

# EXEMPLARY GIVING

## OSNA CHALLENGES PHYSICIAN GROUPS TO CONTRIBUTE TO OREF

In 2008, for the fourth consecutive year, the Orthopaedic Surgeons Network of Arizona (OSNA) contributed \$100,000 to OREF, confirming its dedication to supporting orthopaedic research and education.



Unlike many of the universities and teaching hospitals that support OREF, however, OSNA is made up of mostly non-academic clinicians who aren't involved in research. **David M. Ott, M.D.**, an OSNA board member who specializes in adult reconstruction and sports medicine, estimates that more than 80% of OSNA members are orthopaedists practicing privately in various subspecialties. The majority of them do not have the means to conduct long, prospective studies as do their counterparts at universities.

Yet despite the fact that most OSNA members are not researchers, they voted unanimously in favor of funding research through OREF when the board asked for their consent at a semi-biannual retreat. Why are OSNA members so enthusiastic about supporting research, education, and OREF? According to **Evan S. Lederman, M.D.**, an OSNA board member and sports medicine fellow who specializes in shoulder reconstruction surgery, it's a way to give back to the academic orthopaedists who trained them.



▲ (l-r): OSNA board members David M. Ott, M.D. and Evan S. Lederman, M.D., with John K. Bradway, M.D., P.C., OSNA co-founder and president

David M. Ott, M.D. addresses OSNA members at their semi-biannual retreat. ▶



Photo Courtesy of OSNA

“We think research is important to further the advancement of orthopaedics and help us in our clinical practice,” Dr. Lederman said. “It’s a very small donation to make — far less than the clinical time the researchers give up — and it’s an easy way for us support the institutions that develop better scientific principles without conducting the research ourselves.”

## RESEARCH REVEALS BEST PRACTICES

For OSNA members, donating to OREF is more than merely supporting their academic colleagues. Research, Dr. Lederman explained, helps determine what treatment methods provide the best patient care. In fact, OSNA’s motto for patients is that its members provide “superior care.” The group has a rigid quality-assurance program, and patient complaints are dealt with doctor-to-doctor, holding OSNA members accountable, and ensuring their practice is in line with research that has demonstrated which treatments offer the best in quality care rather than continuing with accepted but unproven methods.

“We feel that as a group we can demand that the members of OSNA are accountable and use the principles of evidence-based medicine,” said Dr. Ott. “We fund [research and education through] OREF because research gives us those pearls of truth and wisdom that dictate quality.”

While both Drs. Lederman and Ott recognize that the payoff for supporting research may be years away, they say that funding research and education now will accelerate advances in the science of orthopaedics.

Said Dr. Lederman, “Everything we do in our practice is influenced by research, whether it’s clinical or basic. Nearly every patient-based decision I make is based upon scientific literature.”

By demonstrating that OSNA members treat patients using research results to establish best practices, the group has impressed insurers. “Payers have commended OSNA orthopaedists and programs as being unique and effective,” Dr. Lederman explained. “Their independent analysis of our group of physicians has revealed excellence in quality and efficiency. We’re a group with a substantial number of orthopaedic surgeons who’ve shown the quality we promised.”



“EVERYTHING WE DO IN OUR PRACTICE IS INFLUENCED BY RESEARCH.”

## OSNA REBORN

**John K. Bradway, M.D., P.C.**, president of OSNA, co-founded the group with Dr. Ott in the mid-1990s to manage capitated contracts for CIGNA in one of Arizona’s three capitated contract regions. Eventually the three regions merged under the OSNA umbrella. Success has persuaded OSNA to merge again.

The group, currently comprising 27 private practices, will merge into one legal entity with a single tax identification number. OSNA leadership expects that by consolidating, the group will control costs, improve market negotiations, and have the funds for a better infrastructure that would lead to additional practice improvements, such as digitizing medical records and enabling research outcome analysis.

Under this new group — which will keep its acronym but change its name to Orthopaedic Specialists of North America, PLLC — individual practices will become a division of OSNA while retaining their identity, employees, and operational autonomy. Dr. Bradway will serve as president and Drs. Ott and Lederman as vice presidents of operations. Employees will be paid by OSNA, but individual practices will be responsible for policies and procedures.

“The goal is to make certain that it isn’t like McDonald’s where everybody is exactly the same,” said Dr. Ott. “We will all be individual ‘franchises’ per se, running our practices the way we specifically desire though following the rules and parameters set by the board of managers. The goal is to blend the best of small and large practices, and work as a group, yet maintain as much autonomy as possible.”

## THE OSNA CHALLENGE

Dr. Lederman believes that OSNA, PLLC will continue to contribute to OREF, but until the new group is officially established sometime in 2010, he thinks the original OSNA will renew its support. He hopes that the example set by OSNA will encourage more physician and large academic

groups to make substantial commitments to OREF. In 2007, the Illinois Bone and Joint Institute (IBJI) made its first group contribution, in part because of OSNA's example.

### CHALLENGE ACCEPTED

"OSNA's contribution was certainly a factor that helped motivate us to contribute as a group," said **Leon S. Benson, M.D.**, IBJI member and professor of clinical orthopaedic surgery, University of Chicago Pritzker School of Medicine. "It was clear that OSNA's contribution was large enough to make a real difference, and when we looked at the size of our orthopaedic group, we realized that if most of our membership contributed even a small amount, we could have the same meaningful impact."

According to Dr. Lederman, it's a small individual investment for orthopaedists, but collectively it means substantial funding for OREF.

"We would challenge any other group — especially a large academic group — to match our contribution," said Dr. Lederman. "The physician leadership of OSNA would hope that other orthopaedic surgery groups and academic and private practices share our vision of the importance of funding research and education in orthopaedics, and we invite them to contribute at their best effort." ■

## AS SEEN IN AAOS NOW

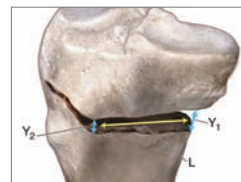
The American Academy of Orthopaedic Surgeons (AAOS) publishes OREF news and articles in its monthly journal, *AAOS Now*. To read copies of published articles, such as those listed below, log on to [www.oref.org/oref-aaosnow](http://www.oref.org/oref-aaosnow).



**EDUCATION** OREF finds new ways to partner with industry: Changing landscape requires new models



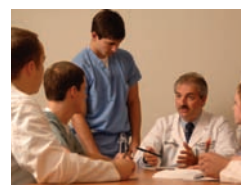
**ONCOLOGY** Predicting metastasis in osteosarcoma: OREF-funded research seeks to spare patients unnecessary pain



**KNEE** ACL research helps surgeons deliver better results: Efforts of OREF award recipient effect shift in treatment



**HIP** Hip fracture studies lead to better care, understanding: OREF award winner continues efforts to improve outcomes



**TRAUMA** Investigations show new link between trauma and arthritis: OREF-funded study indicates different processes are at work



**HIP** Imaging technique measures progress after pelvic osteotomy: OREF-funded study examines the disease-modifying effect of pelvic osteotomy