies After Direct Anterior vs. Posterior THA: Incidence, Risk Factors, and Recovery

Authors: Sean E. Slaven, MD, Henry Ho, MS, Robert A. Sershon, MD, Kevin B. Fricka, MD, William G. Hamilton, MD

#### **Health Policy**

Non-English Speakers Less Likely to Complete PROMs After Joint Replacement: Analysis of 16,554 Cases

Authors: Jaclyn A. Konopka, MD, Jacob Oeding, MS, David A. Bloom, MD, Claudette M. Lajam, MD

### Infection

Rifampin Loaded Antibiotic Cement Maintains Structural Integrity while Inhibiting Bacterial Growth

Authors: Abigail Boduch, MD, Caitlin Barrett, BS, Jillian Glasser, BA, Drew Clippert, BA, Valentin Antoci, MD, PhD

### **Primary Hip**

Cemented Femoral Fixation Reduces Risk of Periprosthetic Femur Fracture in Total Hip Arthroplasty

Authors: Mackenzie Kelly, MD, Antonia F. Chen, MD, MBA, Sean P. Ryan, MD, Zachary Working, MD, Ayushmita De, PhD, Kyle Mullen, MPH, Kimberly Porter, PhD, Ryland Kagan, MD

### **AAHKS Clinical Research Award:**

**Oral Dexamethasone Following Total Knee Arthroplasty:** A Double-Blind, Randomized Controlled Trial

Presented to: Jonathan H. Shaw, MD Henry Ford Hospital, Detroit, MI

Co-Authors: Luke D. Wesemann, BS, Trevor R. Banka, MD Wayne T. North, MD, Michael A. Charters, MD and senior author Jason J. Davis, MD



### **AAHKS Best Podium Award:** Second Dose of Dexamethasone Reduces Opioid Consumption, Pain, and Length of Stay in Primary TKA

Presented to: Jerry Arraut, BS NYU Langone Health, New York City, NY

#### **Co-Authors**:

Christian T. Oakley, BS, Mark Kurapatti, BS, Omid S. Barzideh, MD Joshua C. Rozell, MD and senior author Ran Schwarzkopf, MD, MSc

### **Primary Knee**

Does Experience with Total Knee Arthroplasty in Morbidly **Obese Patients Effect Surgical Outcomes** 

Authors: Ittai Shichman, MD, Christian Oakley, BS, Daniel Waren, MPH, Kyle W. Lawrence, BS, Morteza Meftah, MD, Scott E. Marwin, MD, Ran Schwarzkopf, MD, MSc

### **Revision Hip**

Radiographic Accuracy of Detecting Malseated Dual-Mobility Liners Varies Based on Implant Design

Authors: Richard D. Rames, MD, Cory G. Couch, MD, Rafael J. Sierra, MD, Daniel J. Berry, MD, Robert T. Trousdale, MD, Matthew P. Abdel, MD

### **Revision Knee**

Comparison of Partial and Full Component Aseptic Revision Total Knee Arthroplasty

Authors: Ittai Shichman, MD, Christian Oakley, BS, Jeramiah Thomas, BS, Itay Ashkenazi, MD, Daniel Waren, MPH, Joshua C. Rozell, MD, Ran Schwarzkopf, MD, MSc, Vinay K. Aggarwal, MD

### Non-Arthroplasty and Miscellaneous

Automatic Assessment of Knee and Hip Prostheses on X-Ray Images using Artificial Intelligence

Authors: Michel P. Bonnin, MD, PhD, Florian Müller-Fouarge, MS, Théo Estienne, PhD, Samir Bekadar, PhD, Aurelien Houël, Salvatore Ratano, MD, Yannick Carrillon, MD, Frederic Sailhan, MD, Charlotte Pouchy, PhD, Tarik Ait Si Selmi, MD

### FARE ADVANCING RESEARCH

The Foundation for Arthroplasty Research and Education (FARE) has announced the recipients of the FARE Grant, presented at the 2022 AAHKS Annual Meeting.

### MATTHEW J. DIETZ, MD

#### Title: Clinical Relevance of the Minimum Biofilm Eradication Concentration

**Summary:** Prosthetic joint infection (PJI) following total hip or knee arthroplasty continues to be a significant

challenge for arthroplasty surgeons and their patients. Failure rates surrounding the treatment for prosthetic joint infection, especially in the setting of debridement, antibiotics and implant retention of components (DAIR), continue to be unacceptably high.

