

**American Association of Orthopaedic Surgeons  
Board of Directors Meeting  
JW Marriott Hotel  
Washington, DC  
September 17, 2023**

**APPROVED MINUTES**

Members of the Board present for all or portions of the American Association of Orthopaedic Surgeons Board of Directors meeting on Sunday, September 17, 2023 were as follows:

Kevin J. Bozic, MD, MBA, FAAOS, President  
Paul Tornetta, III, MD, PhD, FAAOS, First Vice-President  
Annunziato Amendola, MD, FAAOS, Second Vice-President  
Michael L. Parks, MD, FAAOS, Treasurer  
Felix H. Savoie, III, MD, FAAOS, Past-President  
Alfonso Mejia, MD, FAAOS, Board of Councilors Chair  
Joel L. Mayerson, MD, FAOS, Board of Councilors Chair-Elect  
Michael J. Leddy, III, MD, FAAOS, Board of Councilors Secretary  
Armando F. Vidal, MD, FAAOS, Board of Specialty Societies Chair  
Adolph J. Yates, MD, FAAOS, Board of Specialty Societies Chair-Elect  
Michael P. Bolognesi, MD, FAAOS, Board of Specialty Societies Secretary  
Evalina L. Burger, MD, FAAOS, Member-at-Large  
Chad A. Krueger, MD, FAAOS, Member-at-Large  
Toni M. McLaurin, MD, FAAOS, Member-at-Large  
Monica M. Payares, MD, FAAOS, Member-at-Large  
Lilly Marks, Lay Member  
Lisa N. Masters, Lay Member

Council Chairs participating for all or portions of the meeting were as follows:

Adam J. Bruggeman, MD, FAAOS, Advocacy Council Chair  
David S. Jevsevar, MD, MBA, FAAOS, Research and Quality Council Chair  
Elizabeth G. Matzkin, MD, FAAOS, Membership Council Chair  
Andrew H. Schmidt, MD, FAAOS, Education Council

Guests participating for all or portions of the meeting were as follows:

Taylor Sexton, Dan Todd Strategies  
Michael Suk, MD, JD, MPH, MBA, FAAOS, Chair-Elect, AMA Board of Trustees  
Dan Todd, Dan Todd Strategies  
Nick Uehlecke, Dan Todd Strategies

Staff participating for all or portions of the meeting were as follows:

Thomas E. Arend, Jr., Esq., CAE, Chief Executive Officer  
Laura Abrahams, Chief Human Resources Officer  
Todd Applebaum, MBA, Director, Strategic Planning  
Rachel Bowers, CPA, MBA, Director, Finance  
Dino Damalas, MBA, Chief Operating Officer  
Nathan Glusenkamp, MA, Chief Quality and Registries Officer  
Donna Malert, CAE, Director, Governance and Affiliate Relations  
Graham Newson, Office of Government Relations  
Jason Nippa, Office of Government Relations  
Tony Priore, Chief Marketing and Membership Officer  
Amber Simpson, Business Lead, Membership  
Anna Troise, MBA, Chief Commercial Officer

### **I. Call to Order**

The American Association of Orthopaedic Surgeons Board of Directors meeting was called to order by Kevin J. Bozic, MD, MBA, FAAOS, President, at 12:30 p.m. ET

### **II. Consent Agenda**

Dr. Bozic drew attention to the items listed under the consent agenda for approval. He reminded Board members of the opportunity to remove topics in advance of the meeting if further discussion is needed. There were no topics removed from the Consent Agenda. Dr. Bozic added that the preliminary September 16, 2023 Committee Appointment Program Committee Report was provided as a handout, and the Board will be asked to approve the report in concept. Any administrative changes will be made to the report and add to the BoardEffect portal following the meeting.

The following topics were approved / received via the consent agenda:

- July 17, 2023 Board of Directors Meeting Minutes
- September 16, 2023 Committee Appointment Program Committee – Preliminary Report
- Professional Compliance Actions Not Involving Standards of Professionalism
- Class of 2024 Membership

### **MOTION**

**Upon a motion duly made and seconded, the Board of Directors approved the recommendations for the Consent Agenda items as presented.**

### **III. Strategic Goal 1: Member Experience**

Elizabeth G. Matzkin, MD, FAAOS, Membership Council Chair, facilitated a discussion to engage the Board on the future of AAOS Membership.

Dr. Matzkin reviewed a number of macro-trend risks that the AAOS is facing and is similar to other associations. Aging membership, younger members joining but needing value to stay, general membership declines or challenges to drive consistent growth, changing member needs from environmental changes like practice consolidation are some of the risks identified. Ultimately, the major message is that engagement, value, and innovation drive growth – that’s where associations should focus to drive impactful membership change.

