

FINAL PROGRAM

November 11-14, 2021



Hilton Anatole | Dallas, Texas, USA



NOVEMBER 11-14, 2021

AAHKS ANNUAL MEETING

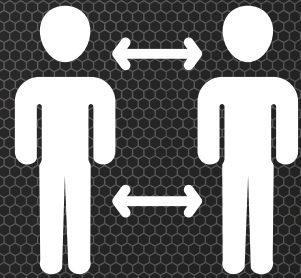
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Wear a face mask



Wash hands often
with soap and water



Stay at least 1 meter
away from others

HEALTH AND SAFETY PLAN

AAHKS has developed a Health and Safety Plan for the duration of the meeting. Under the advisement of our health and safety partners, we have a set of protocols that cover:

- Meeting space considerations
- Health considerations
- Registration
- Table and seating set up
- Meal functions
- Staff guidelines
- Post-event follow up

To view the entire Health and Safety Plan, visit www.AAHKS.org/Meeting

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EDUCATIONAL ACTIVITY SCOPE

The 2021 AAHKS Annual Meeting is designed to provide practicing orthopaedic surgeons with research-based, state-of-the-art information on diagnosis, surgical and non-surgical treatment options and overall management of hip and knee conditions. This educational activity includes the review of the most current scientific research study findings, faculty and participant discussions and interactive symposia. It covers multiple clinical topics such as primary and revision total hip arthroplasty, primary and revision total knee arthroplasty, non-arthroplasty, infection, complications other than infection as well as health policy. It is aimed at improving overall surgeon competence related to the care of patients with arthritis and degenerative disease.

OBJECTIVES

Upon completion of this educational activity, participants will be able to:

- Synthesize the most current research study findings in hip and knee condition management
- Evaluate various surgical and non-surgical treatment options (e.g., primary total joint arthroplasty, revision total joint arthroplasty, non-arthroplasty) in hip and knee condition management
- Assess the efficacy of new treatment options through evidence-based data
- Interpret relevant health care policy



ACCREDITATION AND CME CREDIT

The American Association of Hip and Knee Surgeons (AAHKS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AAHKS designates this live activity for a maximum of 18 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CLAIM CME CREDITS

Once the meeting concludes, AAHKS will send an **email and an app notification** with a link to the Annual Meeting evaluation. At the end of the evaluation, you will be redirected to claim CME credit. It is the meeting attendee's responsibility to claim credits based on the hour-for-hour participation actually spent in the educational activity.

DISCLAIMER

The material presented at this Annual Meeting has been made available by AAHKS for educational purposes only. This material is not intended to represent the only, nor necessarily the best methods or procedures appropriate for the medical situations discussed; but rather, is intended to present an approach, view, statement or opinion of the faculty, which may be helpful to others who face similar situations. AAHKS disclaims any and all liability for injury or other damages resulting to any individual attending a course and for all claims, which may arise out of the use of the techniques, demonstrated there in by such individuals, whether these claims shall be asserted by a physician or any other person.

CONTENT AGREEMENT

By attending the Annual Meeting, participants acknowledge and agree that AAHKS and/or its agents may record the Program and related events, use audio and video recordings, photographs and presentation materials such as slides and abstracts for AAHKS's purposes, including but not limited to other educational products, news, advertising and promotional purposes, without compensation.

FDA STATEMENT

Some pharmaceuticals and/or medical devices demonstrated at the Annual Meeting have not been cleared by the US Food and Drug Administration (FDA) or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each pharmaceuticals and/or medical device he or she wishes to use in clinical practice. The AAHKS policy provides that "off label" status of the device or pharmaceutical is also specifically disclosed (i.e. that the FDA has not approved labeling the device for the described purpose). Any device or pharmaceutical is being used "off label" if the described use is not set forth on the product's approved label.

Education

DISCLOSURE

Each participant in the Annual Meeting has been asked to disclose if he or she has received something of value from a commercial company or institution, which relates directly or indirectly to the subject of their presentation. These are the disclosure categories:

- Nothing to disclose
- Royalties from a company or supplier
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- Unpaid consultant for a company or supplier
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- Research support from a company or supplier as a PI
- Other financial or material support from a company or supplier
- Royalties, financial or material support from publishers
- Medical/Orthopaedic publications editorial/governing board
- Board member/committee appointments for a society

An indication of the participant's disclosure appears after his or her name as well as the commercial company or institution that provided the support. AAHKS does not view the existence of these disclosed interests or commitments as necessarily implying bias or decreasing the value of the author's participation in the course. Disclosures can be found in the back of this program and at www.AAHKS.org/Meeting.

Educational Grants

AAHKS wishes to thank

DePuy Synthes

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for their generous educational grants and in-kind donations that make the Annual Meeting possible.



Presenting the 2021 Lawrence D. Dorr, MD, Humanitarian Award to John W. Barrington, MD

AAHKS is proud to present the 2021 Lawrence D. Dorr, MD, Humanitarian Award to John W. Barrington, MD. Dr. Barrington is a co-director of the Joint Replacement Center at Baylor Scott & White Frisco and a practicing orthopaedic surgeon with Plano Orthopedic & Sports Medicine Center in Plano, Texas. The award recognizes his leadership in medical mission trips to rural areas in Latin America, bringing access to orthopaedic care and supporting childhood education in underserved regions of the world.

