MINUTES of the
BOARD OF DIRECTORS MEETING
PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA

April 30, 2013
Sheraton Centre Toronto
Toronto, Ontario, Canada

Members Present:
Donald Bae, MD; Kenneth Noonan, MD; Peter Newton, MD; Gregory Mencio, MD; Fran Farley, MD; Richard Schwend, MD; Anthony Stans, MD; Michael Vitale, MD; William Hennrikus, MD; Peter Waters, MD; Jay Shapiro, MD; James Roach, MD; James McCarthy, MD; Laurel Blakemore, MD; Michelle Caird, MD; Matthew Dobbs, MD; Jack Flynn, MD; William Mackenzie, MD

Guests Present:
Bryan Tompkins, MD-Chair, Internet Committee
Lori Thornton, RN, FNPC, POPS President
R. Tracy Ballock, MD, Chair, 2013 Program Committee
James Sanders, MD

Staff Present:
Teri Stech, Society Director
Cristina Cabral, Society Manager
Anna Greene, Director, Financial Services

Proceedings:

I. Call to Order
A regular meeting of the Board of Directors of POSNA was called to order on Tuesday, April 30, 2013 at 7:50 am by President Peter O. Newton, MD.

i.i Disclosure of Conflicts of Interest

The Board members reviewed the conflict of interest disclosures and were asked if any changes needed to be made. Dr. Newton disclosed that he now owns stock in ElectroCore.

II. Consent Agenda

The Board was queried whether they had additions or corrections to the Consent Agenda which included the minutes from the Board meeting on March 20, 2013, four Committee reports and the request for Senior status by Dr. Steve Skinner.

A motion was made, seconded and passed to approve the Consent Agenda.
III. Secretary’s Report-Ken Noonan, MD

There are two members who are in jeopardy of being dropped due to non-payment of their dues. This has been communicated to these individuals.

Dr. Jay Cummings sent a letter and we spoke to him regarding his previous request for Senior status due to his primarily administrative role in which he sees very few patients. Our position is that because he is still seeing patients, he is not fully retired and is not yet eligible for Senior status. Dr. Cummings again expressed his disagreement with this policy as well as our meeting attendance requirement. We have communicated to him that we consistently apply this policy and cannot make an exception, and if he cannot attend there is an easy re-application process.

IV. Treasurer’s Report-Fran Farley, MD

The asset balance is currently high because dues have been collected, but Annual Meeting expenses have yet to be paid. The current balance of the Vanguard LT fund is $5.4 million. The OREF balance has seen a bit of an increase as well. We continue to rebalance our portfolio to match our policy for our stock/bond ratio.

Dr. Farley presented an overview of POSNA spending. POSNA spending can be divided into four “buckets”. The buckets are Education, Research, POSNA Office, and Other Missions.

**Education**- This bucket is primarily the Annual Meeting and other important educational endeavors. Education is our main mission and is 55-66% of our total expense.

**Research**-This bucket has some POSNA dollars flowing out of it, but also has significant dollars contributed through industry grants. Research is typically 14-19% of the Society’s total expense.

**POSNA Office**-This is a fixed cost and is essentially the overhead charged to us by the Academy. This is 20-24% of our total expenses. We cover our office overhead through a combination of dues and allocations of that expense to the Annual, One Day and Specialty Day Meetings. This report does not reflect the recent dues increase.

**Other Missions**-This would include income and expenditures related to other missions such as website, COUR, IPOS grants, lobbying, etc. This is between 3-6% of our total Society’s expenses.

**The Peter Principle**-That is the principle that the Annual Meeting expenses should be covered by the AM registration. We are very close to that point. We also have annual meeting income from industry grants. Another part of this principle is that dues should cover our office overhead expenses.

Dr. Farley posed the following questions to the Board for discussion:

Is the “Peter Principle” a principle that should govern the Treasury?
This is a simple way to think about things and in general it makes sense and should get us close. As far as the office expenses and the allocation of some costs to the Annual Meeting, while this is a somewhat arbitrary and imprecise way to think about this, it helps us to know that our activities could be run in the event that industry sponsorship is not available. This may help us to decide when we would need to raise dues and what level those dues should be to cover our expenses if industry went away.

