The Evolution of Advocacy and Orthopaedic Surgery

Manish K. Sethi MD, Allie Obremskey,
Vasanth Sathiyakumar BA, John T. Gill MD,
Richard C. Mather III MD

Published online: 12 March 2013

© The Association of Bone and Joint Surgeons® 2013

Abstract

Background The future direction of American health care has become increasingly controversial during the last decade. As healthcare costs, quality, and delivery have come under intense scrutiny, physicians play evolving roles as “advocates” for both their profession and patients via healthcare policy. Hospital-physician alignment is critical to the future success of advocacy among orthopaedic surgeons, as both hospitals and physicians are key stakeholders in health care and can work together to influence major health policy decisions.

Questions/purposes We (1) define the role of advocacy in medicine, specifically within orthopaedic surgery; (2) explore the history of physician advocacy and its evolution; (3) examine the various avenues of involvement for orthopaedic surgeons interested in advocacy; and (4) reflect on the impact of such activities on the future of orthopaedic surgery as it relates to hospital-physician alignment.

Methods We performed a comprehensive review of the literature through a bibliographic search of MEDLINE®

and Google Scholar databases from January 2000 to December 2010 to identify articles related to advocacy and orthopaedic surgery.

Results Advocacy among orthopaedic surgeons is critical in guiding the future of the American healthcare system. In today’s world, advocacy necessitates a wider effort to improve healthcare access, quality, and delivery for patients on a larger scale. The nature of physician advocacy among orthopaedic surgeons is grounded in the desire to serve patients and alleviate their suffering. Participation in medical societies and political campaigns are two avenues of involvement.

Conclusions The increasing role of government in American health care will require a renewed commitment to advocacy efforts from orthopaedic surgeons. The role of advocacy is rapidly redefining the continuum of care to a trinity of clinical excellence, innovative research, and effective advocacy. Failure to recognize this growing role of advocacy limits the impact we can have for our patients.

Introduction

The future direction of American health care has become increasingly controversial during the last decade. As healthcare costs, quality, and delivery have come under intense scrutiny, physicians have played evolving roles as “advocates” for both their profession and their patients. Many doctors across the United States now find themselves outside the familiar landscapes of the operating rooms and clinics, negotiating new terrain among politicians, administrators, and insurance companies. While the traditional role of a physician has been to care for a patient, the transformation of American medicine requires reflection on the physician’s additional role as a broader advocate.

Each author certifies that he or she, or a member of his or her immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research* editors and board members are on file with the publication and can be viewed on request.

M. K. Sethi (✉), A. Obremskey, V. Sathiyakumar,
J. T. Gill, R. C. Mather III
The Vanderbilt Orthopaedic Institute Center for Health Policy,
Vanderbilt University, Suite 4200, South Tower, MCE,
Nashville, TN 37221, USA
e-mail: Manish.K.Sethi@Vanderbilt.edu;
manish.sethi@vanderbilt.edu

Given the increasingly complicated healthcare landscape, it is critically important for orthopaedic surgeons to learn to navigate and influence the often complex relationships with hospitals, politicians, insurance companies, and other groups that impact healthcare delivery.

Here, we sought to (1) define the role of advocacy in medicine, specifically within orthopaedic surgery; (2) explore the history of physician advocacy and its evolution; (3) examine the various avenues of involvement for orthopaedic surgeons interested in advocacy; and (4) reflect on the impact of such activities on the future of our field as it relates to hospital-physician alignment.

Search Strategy and Criteria

We performed a comprehensive review of the literature through a bibliographic search of MEDLINE® and Google Scholar databases from January 2000 to December 2010 to identify articles related to advocacy, medicine, and orthopaedic surgery. We reviewed 80 articles but selected 14 relevant to the topic. We included articles discussing “advocacy” in the context we describe below.

