

The American Orthopaedic Association
Friday, June 29, 2012
Business Meeting
National Harbor, Maryland

Welcome

Douglas R. Dirschl, MD, President of the American Orthopaedic Association called the meeting to order at 2:35 pm. The first order of business was to offer thanks to the retiring members of the Executive Committee:

- Vincent D. Pellegrini, Jr., MD, Past President
- Rick W. Wright, MD, Program Committee Chair
- Christopher D. Harner, MD, Membership Committee Chair
- Paul Tornetta, III, MD, Critical Issues Committee Chair
- Steven L. Frick, MD, Leadership Development Committee Chair
- Edward N. Hanley, MD, Historian
- William N. Levine, MD, Delegate-At-Large

He acknowledged the retirement of the following Committee Chairs:

- Kevin P. Black, MD, ASEAN Traveling Fellowship Committee Chair
- Keith Kenter, MD, CORD Governing Body Committee Chair
- Rick W. Wright, Program Committee Chair
- Paul Tornetta, III, MD, Critical Issues Committee Chair
- Vincent D. Pellegrini, Jr., MD, Distinguished Clinician Educator Award Committee
- Scott D. Boden, MD, Distinguished Contributions to Orthopaedics Award Committee
- Edward Diao, MD, Japanese Traveling Fellowship Committee
- Steven L. Frick, MD, Leadership Development Committee Chair
- Christopher D. Harner, MD, Membership Committee Chair
- Gary E. Friedlaender, MD, Nominating Committee
- Jeffrey C. Wang, MD, North American Traveling Fellowship Committee Chair
- C. McCollister Evarts, MD, Orthopaedic Institute of Medicine (OIOM) Council Chair
- G. Paul DeRosa, MD, Orthopaedic Institute of Medicine (OIOM) Task Force Chair
- Kyle J. Jeray, MD, Young Leaders Committee/RLF Chair
- Donald H. Lee, MD, Young Leaders Committee/ELP Chair

Dr. Dirschl also acknowledged the retirement of the following liaison position:

- Adam J. Bruggeman, MD, Academic Leadership Committee's Liaison to the Association of American Medical Colleges – Organization of Resident Representatives

Secretary's Report

David S. Ruch, MD, AOA Secretary, presented the following membership information:

- 1,099 Active Members
 - 22 Senior Members (Formerly AOS)
 - 1 Associate Member
 - 2 Affiliate Members
 - 15 Corresponding Members
- 343 Emeritus
 - 9 Honorary Members
 - 11 Senior Active Members
 - 1 Lay Delegate

The AOA membership consists of approximately 1,100 members as of June, 2012.

Attendance at the Annual Meeting has increased steadily in part due to the new requirements for attendance at the Annual Meeting; at least once in every 3 years for the members initial 10 years. The goal of that change was to expose new members to the unique nature of this meeting and its offerings with the goal that members would continue to attend AOA Annual Meetings long after that first 10 years.

Emeritus membership has increased to 343. However, this number has been largely offset by the large classes of 2011 and 2012 which are made up primarily of active members.

Treasurer's Report

Sanford E. Emery, MD, MBA presented a summary of the financial status of the Association which is based on the 2011 audit.

The organization is very financially sound. The AOA is a revenue-positive organization of about \$7.8M. \$5.6M is in funds, with only some being endowed. Funding sources include dues and a moderate amount from industry, grants, and philanthropy (individual donations).

AOA's investment funds gave a return of 1.8% for 2011. The funds did leave a benchmark which was about .1%. The AOA's investment funds are currently running at about a 4.6% return. Unfortunately, the AOA's OREF funds are not doing quite as well, but OREF has changed their investment manager.

Membership Committee Report

Christopher D. Harner, MD presented the following slate to the attending members:

ACTIVE: 40

CORRESPONDING: 1

Romney Andersen, MD
Matthew Austin, MD
Robert Bernstein, MD
Nitin Bhatia, MD
Julie Bishop, MD
Jonathan Braman, MD
Michelle Caird, MD
Steven Cohen, MD
Brett Crist, MD
Kenneth Egol, MD
Thomas Ellis, MD
Kace Ezzet, MD
Edward Fox, MD
Tadashi Funahashi, MD

Donald Gajewski, MD
Matthew Graves, MD
Thomas Higgins, MD
Paul Huddleston, MD
Susan Ishikawa, MD
David Kalainov, MD
Lana Kang, MD
Anne Kelly, MD
Dawn LaPorte, MD
Steve Lee, MD
Ronald Lehman, MD
Ross Leighton, MD
Walter Lowe, MD
John Lyden, MD

Nicola Maffulli, MD
David Manning, MD
Richard Moore, MD
Thomas Mroz, MD
Kagan Ozer, MD
Alpesh Patel, MD
Scott Porter, MD
Thomas Russell, MD
Robert Satcher, MD
James Sferra, MD
Kevin Shea, MD
Daniel Wascher, MD
Jennifer Wolf, MD

A motion was made and seconded to approve the slate. There was no opposition, and attending Members approved the Class of 2012.