Membership has been mostly flat in total, and free membership has grown while paid membership has declined. There continues to be a continuing flow into free emeritus membership while early career transitions have not kept pace even with great work on this in recent years. Overall, AAOS is not losing a lot of members. The main risks come from the transitions from free resident/fellowship membership to paid Candidate, and then again from Candidate to higher paid Fellow

While AAOS Membership itself has been mostly flat since 2014 with a slight dip in 2017, we are starting to see larger shifts between our free versus paid Membership categories. The most prevalent is our growing Resident and Fellowship numbers (over 95% of Residents now enter Fellowship instead of practice, a trend we have tracked year-over-year since 2019), and retirement of our Active Fellows moving to Emeritus. We are now averaging around 400 new Emeritus members per year, with no decline in the near future. Many of our AAOS Members also belong to other professional groups which are also competing for time and attention.

Specialty Societies are an important part of many of our members’ careers and engagement, and so is AAOS. This can be valuable for our members to have dual membership, but we need to maintain AAOS membership value to minimize risk of members choosing solely to join their Specialty Society in the future.

There continue to be myths about AAOS Membership. Dr. Matzkin shared two key takeaways:

- Takeaway 1 – 100% membership or close to it at AAOS is a myth. AAOS never had 98%+ membership and it is not possible to achieve that. AAOS has an extremely strong share today, not far from the likely maximum possible.
- Takeaway 2 – There are diminishing returns to chasing an incremental more 1% of mid-to-late career surgeons who have chosen to be non-members and will rarely come back.

Communication to AAOS members is critical and efforts continue to improve these communications that focus on membership value that will drive growth.

The Board participated in break-out groups to identify key themes that would make members unequivocally need AAOS. The following five focus themes were shared to set the framework for discussion:

- Get me paid

- Save me time
- Help my practice
- Make me a leader
- Find me value

At the conclusion of the exercise, the following themes were shared from the discussions:

**Group 1: Get Me Paid / Find Me Value**

1. Tie ABOS certification to AAOS membership (like the American Bar Association)
2. Low interest loans with best rate upfront to members who are at the early career stage of their careers
  - a. Volunteer and do other things to pay it back
3. Career transition support – Credentials with insurance companies

**Group 2: Save Me Time / Make Me a Leader**

1. Collect data for payers – Morphed into “one stop shop” idea
  - a. Push/pull of data to and from – A huge lift as we would interface with various EMRs to address burdensome part of the surgeon job
  - b. AI and ML and real time listening make notes for you
    - i. Collecting patient reported outcomes data to go easily to payer
  - c. Big project – but those are the two biggest burdens now and in future
  - d. Safety, tracking, admin burden – Easily accessible to both sides
2. Group benefits and membership -- Save me time and perhaps other benefit improvement
  - a. Drive membership to incentivize majority or all of group to be members
  - b. Consulting, contracts, etc. – Address things burdensome to practice
3. Make me a leader -- Need to educate surgeons on being a leader in broader care teams, setting up VBC programs, managing other providers, physicians or ancillary people in the field – Not trained for that
  - a. How do we train for multi-disciplinary teams?
  - b. Leadership training beyond current AOS and AAOS training
    - i. Apex is academic leadership, ALI is AAOS
    - ii. Complex organizations like private equity, etc. – How can we be leaders in other structures
  - c. Pathway to allow AAOS to create leaders in orthopedics – Involves taking on AOA
  - d. Emeritus members – Consulting, mentorship could engage the next group

**Group 3 – Get Me Paid / Help My Practice**

1. Partner with hospital associations and ASC to make AAOS membership mandatory to operate in hospital – Have to be a member. Complicated but feasible
2. Affiliate and discount benefits – Point system, low interest loan, discounts on purchasing equipment for clinic or hospital etc. – discounts across board

3. Partnering with ABOS
  - a. Require putting data in registry; membership, certification for surgeons to be part of AAOS
  - b. Need something to give back to ABOS whether data or competency if we made it mandatory to be FAAOS to participate then that would do it

### **Action Items/Next Steps**

The Board discussed all the ideas generated from each workgroup and agreed to focus on the following for further exploration:

1. Tighter partnership or merger with ABOS to tie ABOS certification to require AAOS membership.
2. One-stop shop to save time and ease burden in several ways.
3. Institutional and large physician group membership and specific benefits to generate value that would incent them to pay for those memberships.
4. Ideas around new financial offerings such as:
  - a. Low interest loans for early career stage members
  - b. Medical liability insurance through AAOS given the cost/issues facing members getting insurance now.

**Action: Staff to explore the top membership impact ideas prioritized by the Board with the appropriate governance unit and return with an update at next Board Meeting in December. Presidential Line to discuss ABOS appetite for expanding requirements that includes AAOS membership at a future scheduled AAOS / ABOS leadership meeting.**

Dr. Bozic thanked Dr. Matzkin and staff for their efforts in framing the discussion. The Board feedback will be utilized to prioritize ideas for further exploration.