Thinking Broadly About the Definition of Advocacy in Orthopaedics

Orthopaedic surgeons clearly understand their roles as “healers” of the individual patient, and most will go beyond this historical role to help patients obtain excellent outcomes. But, as Earnest et al. [6] astutely pointed out, while advocacy on behalf of a patient is universally accepted among most physicians, including orthopaedists, advocacy in a broader perspective requires more than helping individual patients [6]. In today’s world, advocacy necessitates a wider effort to improve access, quality, and healthcare delivery for patients on a larger scale. While the term is fluid, the nature of physician advocacy among orthopaedic surgeons is nevertheless grounded in the desire to serve patients and alleviate their suffering.

In its 2001 document entitled, “Declaration of Professional Responsibility: Medicine’s Social Contract with Humanity,” the American Medical Association (AMA) [4] broadly defined advocacy as the need for physicians to utilize their skills and transcend the traditional doctor-patient relationship to make an impact. Earnest et al. [6] built on the AMA’s description to propose the following definition of physician advocacy: “action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise.”

To better understand the nature and definition of advocacy with respect to orthopaedic surgery, it is important to consider the history and evolution of this term in American medicine.

The History and Evolution of Advocacy

The concept of advocacy and physician engagement beyond the bedside originates from the times of Hippocrates [8]. Part of the Hippocratic Oath includes the following: “...that I [the physician] will be an advocate for patients in need and strive for justice in the care of the sick” [8]. Throughout the 1800s, a debate raged in American medicine regarding the role of physicians as advocates [6]. Dr. Rudolph Virchow, a famous pathologist, was actively involved in this debate and wrote a great deal about the issue. Virchow was convinced that social inequality was a root cause of ill-health and that medicine, therefore, must also be a social science [6]. According to Virchow, doctors were also better statesmen because of their intimate knowledge of social problems. Although Virchow’s analogies between biology and sociology are out of date, some of his core ideas still resonate in public health circles [9]. Regarding medicine, Virchow stated: “Politics is nothing but medicine at a larger scale” [6]. Similar discussions in the 19th century can be found in the writings of Percival (1803) [8] and the AMA Code of Medical Ethics (1847) [8], both of which encourage physicians to advocate in the public domain.

The concept of advocacy further advanced through the creation of the Massachusetts Medical Society, the first state medical society in 1781 [10], and the AMA in 1847 [5]. These two organizations allowed physicians to collaborate at both the state and national levels and advocate as a group. The creation of both of these organizations advanced the idea of physicians influencing change in medicine beyond the bedside.

Another important step in the evolution of physicians as advocates came with the creation of medical and surgical subspecialty societies in the 1900s. These societies allowed physicians the opportunity to congregate with other doctors from similar subspecialties, further developing the notion of advocacy [6]. Doctors no longer gathered as a single organization on a national level or as singular groups on a state level but rather as specialty-based societies. This broadened the concept of advocacy as physicians now started to identify on multiple levels.

In 1933, seven orthopaedic surgeons organized the American Academy of Orthopaedic Surgeons (AAOS) whose purpose was to facilitate the sharing of orthopaedic knowledge without exception [2]. Inaugural President Edwin Ryerson noted one of the purposes of the AAOS was

to promote “nation-wide representation...and a freer exchange of information and ideas” [2]. The AAOS today has more than 34,000 members in more than 100 countries [2]. Its current mission is “to champion the interests of patients and advance the highest quality of musculoskeletal health” [2]. While there are many forms of advocacy, political being one, Dr. Stuart Weinstein further advanced the idea of orthopaedic surgeons reaching beyond the bedside to impact the practice of medicine through his creation of the AAOS Political Action Committee in 1997 [3].

Advocacy and Hospital-Physician Alignment

The crossroads of advocacy and hospital-physician alignment are best illustrated through examples of successes and failures at both the federal and state level, including the Independent Payment Advisory Board (IPAB) arising from the Patient Protection and Affordable Care Act (PPACA), the Medicare sustainable growth rate, tort reform, and certificate of need (CON).

