

FORGING AHEAD

ORTHOPAEDIC ADVANCEMENTS ARE NEEDED DESPITE DIFFICULT ECONOMY

The troubled economy has taken its toll on the U. S. real estate market and jobs. Yet, while it has also slowed the climb of health care costs, new technology and treatment methods continue to drive the cost of care upward at a pace that few household incomes can keep up with. To keep costs in check, regulators and policymakers are putting pressure on industry to justify advances in medicine and technology.

DJO Global, Inc., Pfizer Inc., and Smith & Nephew Inc. are balancing the need to improve orthopaedic care while limiting increases in health care costs in part by supporting OREF's Clinician Development Program (CDP). CDP industry partners contribute financial support and assign all grant-making responsibilities to OREF. Each company stipulates the type(s) of grant(s) it wishes to support—continuing medical education (CME), graduate medical education (GME) fellowship, residency enhancement and/or research grants—but OREF is solely responsible for aspects of CDP grant making and administration.

"The balance between the need for a responsible health care economy and the demand for continued technological innovation will always be a challenge," said **Peter Heeckt, MD, PhD**, chief medical officer, advanced surgical devices division, for Smith & Nephew Inc. "Companies like Smith & Nephew that are known as innovators are constantly asked to prove the value of innovation to regulatory and reimbursement decision-makers. That's why every action we take must have at its core an improved patient outcome or an economic-relief component. Ideally, we work to achieve both."

According to **Mr. Andrew Holman**, executive vice president, sales and marketing, U.S. commercial businesses, for DJO Global, Inc., orthopaedic industry's goal should be to continue to develop new technology and treatment methods regardless of these challenges.

"Despite the U.S. economic downturn that has resulted in an overall reduction of elective orthopaedic procedures, musculoskeletal disease and dysfunction continue to advance," said Mr. Holman. "With the significant increase in the aging population expected by 2016, the need for total joint replacements, spine and extremities procedures, and rehabilitative care will also continue to rise."

For this reason, Mr. Holman said DJO Global offers health care professionals and patients a diverse range of orthopaedic rehabilitation products that address the complete spectrum of preventive, pre-operative, post-operative, clinical and home rehabilitation care.

RESPONSIBLE EDUCATION . . . FOR HEALTH CARE PROFESSIONALS

Whatever the state of the economy, with new innovations comes the responsibility of educating medical personnel how to appropriately use them. With all it has to offer to health care professionals, DJO Global has made education a priority.

"DJO Global is committed to providing educational programs for orthopaedic specialists, spine surgeons, primary care physicians, pain management specialists, physical therapists, podiatrists, chiropractors, athletic trainers and other health care professionals who provide care throughout the disease or trauma and recovery cycles," said Mr. Holman. "Our affiliation with OREF allows us to support the teaching centers of excellence that train and produce these skilled health care practitioners who are

increasingly in demand in the U.S. market. We are pleased to be able to collaborate with OREF in this effort.”

As a pharmaceutical company, Pfizer develops drugs that treat an array of diseases and ailments, from cardiovascular and infectious diseases to different types of cancers and orthopaedic-related diseases such as arthritis. Such a broad arsenal of medications necessitated a division dedicated to helping medical staff understand them.

“Pfizer’s Medical Education Group cooperates with health care delivery organizations and professional associations to narrow professional practice gaps in areas of mutual interest through support of learning and change strategies that result in measurable improvement in competence, performance or patient outcomes,” said **Mr. Robert Kristofco, MSW, FACME**, director of Pfizer’s Medical Education Group. “As new diseases emerge and become more complicated, health care professionals need to be well-versed in their approach to identifying and managing complications specific to individual patients.”

According to Mr. Kristofco, education efforts should take into account not only the needs of each patient but also of each health care professional.

“The American Academy of Orthopaedic Surgeons, the American Orthopaedic Association and the Institute of Medicine have each identified priority areas to improve orthopaedic care of patients,” he explained. “Each of these clinical areas has numerous facets, and not all learners will have the same deficits in their performance or barriers in practice—hence the need to specifically tailor education for individual learners.”

... FOR PATIENTS

Patients can also benefit from learning about advances in technology and treatment methods, but need to understand that even the newest devices and treatment options aren’t magical healers.

“While implant technologies such as our patient-matched instrumentation and advanced bearing materials have greatly improved the performance and longevity of our

implants, they are not indestructible,” explained Dr. Heeckt of Smith & Nephew. “As more active baby boomers enter the joint replacement market, it is incumbent on our industry to properly manage expectations to ensure that every patient’s outcome is as positive as possible.”

ROOM TO IMPROVE

Although technology has advanced and the efforts to teach health care professionals how to use new medicine and devices have been made a priority, more work must be done, and more resources found to support it. For example, researchers are working on alternatives to total joint replacement.

“Early detection and preventive treatment of cartilage damage is still a completely unmet need,” said Dr. Heeckt. “Cartilage repair and restoration should be the goal—not total replacement with metal and plastic. We need to find better and less invasive ways to prevent the progression of osteoarthritic changes.”

Dr. Heeckt said that until improvements are made in diagnosis and treatment of cartilage damage, the number of patients in need of joint replacement will continue to outpace the number of qualified, fellowship-trained surgeons.

“[So that more trained surgeons are made available], we need to concentrate on making the field of joint reconstruction more attractive to residents and continue funding the best fellowship programs possible,” he said.

Equal care for every race is another area in which health care has potential to improve. According to Mr. Kristofco, in a recent study conducted by **Leslie R. M. Hausmann, PhD**, which was published in the May 2011 issue of *Arthritis Care & Research*¹, Dr. Hausmann and her research team viewed audio recordings of white and black patients and noticed that consultations with black patients focused less on biomedical topics and more on building a relationship than consultations with white patients.

Said Mr. Kristofco, “There may be an opportunity to improve communications in an effort to minimize racial disparities among patients.” ■

¹Hausmann LR, Hanusa BH, Kresevic DM, et al. *Arthritis Care Res.* 2011; 63(5):635-642.