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AAOS's Identity Crisis?

Walter Eisner • Mon, Mar 14th, 2011

"As private practice physicians, we are nowhere. Who represents us?"

That's what Pete Sallay, M.D., a private practice orthopedic surgeon from Indianapolis asked panelists at the recent meeting of the American Academy of Orthopaedic Surgeons (AAOS) in San Diego. His colleagues attending a session titled: "AAOS Quality Initiatives, Health Care Reform and You," applauded enthusiastically.

Only moments before, panelist Michael Goldberg, M.D., spoke of the "Schizophrenia of Advocacy" as the Academy struggles to decide if it is a professional society or trade union in a dramatically changing healthcare environment where hospital employment of orthopedic surgeons has grown by around 70% from 2004 to 2008.

Sallay's question and Goldberg's observation strike at the heart of almost every public policy issue confronting orthopedic surgeons in a new healthcare world. Members are pushing the Academy to reconsider what it stands for, who it represents and how it will engage with industry.

The following day at the full AAOS Open Meeting session titled: "Healthcare Reform Bill: Past, Present and Future," Academy leaders were asked again if private practices were still relevant. "What is the likelihood that private practice is going to survive future changes?" asked Ned Wilson, M.D., of Kalispell, Montana.

"Nobody knows the answer to that," responded Pete Mandell, M.D., the Academy's Council on Advocacy chair. "I think there will always be a role for private practice in rural areas, but I think in big cities and higher density areas, the accountable care organization (ACO) approach is

what legislators are looking at. They have to get costs down, and if they can't do that, we'll see more medical tourism, with patients going to Asia and Europe for treatment."

"ACOs will result in a tremendous cultural shift," he continued. "In the Kaiser model, doctors still have some autonomy, but they're also grouped together. It's not exactly private practice but may be the best we can hope for," added Mandell.



2011 AAOS Meeting

A New President's Challenge



Daniel Berry, M.D.

With Academy members pressing their leaders to look out for their best interests in a manner and intensity we hadn't seen before, we wondered if the Academy was undergoing an identity crisis.

How those market forces play out at medical society meetings was evident at last fall's annual meeting of the North American Spine Society. There we saw that Synthes was temporarily absent from the exhibit floor as the company reevaluated its appropriate role in supporting medical societies and marketing to their surgeon customers. Synthes was present at AAOS.

Is this a cause for concern by AAOS?

"The Academy has a committee that looks at the overall experience of attendees and exhibitors. The initial reports from San Diego are very positive. Attendance was good and people seem to value the opportunity to evaluate products," said Berry. He has no doubts that over time, companies and physicians will reevaluate how the process of evaluating products at the Academy meeting is working.

The attendance, exhibitor numbers and square footage from the San Diego meeting show that members and industry continue to value the meeting. As the table from AAOS below shows, while attendance by physicians has dropped slightly over the last two years, attendance by exhibitors has remained steady.

Registration Category	2009 Las Vegas	2010 New Orleans	2011 San Diego
AAOS Fellow/Member	7,154	5,613	6,452
Candidate Member	836	606	730
Resident Member	1,148	1,056	1,113
International Member	2,478	1,997	1,942
Other Member	67	90	42
Total Members	11,683	9,362	10,279
Program Part/MD	544	407	427
International Attend/President	2,664	2,595	2,626
Non-Member MD	386	308	460
US Resident/Fellow	125	113	120
Total Physicians	15,402	12,785	13,912
Program Part/Non-MD	208	186	99
Allied Health	2,222	1,768	1,789
Total Members, Physicians and Other Health	17,832	14,739	15,800
	11,543	11,548	11,666

SBi's "Booth-in-a Suite" Strategy

One company absent from this year's exhibit floor was Small Bone Innovations (SBI). SBI, founded by the Viscogliosi Brothers, made big news during the depths of the Great Recession in 2009 by raising almost \$150 million in funding from sovereign funds and private investors.



Anthony Viscogliosi

Company Chairman and CEO Anthony Viscogliosi said the company decided not to spend several hundred thousand dollars in exhibit costs to be on the exhibit floor. "Instead we were there in a hotel (the Omni across the street from the Convention Center) to create a more personal, intimate and in-depth opportunity to build on relationships with surgeons, payers, hospitals and key global distributors."

He called it the "Booth-in-a-Suite" strategy. The strategy, according to Viscogliosi, allows for more intense and complex discussions which today's world requires, as opposed to 30 people standing in a booth not doing very much.

"We decided to directly target the payers and hospitals and spend more on education, training, clinical data collection and face-to-face communication. We did that effectively at AAOS and I believe other companies will follow suit," added Viscogliosi

He advises AAOS to be proactive about adjusting to the changing environment and make it more economically sensible to participate in an effective way for each type of vendor.

However, Viscogliosi told *OTW*, it's vital for companies to support the surgeon societies. "The meetings are the venues and tools for relationship development and creation of better opportunities for education and training."

He still believes that some presence in the exhibit hall is valuable and plans to set up a smaller booth in the future to serve as a launching pad for attendees to get to the "Booth-in-a-Suite."

Dr. Berry inherits a medical society grappling with profound historic changes in science, regulations, reimbursement and economics. Will economic changes push the Academy to become more guild-like and redefine their own identity to remain relevant to members and vendors?

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