The IPAB is an example of the lack of physician-hospital alignment. The IPAB is intended to enact the necessary policies to limit the growth of Medicare spending. It consists of 15 appointed members, including no practicing physicians, who will make recommendations to limit Medicare spending. The IPAB goes into effect for physicians in 2015, but hospitals are exempt until 2019. This policy is unpopular with both stakeholders, and had advocacy efforts been coordinated instead of fragmented, the board might have been repealed or never passed into law in the first place.

The sustainable growth rate is an issue that has consumed considerable advocacy resources from both physicians and hospitals for many years. This formula triggers automatic cuts in Medicare reimbursement to limit the growth in Medicare spending. To date, secondary to aggressive advocacy from both stakeholders, the cuts have never materialized. However, we still are left with temporary patches rather than a permanent fix to this flawed policy. Again, a more coordinated effort on a policy where both stakeholders are aligned may be necessary to arrive at a permanent solution.

The previous two examples illustrate issues where we should align, but the following demonstrates the success possible when we do. The cost of our medical legal system is substantial. For example, a 2003 US Department of Health and Human Services report issued during the last medical liability crisis put the cost of defensive medicine at between USD 70 and USD 126 billion per year [14]. Tort reform has been unsuccessful at the federal level but not at the state level. As of January 2011, nearly ½ of US states had passed some form of tort reform. Success in North Carolina required physician-hospital alignment on the

advocacy front for success. A reform bill had passed both houses of the state legislature, but Governor Bev Perdue vetoed this legislation. Through aggressive collaboration among healthcare stakeholders led by the physician and hospital organizations, the state legislature overrode her veto, bringing much needed relief to the healthcare providers and patients of North Carolina. This success would not have been possible alone, and thus required the collaboration of physicians and hospitals.

As we move toward greater physician-hospital alignment, we may uncover opportunities for advocacy victories that were not appealing to both stakeholders before. One example is CON laws. Many states require extensive government approval to build additional healthcare facilities with the intent to prevent excessive capitalization of resources. However, these laws may prevent healthcare providers from adequately meeting demand with low-cost, convenient delivery mechanisms. Traditionally, physicians have opposed CON legislation while hospitals have strongly supported it. However, the alignment mechanism of joint ventures, which includes both physician and hospital ownership of facilities, should align incentives and allow healthcare providers to meet the coming challenges of providing low-cost, high-quality, convenient health care.

With the passage of the PPACA in 2010, the American healthcare landscape will change more in the next decade than it has since the passage of the Great Society in 1965. In the face of such transformation, in which government seeks an increasing role in healthcare regulation, it is critical that orthopaedic surgeons utilize the opportunity to collaborate with hospitals to advocate for patient-centered care. As providers at the point of care, we have first-hand experience of patients' challenges and needs, and if healthcare dollars decrease, both physicians and hospitals will be poised to efficiently distribute those dollars. With the potential future of bundled care payment plans, it is critical that physicians and hospitals effectively align themselves through new vehicles, such as accountable care organizations, to efficiently and effectively provide care.

Moreover, as the US Government under the auspices of the PPACA seeks to expand Medicaid programs across the nation, it is vital for physicians, including orthopaedic surgeons, and hospitals to join together to develop strategies to manage the potential influx of new patients into the American healthcare system. This influx of patients threatens to magnify the cost crisis if we cannot provide better care at a lower cost.

Avenues of Participation for the Orthopaedic Surgeon

Through the course of the last two centuries, advocacy in medicine has vastly changed, providing multiple avenues for

participation by orthopaedic surgeons. To be effectively involved, it is critical to understand the specifics of our advocacy environment. First, physicians have been and continue to be one of the most trusted groups by American citizens [11]. This trust and respect is shared by lawmakers, and as such, our impact can be immense when we effectively access lawmakers. Second, the impact of musculoskeletal disease on both society at large and the health system is impressive. Data from The Burden of Musculoskeletal Diseases of the United States Project [13] suggest direct spending and the disabilities of musculoskeletal diseases have approached 8% of the US gross domestic product. This incredible number underscores the critical position musculoskeletal disease holds in our society.