## **IV. Strategic Goal 2: Quality and Value**

### ***A. Advocacy Strategic Discussion: AAOS Approach to Advocacy***

Adam Bruggeman, MD, FAAOS, Advocacy Council Chair, facilitated a discussion on the AAOS Approach to Advocacy. He began by presenting a brief overview of current AAOS advocacy efforts. In particular, he highlighted the key advocacy coalitions the Office of Government Relations (OGR) works closely with, including the AAOS OrthopaedicPAC Advisors' Circle, Surgical Coalition, Health Coalition on Liability and Access (HCLA) and Regulatory Relief Coalition (RRC). He further emphasized the importance of AAOS doing more to engage – and grow influence within – the American Medical Association (AMA).

Michael Suk, MD, JD, MPH, MBA, FAAOS, chair-elect of the AMA Board of Trustees, then started by presenting an overview of the AMA House of Delegates and discussed strategies to influence the future policies and direction of the AMA. Drs. Bruggeman and Suk both noted in their

respective presentations the importance of partnering with the AMA to advance the AAOS Unified Advocacy Agenda (UAA). They also pointed out that AAOS and AMA advocacy priorities are intrinsically aligned, including, but not limited to:

- Reforming Medicare payments to promote thriving practices and innovation;
- Tackling prior authorization to reduce burdens on practices and delays in care;
- Stopping scope creep that threatens patient safety; and preserve surgeon-led care;
- Encouraging telemedicine policies that promote equal reimbursement with in-person visits;
- Supporting medical liability reform at all levels; and
- Fighting to repeal the ban on physician owned hospitals.

The discussion began by reviewing the history of the AMA, and how its support of the Affordable Care Act in 2009 was not positively received by most orthopaedic surgeons. There was also a question concerning the AMA's control of Current Procedural Terminology (CPT) codes and the AMA/Specialty Society RVS Update Committee (RUC). It was noted that while there were some difficulties in the past, given our alignment now on top tier UAA issues, now is the right time for the AAOS to work with the AMA. Given that AAOS already has an active AMA delegation, and are leaders in the AMA Mobility Caucus, there is an opportunity to make an impact.

To increase AAOS influence even further, there is a need to increase AAOS membership in the AMA to increase our delegate count (currently at five delegates). By having additional delegates, AAOS will have more influence. Jason Nippa reported that the AAOS has 3,461 AMA members today, down from 3,897 AMA members in 2018.

**Suggested Action:**

- Target resident enrollment to quickly increase numbers. (Meet with Resident Assembly).
- Educate AAOS members on the need for more AAOS members to join the AMA and why it is important.
- Survey those members who are members of the AMA and see what motivated them to join.
- Include stories in AAOS Now, and Advocacy Now. The 'Bone Beat' podcast was also highlighted.
- Dr. Suk is a speaker for the symposium on Medicare during the Combined NOLC/Fall Meeting.

The Board also discussed medical liability reform, with a particular focus on surgeons taking care of athletes. Dr. Bruggeman noted that medical liability reform was one of our (and AMA's) top tier issues, and that this issue was bigger than just professional team sports. AAOS had met earlier with the American Orthopaedic Society for Sports Medicine (AOSSM) to review the issue. Issues like "NIL" (Name, image, likeness) were being used more and more by famous (and not so famous) athletes to increase claims of alleged damages to future earnings. While wrestling with the question of what would be a desired outcome concerning team physician

liability reform, the Board agreed on the importance of working in coalition with a broad base of other groups to support medical liability reform.

The Board also heard from Taylor Sexton and Nick Uehlecke from the Todd Strategy Group. Mr. Uehlecke reminded the Board of how critical coalitions were in the defeat of sustainable growth rate. He noted that the medical community was unified in its opposition and in the end, that made the difference. Such an effort would be needed on medical liability reform. Mr. Uehlecke suggested that the universities may be interested in joining a broad-based coalition on the issue of medical liability reform.

**Suggested Action:**

- Work to encourage a broad-based coalition on medical liability reform, including organizations such as the examples below:
  - Colleges and universities; high school organizations
  - Sports conferences and professional sports organizations
    - (AOSSM has agreed to help here)
  - Hospital systems and other medical institutions
  - Players associations (if limited in scope)
  - Agents
  - Retired players associations
  - Fellow medical specialty societies:
    - ACC
    - AAN
    - AAPMR
    - AANS/CNS
    - AAOS (eye injuries)
    - ACP/AAFP (non-ortho team doctors)
  - Non-physician practitioners:
    - Athletic trainers
    - EMT/EMS
    - PTs/DCs
- Work with HCLA Note: AAOS is on the Executive Committee
- Educate our members on this growing problem
- Have OGR continue to work with the AMA on this

Dr. Bozic thanked Dr. Bruggeman, Dr. Suk, and staff for their efforts in leading the discussion. The Advocacy Council will continue to explore opportunities for further collaboration with appropriate coalitions.

**V. Adjournment**

There being nothing further to come before the Board of Directors of the American Association of Orthopaedic Surgeons, the meeting was adjourned at 3:45 p.m. ET.

Prepared by: Donna J. Malert, CAE, Director, Governance and Affiliate Relations