Should our “Other” missions be expanded from a financing perspective like the website or COUR?

For website development, there are some one-time expenses for development of an app and the redesign of the website that could benefit from additional funding.

For COUR, it currently has OrthoPediatrics sponsorship, but there are ways that we can expand this, with other options for financing like industry support or through a private endowment or possibly through allocations from POSNA Direct. COUR has done a great job of running very lean, which is a great way to ensure the sustainability of the program.

While COUR seems to run very lean from the perspective of POSNA contributions, we must also acknowledge the individual members’ contributions. COUR volunteers pay their own way and give substantial amounts of their own time and we couldn’t do this without their generosity. The actual costs of COUR are substantial and these are funded by those members.

Industry and COUR could work together through IPOS, as the international mission of many of these companies is very clear and they are eager to expand internationally.

What should happen to our share of IPOS?

IPOS is a fruitful meeting and we will continue to participate and to expand the worldwide reach of IPOS. The Academy is happy with the relationship and it is beneficial to us as well. From a continuity perspective, if industry funding were to dry up, a rainy day fund has been established, which now has $200k. There are also things that we could do to shrink the meeting costs if we needed to.

What is the value of the IPOS course as compared to hosting a course locally in a country? The tendency is for COUR scholars to IPOS to be a little more experienced and have more connections than those at a local global outreach course. Mike Vitale suggested that there is an opportunity to make IPOS more international and make it the main educational event worldwide. There would be a type of “hub and spoke” structure—as we are hosting a webinar in one country, other countries could be hosting meetings around it with webinars featuring those sessions. Expanding it in this way requires money. This is an opportunity for industry to participate globally.

What should our research target be in terms of expenses?
For 2014, we have committed $430k to research. A question that we should ask is, “What is our goal and what are the metrics?” Right now our only metric is how much we are spending. Maybe we should look at the possibility of different metrics and how to get the most out of our spending. Although it’s hard to put objective measures on this, it’s helpful to evaluate how successful has our research funding been, through looking at long term results, building young researchers’ careers, etc.

Should we continue to grow our long-term fund with $5 million in the bank now? At what rate should we grow it?

Yes, but not at the expense of funding education/research. We should have enough at the end of the year to invest something in the long-term fund, but what is that figure? Any amounts that are over that figure should be put to use within the organization.

How should POSNA Direct money be allocated?

Often requests for donations need a driver, people want a cause to donate. However, our stewardship has been good so far, and as long as we tell the membership how/where we are directing the funds we seem to have good results. We will continue to be transparent about where their dollars are going rather than give them specific buckets to direct their contributions.

Dr. Farley offered her thanks to Anna Greene, Teri Stech, Jim Roach, David Aronson, Peter Newton, Michael Vitale, Suken Shah and Karl Rathjen, and offered the best of luck to Steve Frick as the new Treasurer.

V. POPS-Lori Thornton, RN, FNPC

POPS currently has 116 total active members with five more awaiting approval. The 8th annual conference for POPS is underway right now. There are 60 meeting attendees. Registration is down as compared to the Denver meeting because getting approval for international travel is difficult with some of their members’ organizations. POPS is continuing to grow with a recent influx of PA members.

POPS will have the vote of the membership regarding the addition of an adjunct membership for POPS members. Ms. Thornton was asked if there are any questions or concerns that she has for our Board. She shared that some of the hospitals are becoming restrictive with how many memberships they can have, so some might be forced to choose between what societies they can join. They thought that there might be a mechanism in which the membership fee for POPS and POSNA could be combined to allow for members to join both together. POPS will discuss this more and bring that back to POSNA. With respect to IPOS, Ms. Thornton thinks it would be great to have more educational opportunities available there for POPS members.

VI. Orthopaedic Institute of Medicine (OIM)
The Orthopaedic Institute of Medicine (OIOM) task force prepared a report on surgeon-industry relationship that included 16 recommendations for orthopaedic surgeons. They have asked POSNA to endorse the report and all 16 recommendations.