The political pyramid (Fig. 1) [7] offers an illustration of the impact we can have. Peter J. Mandell, chair of the AAOS Council on Advocacy, points out that each of the 435 congressional districts in the United States has about 700,000 people [12]. Approximately 560,000 are eligible to vote, of which 448,000 are actually registered [12]. Only about 1/2 of registered voters actually vote [7, 12]. Only 1% of this group actively supports a candidate by donating to a campaign, attending an event, or hosting a fundraiser [7, 12]. Lastly, only about 0.1% of these individuals volunteer with a campaign [7, 12]. When this intimate involvement is combined with the inherent trust and respect of physicians and the critical importance of health care in our society, we can see how the orthopaedic surgeon can have profound advocacy impact. Given the high regard physicians carry, coupled with the overall limited involvement in congressional campaigns (Fig. 1), political involvement in campaigns at any level by orthopaedic surgeons can make a great difference. Ultimately, we believe it is a powerful way to make a real impact on health policy decisions at the grass roots level.

While advocacy at the federal level certainly receives the most attention, understanding the diverse spheres of influence is necessary to facilitate effective advocacy (Fig. 2). Throughout the country, each state has had its own medical society, bringing physicians across a given state together to advocate for collective ideas and goals. Within each society, there exists organized leadership and committees dedicated to policy making. Orthopaedic surgeons can easily become involved in policy making and can run for leadership positions and committee assignments. Such activities allow one to not only gain a more in-depth understanding of salient health policy issues but also to develop necessary critical leadership skills in undertaking effective advocacy.

State medical and specialty societies exist in most states and provide a powerful mode of engagement for orthopaedic surgeons interested in advocacy. Most are structured with committees, various leadership roles, and houses of

Fig. 1 This diagram illustrates the components of the political pyramid that contribute to the breakdown of participation/advocacy by citizens, including relative percentages. This shows how few people are actually involved in the political process, and how influential those who do are. Reprinted with permission by the AAOS from Gill JT. Getting to the top of the political pyramid. AAOS Now. July 2010. Available at: <http://www.aaos.org/news/aaosnow/jul10/advocacy6.asp>.

Fig. 2 Issues and organizations can have relevance, important, and influence on the state and federal levels. This image shows the spheres of influence, which break down the different types of issues/organizations and illustrate the levels (state and/or national) to which they apply.

delegates that develop policy for the organization [1]. Each group will often have an elected individual working closely with legislators, allowing access to and familiarity with state and local government officials. The state level offers opportunities for impact on critical issues, such as medicolegal reform and Medicaid. The medical liability crisis is being solved at the state, rather than federal, level, with important reforms in place in a growing number of states that have protected access to care. The PPACA provides for an expansion of Medicaid, but innovative and effective ways of administering Medicaid will be developed at the

state level. Leadership from orthopaedic surgeons in these efforts is critical.

Beyond state societies, national involvement is a powerful manner in which the orthopaedic surgeon can become involved with advocacy efforts. The AAOS offers multiple opportunities for involvement similar to those offered by state societies; however, engagement on the national level allows exposure to federal legislators and policymakers, along with colleagues from across the nation. Other national organizations, such as the AMA, offer comparable opportunities with doctors from many subspecialties. Among many issues, research funding for musculoskeletal disease is an important federal level issue that requires effective advocacy.

Legislators on the federal, state, and local levels often find themselves dealing with complex healthcare issues and turn to trusted advisors in the healthcare world. One influential mode of advocacy for the orthopaedic surgeon is serving in such an advisory capacity. One can develop these relationships with legislative assistants by offering helpful opinions on healthcare legislation via letters, emails, and in-person conversations. In addition, spending time with legislators and discussing the impact of various bills on patient care is a powerful opportunity that often leads to further options for direct involvement (Table 1).