Historian's Report

Edward N. Hanley, MD reported on the members of the organization who had passed on. He briefly summarized their contributions. The following members were commemorated.

- James J. Carr, MD
- Alan S. Edmonson, MD
- Arthur E. Ellison, MD
- Patrick G. Laing, MD
- James S. Miles, MD
- Morey S. Moreland, MD
- Kenneth S. Morton, MD
- George D. Purvis, MD
- Henry H. Sherk, MD
- William H. Thomas, MD
- Richard N. Wrenn, MD

Dr. Hanley asked for all present to pause for a moment of silence in honor of the departed members of The American Orthopaedic Association.

OMeGA Medical Grants Association Report

C. McCollister Evarts, MD reported on OMeGA Medical Grants Association

OMeGA is an independent 501(c)(3) separate, tax-exempt organization. Our 2011 audit results demonstrated a financially healthy organization. The OMeGA organization provides a conflict of interest-free process to distribute funds from industry to fellowships and residency programs to advance orthopaedic graduate medical education. One of the principles of the OMeGA institution is to provide merit-based review processes.

OMeGA continues to work with the sub-specialties to identify and address sub-specialty differences. Review committees have open discussions that keep the evaluation process objective.

Over the past three and a half years, OMeGA has seen a steady increase in applications, with 841 applications in 2011. OMeGA has been able to award 143 fellowship grants in nine sub-specialty categories.

Recently, in response to program requests, OMeGA has aligned the fellowship grant cycle with the match process, which meant going back to industry and getting prospective funding. OMeGA awarded 91 residency education innovation grants in 19 core competencies.

OMeGA uses an electronic database to track orthopaedic GME trends.

Dr. Evarts appealed to the group to help secure additional funding since OMeGA is unable to fund all the meritorious applications they receive. He advised that sports medicine, foot and ankle, hand and pediatric subspecialties are especially under-funded.

American Board of Orthopaedic Surgery (ABOS) Report

David F. Martin, MD gave an update from the American Board of Orthopaedic Surgery. The ABOS' mission is to serve the best interest of the public and the medical profession by establishing educational standards for orthopaedic residents and by evaluating the continuing and initial qualifications and knowledge of orthopaedic surgeons.

In the Education area, the Board is actively modifying the PGY1 year in conjunction with the RRC and the ACGME incorporating more orthopaedic experience into the first year and adding surgical skills education. To that end, we are working to develop a curriculum for those surgical skills experiences and also look for helping programs in developing tools to utilize in developing surgical skills. In the examination area, we continue to refine our examination content and mechanics. All of our examinations are computerized.

A new ABOS website will be introduced by the end of this summer and that should help our diplomats with deadlines and with completing the requirements of the maintenance of certification.

Dr. Martin encouraged the AOA members/attendees, as orthopaedic leaders, to participate in the maintenance of certification process.

He reported that 75% of orthopaedic surgeons with time limited certificates are signed up and participating.

Dr. Martin concluded by noting that Dr. Paul DeRosa recently penned a history of the ABOS, appropriately entitled “75 years of Doing the Right Thing”. Dr. Martin then assured attendees that ABOS will continue that legacy and continue to do the right thing.

Journal of Bone and Joint Surgery (JBJS) Report

Vernon T. Tolo, MD advised that the number of manuscripts that *JBJS* received has substantially increased to 2,400 manuscripts in 2011. The acceptance rate for 2011 was about 20%. Dr. Tolo projected that *JBJS* will receive 2,700 by the end of the year.

The *JBJS* acceptance rate for case report portion, the *JBJS* Case Connector, has moved from 10% to 30%.

Dr. Tolo further noted that some of the scientific articles have been put online, which gives *JBJS* the ability to produce 3-4 more scientific articles each issue; resulting in 6-7 scientific articles each month. Each article contains a one page abstract in the main print journal in print, listed in the print Table of Contents.

The *eJBJS* remains the definitive version for *JBJS*, which includes everything both online and in print that is published. *JBJS* have the feature of publish before print a couple of months for particular articles. Dr. Tolo encouraged members to listen to the monthly podcasts. Comments are now posted online instead of “Letters to the Editor.”

The growth of new online publications has increased for:

JBJS Case Connector

JBJS Essential Surgical Techniques – Ed Chang, Editor

JBJS Highlights

Image quizzes are available on both IPAD and I-tunes at this time. More CME opportunities have been offered and QR code use has increased to allow users to link more easily with supplemental data from print articles on smart phones.

Further, *JBJS* publishes anywhere from six to eight symposia annually under the title of “AOA Critical Issues.” Most recently was the publication of Orthopaedic Institute of Medicine (OIOM)’s report related to the relationships between surgeons and industry.

This past year *JBJS* has added six new deputy editors in the international field. These are in different regions as well as different specialties. In a move to go more global, *JBJS* has doubled the number of international reviewers. This decision was stimulated by the fact that over 50% of our manuscripts over the last few years have been submitted from outside North America.