The POSNA Board developed a task force to review the report and bring recommendations back to the Board. The Task Force agreed in principle with most of the recommendations but did not agree fully with any of them. They noted if there was an issue with a recommendation, but did not rewrite any of the recommendations. All agreed the document is very wordy and contradictory with significant flaws within. The task force recommends that the POSNA Board does not endorse the report.

Other recommendations from POSNA task force:
1. Form a Conflict of Interest Committee or incorporating that into an Ethics Committee to manage these sorts of issues
2. Disclose industry sponsorship amounts and/or percentages of our budget on POSNA.org.
3. Supporting a central repository for this information

A motion was made, seconded and passed that POSNA forms an Ethics Committee to provide oversight and guidance.

VII. SharePoint Training-Bryan Tompkins, MD
Dr. Tompkins provided a tutorial on SharePoint using the OIOM Report as an example of how one document can be shared, edited, etc by a group. The site should be up and running by the end of this week for board and committee use.

The board thanked Bryan for all his efforts with the development of SharePoint.

VII. President’s Report-Peter O. Newton, MD
Dr. Newton introduced Kaitlin McKinney, Society Assistant, to the Board. Kaitlin, who has been with POSNA since September 2012, is looking forward to her first annual meeting and meeting many of the members that she has communicated with over the past seven months.

vi.i EPOS/POSNA 2017

The Barcelona site was approved by the EPOS Board two weeks ago in Athens, so we will go forward with the planning of that meeting and announce that to the membership this week.

vi.ii Patient and Surgical Safety (PASS) Committee-Ken Noonan, MD

Based on comments from the March meeting in Chicago, Dr. Noonan consolidated the thoughts and concerns of this Committee. He spoke with Paula Goedert, an attorney, about our potential liability individually and as a Society from a legal perspective.
From a personal liability perspective, the risk of an untoward outcome of a procedure becoming discoverable can be avoided by having any related discussions verbally. It is also important that we disclose all conflicts of interest.

Illinois is actually one of the states with the best protection in the peer review process with a law called the Illinois Medical Studies Act. Ms. Goedert suggested reviewing the POSNA insurance policy to see if activities of this nature would already be covered and that having Errors and Omissions coverage insurance would provide additional protection. Ultimately, she felt that if we believe this work is important for the safety of children, that we should pursue it and that the risk would be manageable.

We would have to determine how the Society would handle passing this information to the membership, but should be factual and professional and could not be something that dictated treatment.

Dr. Noonan will continue to work on this with Ms. Goedert and report back to the board at a later date.

viii.iii Abstract Management System-Cristina Cabral

Ms. Cabral explained that there some major issues with the 2013 abstract system. There was a glitch that resulted in significant data loss and generally the program is not user friendly from the submitters’ and graders’ perspectives. To resolve these issues, we sent an RFP to two companies as well as to the Academy.

The RFPs from other companies range from approximately $20k-$33k per year. The cost along with the inability to interface with the AAOS disclosure site is a major concern. If we remained with the AAOS, our management fees would cover the abstract system and upgrades/fixes to the current system which will be required for the 2014 site.

The Board decided to continue with the Academy to work through these issues.

IX. Evaluation of the 2013-2014 Committee Assignments & Charges-World Café-Jack Flynn, MD

Five flip charts were set up around the room, the board split up into groups and facilitators were posted at each station. Each chart listed a committee and vision. Groups took 3-5 minutes to brainstorm charges for that particular committee and then rotated to the next board. Afterwards, the facilitator summarized the list of distinct, specific, actionable charges that each of the committees might focus on over the course of 2013-2014.

X. Clinical Practice Guidelines (CPG)/Appropriate Use Criteria (AUC) Update-James Sanders, MD

POSNA has asked the question how do we work in this Guidelines/AUC environment and what does this all mean from a development standpoint. Dr. James Sanders joined the meeting to explain what AAOS has going in this regard and what POSNA might want to do as a society as well.
The AAOS vision is to be authoritative source of knowledge, leadership and advocacy in musculoskeletal health. They have realigned several committees to form the Evidence-Based Quality and Value (EBQV) Committee. This new committee is a combination of their Evidence-Based Practice, Guideline Oversight and Appropriate Use Criteria Committees. The goal of this new Committee is to educate our members by disseminating evidence based clinical practice guidelines and appropriate use criteria and to promote evidence-based orthopaedics.