But how does one build such relationships? Developing a relationship with a local lawmaker allows the orthopaedic surgeon to magnify his or her advocacy impact. For example, all too often, an orthopaedic surgeon receives an urgent “call to action” to contact his or her elected official to vote on a certain bill that is currently under consideration. Whether a call to a legislator has an impact or merely

becomes a statistic depends entirely on the orthopaedist-lawmaker relationship that has been developed over time: to truly have an impact, the orthopaedic surgeon must become a known entity to a lawmaker; not only must the orthopaedist know the name of the elected official, but that legislator must know the orthopaedist’s name as well.

The key to developing that effective personal relationship with a legislator is to begin the interaction early, when, for example, Senator Jones is Candidate Jones, who needs votes, funds, contacts, and campaign volunteers. If an orthopaedic surgeon can help provide any or all of these to a candidate (running for the first time or an incumbent), he or she can gain recognition and become a trusted member of the team. As noted on the political pyramid (Fig. 1), if a person makes a contribution and donates his or her time by making calls or hosting events, he or she will exert more influence than 99.9% of the constituents in that district.

Advocacy is a marathon, not a sprint; relationships are built over time. Over time, the person one helped to get elected to the school board or the state legislature may later become a candidate for governor or the US Congress.

Orthopaedic surgeons stand at the intersection of health and public safety, given their roles in the management of trauma and treatment of injuries in children. Raising public awareness regarding safety issues offers an important platform to orthopaedic surgeons as spokespersons in the community, in turn facilitating their roles as advocates for the profession.

Another role as an advocate can be found within the ranks of the hospital administration by representing the interests of orthopaedic surgeons and other physicians. Various roles within administration exist, from being chief operating officer to serving on a hospital committee. Regardless of the level of participation, such experiences allow orthopaedic surgeons to develop and hone advocacy skills. For many, this can be an extremely rewarding experience, as orthopaedists often have the opportunity to see the direct impact of their efforts in the care of their patients.

Finally, the most direct and powerful form of advocacy for the orthopaedic surgeon can be found in public service, whether through elected or appointed positions. Elected offices can be on many levels, including local, regional, statewide, and federal positions. Physicians, and especially orthopaedists, throughout the United States have run for and won many positions. The vast majority of physicians in office serve in state legislatures across the United States, with a few serving in the US Congress. Many physicians across the country have also served in appointed positions at the state and federal levels. Many opportunities exist for orthopaedic surgeons in this arena.

Table 1. Guidelines for forging relationships with lawmakers, based on experience in the combined fields of advocacy and medicine

Guideline

Get involved with state and national advocacy organizations. Formal advocacy events are common and provide an opportunity to gain experience.

Interact with lawmakers when they need others more than others need them, such as during campaigns.

Volunteer and contribute to individual campaigns in or near the local district.

Identify a rising star. One’s contributions to the first successful election of a lawmaker will likely have a greater impact than successive ones.

Engage patients and their experiences to magnify one’s own impact.

If there is incompatibility with a member in the local district, develop a relationship with a member from a nearby district. This person may not be a voter in this district but will likely have many patients who are local voters.

Discussion

Advocacy in health care has a rich history, an active present, and a critical future. Physicians and hospitals are best positioned for patient advocacy given their position at the point of care and can improve the care of large populations of patients through successful advocacy. Recognizing the importance of advocacy is half the battle but is useless without understanding how to effectively engage in this space.

Readers should be aware of limitations of the literature on advocacy and our literature search. Formal studies on advocacy techniques or approaches are lacking. Its success is illustrated by anecdotes more than scientific evidence. This should not minimize its importance, however. Second, physician-hospital alignment in advocacy is young. We cannot offer many examples because our fragmented healthcare system fosters a fragmented approach to advocacy as well. As physician and hospitals align, both stakeholders are likely to achieve greater success in advocacy, as one of the most important components is a unified message. Aligned incentives will encourage this. We may see the rise of new advocacy organizations led by physicians and hospitals together.