The *JBJS Case Connector* now includes around 2,500 case reports, with over 100 case reports added each year. The goal is to add 120 to 140 on an annual basis. These are peer reviewed as were the case reports in the print journal. Currently, *JBJS* uses the same sub-specialty deputy editors. The acceptance rate, however, has gone up from 10% to 30%. There is a built-in search function; a semantic tag unit allows aggregation of these case reports which is a little bit easier to refer to if you have an unusual patient with an unusual problem.

All surgical techniques are based on peer-review publications in *JBJS*, but also in other journals as well.

JBJS is working to link the surgical technique a little bit more closely particularly with the *JBJS* articles and the date of publication.

Subspecialty newsletters have been set up in a format similar to the *New England Journal of Medicine Journal Watch*. The subspecialty newsletter, entitled *JBJS Highlights*, has six different specialties, i.e., sports, trauma, hip, knee, shoulder, and spine. *JBJS* plans to eventually to cover all specialties.

JBJS provides readers with the ability to customize their delivery of their orthopaedic information in a variety of different ways.

Dr. Tolo encouraged attendees to email him at vtolo@jbjs.org with any questions or suggestions.

Orthopaedic Research and Education Foundation (OREF) Report

Ramon L. Jimenez, MD reported that as of April, 30, 2012, the AOA Endowment Fund (established in 1999) had a value of more than \$1.8 million. In 2012, the AOA designated giving account received \$81,326 in endowment distributions from the AOA Endowment Fund. 158 donors have made contributions through OREF to the AOA Endowment Fund in 2012.

The General Fund is \$544,000.

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| • ABC Traveling Fellowship | \$713,000 |
| • Academic Programming | \$182,000 |
| • North American Traveling Fellowship | \$379,000 |
| • Residents Conference Fund | \$ 37,000 |

1st Quarter 2012 Returns
OREF's Total Portfolio Generated 8.8% Against a Blended Benchmark of 7.7%

Portfolio Returns	Inception to Date	2011
Total Portfolio	7.7%	-3.5%
- US Equities	13.1%	-2.6%
- Non US Equities	7.9%	-11.6%
- Fixed Income	2.8%	1.6%
- Inflation Protection	-8.4%	4.7%

OREF's investment objective is that the endowment funds are held with the objective of generating a long term total return in excess of inflation and the assigned spending rate. The funds are invested in a broadly diversified portfolio with a long-term time horizon. The expectation is that the total portfolio will outperform a blended benchmark of passive returns over the long term.

In response to a request from Dr. Emery in his role as AOA Treasurer, OREF conducted a search and hired a new investment firm. They will provide five investment options for the AOA endowment fund, if the AOA decides to invest endowment funds in a way that differs from our investment performance.

Nominating Committee Report

Gary E. Friedlaender, MD, immediate Past President, chaired the 2011-2012 Nominating Committee composed of Richard H. Gelberman, MD, James D. Heckman, MD, James H. Herndon, MD and Terry R. Light, MD who were elected by AOA membership. Dr. Friedlaender presented the following slate:

For Second President-Elect:

- J. Lawrence Marsh, MD

For Secretary-Elect:

- William N. Levine, MD

For Delegate-At-Large:

- Leesa M. Galatz, MD

For the Membership Committee:

- Donald H. Lee MD

Drs. Friedlaender and Dirschl then asked for nominations from the floor. There were none and the motion to accept the slate was made, seconded and approved.

Dr. Friedlaender offered congratulations to the newly elected officers in their roles.

Dr. Dirschl then announced that the next order of business was to nominate individuals for the 2012-2013 Nominating Committee and read the following rules:

“The AOA bylaws provides for selection of the Nominating Committee by ballot sent out to the entire AOA voting membership instead of selection only by members participating at this Business Meeting which was our practice for many years.”

Dr. Dirschl asked for a minimum of 15 nominations for the 2012 Nominating Committee. Dr. Dirschl advised that a ballot containing these nominees will be sent out in the next several weeks to the full voting membership for selection of the 2012-2013 Nominating Committee.

The following people were nominated:

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| 1. Peter Jokl, MD - New Haven | 9. Robert Quinn - San Antonio |
| 2. Theodore Choma, MD – Columbia | 10. Fred Meyer, MD – Mobile |
| 3. L. Scott Levin, MD – Philadelphia | 11. Serena Hu, MD – San Francisco |
| 4. David Ayers, MD – Worcester | 12. David Martin, MD – Winston-Salem |
| 5. Bill Hennrikus, MD – Hershey | 13. Thomas Moore, MD – Atlanta |
| 6. C. Parker Gibbs, MD - Gainesville | 14. Terry Thompson, MD - Washington DC |
| 7. Michael Simon, MD – Chicago | 15. Keith Kenter, MD – Cincinnati |
| 8. Philip Bernini, MD - Lebanon | |

Dr. Dirschl advised that AOA membership will elect five members to the 2012-2013 Nominating Committee, which he will chair as First Past President

There being no further business, Dr. Dirschl adjourned the meeting at 3:20 pm.