The Academy has several CPGs in development, including one pediatric guideline, Early Detection and Management of Pediatric Developmental Dysplasia of the Hip. AAOS not getting away from CPGs. CPGs are the basis for everything else that the Academy is trying to do with evidence. Systematic reviews have become the key to doing anything.

There have been some controversies: general acceptance of EBM, fear of reimbursement denials, evidence hierarchy, difficulties with the consensus recommendations, use by the Academy of statistical versus clinical significance (they are using clinical), evidence analysis, use and misuse of CPGs and conflicts of interest.

Some opportunities for POSNA related to CPGs are clinical diagnosis prioritization, POSNA involvement on CPG workgroups and AUCs, POSNA representation on EBQV Committee, peer review and dissemination.

Another product that the Academy is generating is the Appropriate Use Criteria. The question that the AUCs are trying to answer is, “For whom does this work?” This combines the best evidence with the collective judgment of experts to develop a statement regarding the appropriateness of performing a procedure based on the patient’s symptoms, demographics, medical history and test results. Up to several hundred clinical scenarios will be put before three panels (writing, review and voting panels) and will ultimately receive a rank from 1-9 of appropriateness of that treatment.

Will POSNA take this on ourselves or will we just push the AAOS to take this on? What can we afford to do within POSNA? Dr. Sanders felt systematic reviews; checklists would be a good place for an organization like POSNA to start. We will have to keep in mind that any dollars we put towards the development of any of these guidelines or checklists will have to be included in the budget going forward to ensure that they are periodically updated.

The best ways for POSNA to get involved are first through POSNA representation on the Committees, especially EBM section. POSNA should also identify areas for CPG development—high volume, high risk procedures. These are done free by the Academy, so there is no cash outlay by POSNA. Finally, POSNA should start to identify specific pediatric orthopaedic procedures we want to tackle. Of those, pick several that we want to get our feet wet with and assign systematic reviews to our members. When we get to a point that we cannot take it further, POSNA should then get in touch with the Academy and negotiate with them to contribute their resources.

There is an AUC app available at www.aaos.org/aucapp.
XI.  **Research Council-Matt Dobbs, MD; Mark Erickson, MD; Will Mackenzie, MD**

xi.i  Directed Research RFP

The Committee has prepared a two-page preliminary proposal form. It will be announced to the membership during the meeting and through a blast email and in the May e-letter. Proposals due July 1.

xi.ii  Vietnam

The Academy has supported an educational effort for spine surgery in Vietnam. They would like to transition out of it and have asked if POSNA would assume that role. Dr. Stuart Weinstein has been heavily involved with this and would also like to find a replacement. POSNA would create a strategy where this is transferred to the educational courses committee. We are willing to take this on, but we would make this our own by fashioning it like our COUR program, with limited resources contributed by us. The Academy has promised to gradually reduce their contribution so we can transition over a couple years. We felt it would be good to use those funds to continue to fund Dr. Weinstein for a year or two until we can transition another into his role.

It was also mentioned that EPOS goes to Vietnam regularly. We might be able to team up with them somehow to trade off years for visits. EPOS would like a more global concept which would include APOA and SLAOTI.

XII.  **New Business**

It was suggested that we have a mechanism in which we can spend a few minutes discussing new, “crazy” ideas.

It was also suggested that we distribute the Committee structure to all, like a Committee reference book. This could be done through the Board Dropbox and/or SharePoint.

XIII.  **Old Business**

No old business was discussed.

XIV.  **Recognition of Board Members**

Thanks were offered to Jim Roach, Don Bae, Will Mackenzie, Laurel Blakemore, Matt Dobbs, Ken Noonan and Fran Farley for their service to the Board.

XV.  **Adjournment**

The Meeting was adjourned at 1:20 pm.