Now more than ever, it is critical that orthopaedic surgeons focus on hospital-physician alignment as a means of advocacy. With the introduction of PPACA and an increasing federal role in health care, these two critical stakeholders, ie the physician and the hospital, must work together on policy issues that will ultimately impact patient care. For example, above we have offered a wide variety of issues that can align both physicians and hospitals. Issues such as the creation of an IPAB, shifts in the sustainable growth rate formula, and tort-reform are all critical topics that will influence the manner in which orthopaedic surgeons provide care to their patients.

The increasing role of government in American health care will require a renewed commitment to advocacy efforts from the orthopaedic surgeon. The role of advocacy is rapidly redefining the continuum of care to a trinity of clinical excellence, innovative research, and effective advocacy. Failure to recognize this growing role of advocacy limits the impact we can have for our patients. Over the last 200 years, advocacy in medicine has evolved, offering physicians multiple modes of engagement.

Accordingly, participation beyond the bedside is critical for the improvement of the healthcare system and our patients.

References

1. American Academy of Orthopaedic Surgeons/American Association of Orthopaedic Surgeons. Board of Councilors. Available at: <http://www7.aaos.org/about/board/board.aspx?commcode=C5630>. Accessed January 10, 2013.
2. American Academy of Orthopaedic Surgeons/American Association of Orthopaedic Surgeons. Seventy-five years of orthopaedic surgery. Available at: <http://www.aaos75th.org/>. Accessed January 31, 2013.
3. American Academy of Orthopaedic Surgeons/American Association of Orthopaedic Surgeons. The Orthopaedic PAC. Available at: <http://www3.aaos.org/Govern/pac/pac.cfm>. Accessed December 1, 2012.
4. American Medical Association. Declaration of professional responsibility: medicine's social contract with humanity. Available at: <http://www.ama-assn.org/resources/doc/ethics/decoprofessional.pdf>. Accessed July 21, 2012.
5. American Medical Association. Our history. Available at: <http://www.ama-assn.org/ama/pub/about-ama/our-history.page>. Accessed December 1, 2012.
6. Earnest MA, Wong SL, Federico SG. Perspective: physician advocacy: what is it and how do we do it? *Acad Med*. 2010;85:63–67.
7. Gill JT. Getting to the top of the political pyramid. *AAOS Now*. July 2010. Available at: <http://www.aaos.org/news/aaosnow/jul10/advocacy6.asp>. Accessed January 31, 2013.
8. Huddle TS. Perspective: medical professionalism and medical education should not involve commitments to political advocacy. *Acad Med*. 2011;86:378–383.
9. Mackenbach JP. Politics is nothing but medicine at a larger scale: reflections on public health's biggest idea. *J Epidemiol Community Health*. 2009;63:181–184.
10. Massachusetts Medical Society. Our history. Available at: <http://www.massmed.org/Content/NavigationMenu10/AboutMMS/History/History.htm>. Accessed December 1, 2012.
11. Saad L. On healthcare, Americans trust physicians over politicians. Gallup Poll Daily Tracking. June 17, 2009. Available at: <http://www.gallup.com/poll/120890/healthcare-americans-trust-physicians-politicians.aspx>. Accessed January 31, 2013.
12. Tongue JR. How to protect our patients and ourselves from elected officials. *AAOS Now*. February 2013. Available at: <http://www.aaos.org/news/aaosnow/jun12/youraaos1.asp>. Accessed January 31, 2013.
13. US Bone and Joint Initiative. The Burden of Musculoskeletal Diseases of the United States. Available at: <http://www.boneandjointburden.org/>. Accessed January 31, 2013.
14. US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Addressing the new health care crisis: reforming the medical litigation system to improve the quality of health care. 2003. Available at: <http://aspe.hhs.gov/daltcp/reports/medliab.htm>. Accessed January 31, 2013.