For years, clinicians and surgeons have used the minimum inhibitory concentration (MIC) as an established metric to evaluate sufficient dosing of an antimicrobial to have an impact on infecting organisms. These values are based on the effects that antibiotics have on planktonic, free-floating bacteria. However, we know that most PJI involves bacterial biofilm; when present in biofilm, it has been reported that biofilm producing microbes are 100-1000 times more resistant to antimicrobials than the same bacteria in a planktonic state which would mean we are woefully under-dosing antibiotics locally to have any significant effects. Measurement of the minimum biofilm eradication concentration (MBEC) has been evaluated in the lab setting but there is limited evaluation when compared to clinical outcomes.

Currently, MBEC values are not utilized in the clinical setting. The purpose of our study is to quantify the concentrations of antibiotics required to eliminate bacteria in the free-floating form compared to the biofilm form and determine how these numbers relate to the clinical outcomes of PJI patients. To accomplish this goal, we are using bacteria isolates stored in our center's microbiology registry and reviewing patient outcomes compared to their MIC and MBEC values.

A better understanding of the necessary concentrations to eliminate bacteria may help us redefine resistance and refocus efforts to treat PJI. It may also highlight the need to further evaluate the MBEC as a clinically relevant number to review.

### **R. MICHAEL MENEGHINI, MD**

Title: Contemporary Total Knee Arthroplasty with Selective Patella Resurfacing Compared to Unresurfaced Patella With and Without Denervation



Summary: Patellar resurfacing during total

knee arthroplasty (TKA) is a highly debated topic but remains the preferred technique in the U.S. due to historical reports of unresurfaced patellae leading to increased rates of reoperation and anterior knee pain.

Some surgeons are reluctant to deviate from resurfacing the patella even though most studies did not include modern "patella-friendly" femoral components and were performed before the awareness of flexion-instability which has a nearly identical clinical presentation as anterior knee pain during flexion-based activities. Furthermore, studies have strictly binary treatment groups: resurfaced or unresurfaced without selective patella resurfacing criteria.

Still, despite convincing data for either technique, a recent shift toward leaving the patella unresurfaced has steadily increased from 4.1% (2012) to 9.6% (2020) according to the American Joint Replacement Registry. Lack of recent data and extrapolation of historical findings to contemporary designs warrant a randomized controlled trial with modern implants, techniques, and protocols.

The proposed study will be a multi-center randomized, controlled, patient-blinded trial of patella resurfacing in TKA evaluating modern patient-reported outcomes. There will be three TKA study groups: (A)-resurfaced patella, (B)-unresurfaced patella, or (C)-unresurfaced patella with circumferential denervation. To achieve 90% statistical power for a 3-group ANOVA with an alpha level of 0.05, maximum difference in Knee Society Score pain while climbing stairs of 1.0, and assumed standard deviation of 2.0, each study group will require 103 patients. Accounting for 25% patient drop-out, 130 patients will be recruited and randomized to each group (390 total).

### **2022 INDUSTRY INNOVATION AWARD**

New at the AAHKS Annual Meeting was the introduction of the Industry Innovation Award. The award is a competitive product award for companies exhibiting at the AAHKS Annual Meeting. It recognizes cutting-edge innovation in the field of orthopaedic hip and knee arthroplasty by exhibitors. All industry partners and exhibitors were encouraged to apply for the award. **We are proud to announce this year's awards recipients:** 

# enovis.



### submitted the **ARVIS® Augmented Reality System**

According to **Enovis**, "it represents the next era of orthopaedic technology. The ARVIS® is an imageless, self-contained augmented reality navigation system for hip and knee arthroplasty. This wearable, self-contained system delivers real-time, hands-free surgical guidance directly to the surgeon at the point of care. Cameras mounted at the surgeon's viewpoint track re-usable markers on the patient to provide accurate navigation guidance for total hip, total knee, and unicompartmental knee arthroplasty."



**BIOMÉRIEU** 

### submitted the **BioFire JI Panel**

According to **bioMérieux**, **Inc.**, "it tests for a comprehensive grouping of Gram-positive and Gram-negative bacteria, yeast, and antimicrobial resistance genes commonly associated with joint infections. It takes just one syndromic test, one small sample of synovial fluid, and about an hour to get results on 39 clinically relevant targets."



**Congratulations** Enovis and bioMérieux, Inc. for winning the 2022 Industry Innovation Award.



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