“John has done hundreds of total hip arthroplasties in the Dominican Republic and helped build an elementary school in the neighborhood that has over 500 students. From teaching orthopaedic residents in the Dominican to teaching the first graders about going to medical school, he has unparalleled compassion to the humanitarian efforts there on the island,” says Paul Charpentier, MD, who trained on medical missions with Dr. Barrington.

To expand upon the impact of these medical missions, Dr. Barrington founded MOVE (Ministry of Orthopaedic Volunteers and Education) Missions, a nonprofit that provides ongoing support to meet the medical and educational needs of underserved populations in the Dominican Republic. He trains both the American and Dominican medical students and residents to ensure enduring access to care once the mission is complete.

“John devotes his time, talent, and energy to improving the quality of life of people who are in dire need of medical and educational aid. He does all of this with a warm smile, a generous heart, and an unparalleled devotion,” says former mission participant Colin T. Penrose, MD, Duke University School of Medicine Orthopaedic Surgery Department.

Dr. Barrington graduated from the University of California Davis Medical School in 2000 and completed his residency at the University of North Carolina and a joint fellowship at Harvard-Massachusetts General Hospital in 2006.

The 2021 Lawrence D. Dorr, MD, Humanitarian Award recognizes AAHKS members who have distinguished themselves by providing humanitarian medical services and programs with a significant focus on musculoskeletal diseases and trauma including the hip and knee in the United States or abroad.

Nominations for the 2022 Lawrence D. Dorr, MD, Humanitarian Award are now being accepted through April 15, 2022 at www.AAHKS.org/Humanitarian.

Symposium III

Caring for Diverse and High-Risk Patients: Surgeon, Health System, and Patient Integration

Moderator: Kimberly K. Tucker, MD

Faculty: Anna R. Cohen-Rosenblum, MD, Linda I. Suleiman, MD, Ugo Ihekweazu, MD, James I. Huddleston III, MD

This symposium is designed to explore how differences in culture, race and health literacy can affect treatment, access, and outcome in total joint surgery. Issues discussed will be from three perspectives: patient, surgeon and health system. We will illustrate some strategies to integrate and improve these aspects. This will be an interactive symposium, where attendees will be able to submit questions anonymously.

Learning Objectives:

- 1. Navigation of Racial and Ethnic Differences**
 - a. Strategies to improve relationships and communication with diverse patient populations.
 - b. How to recover if misunderstandings or poor communication occurs, given racial or cultural differences.
 - c. Resources to help create or pivot strategy to address issues of diversity, equity and inclusion in your practice.
- 2. Health Literacy and High-Risk Patients**
 - a. Modification of expectations from patient and surgeon standpoint.
 - b. How access to care affects this higher risk population.
 - i. Cost issues; transportation issues; access to therapy.
 - c. Issues that occur given the care of an urban, at-risk population.
 - d. Community engagement of this population
 - e. Obstacles encountered when caring for underserved patients.
- 3. Policies and Systems Affecting this Diverse and High-Risk Population**
 - a. Limitations of health resources in a diverse and high-risk population.
 - b. The infrastructure required to care for this population.
 - c. The effect of systemic discrimination on outcome.
 - d. Assisting the patient in navigating our complex health care system.
 - e. Economics and risk stratification.

Outline:

Introduction

Kimberly K. Tucker, MD

Treating Diverse Patient Populations: Navigating Racial/Ethnic Differences

Linda I. Suleiman, MD

The Impact of Health Literacy in the Care of Hip and Knee Arthroplasty Patients: Obstacles and Solutions

Anna R. Cohen-Rosenblum, MD

High-Risk Patients in the Setting of Private Practice

Ugo Ihekweazu, MD

The Economics of the High-Risk Patient

James I. Huddleston III, MD

Discussion

All Faculty

Notes

Symposium V

How Should Antibiotics Be Used in Primary and Revision Hip and Knee Replacement?

Moderator: Henry D. Clarke, MD

Faculty: Joshua S. Bingham, MD, Carlos A. Higuera, MD, Mark J. Spangehl, MD, Bryan D. Springer, MD

Perioperative prophylactic antibiotics have proven to be the single most effective measure for reducing surgical site infections after hip and knee replacement. Consequently, this practice has become widespread around the world. Although consensus exists around the broad principles in this field, controversies and unanswered questions also exist. This panel of experts, who have all contributed to our understanding of this area, will provide insight into several controversies and review the data driving recent changes. Most importantly, they will provide practical advice that will help the symposium participants optimize patient care, particularly in uncommon scenarios. Specific recommendations will address:

- Best practices for perioperative antibiotic use, including what antibiotic is best, when, for how long, and the best delivery route.
- Current recommendations in hip and knee replacement regarding the use of antibiotics in bone cement.
- Timing of prophylactic antibiotic administration prior to revision surgery: should preoperative antibiotics ever be held; if so, when?
- Emerging evidence to support extended postoperative prophylactic oral antibiotics in high-risk individuals and following surgery for periprosthetic joint infection.

Learning Objectives:

1. To understand best practices for prophylactic preoperative antibiotic administration in primary surgery.
2. To be aware of current indications for use of antibiotics in cement in hip and knee replacement.
3. To learn how to optimize prophylactic antibiotic use prior to revision joint replacement.
4. To interpret emerging evidence for extended postoperative oral antibiotics in high-risk individuals.

Outline:

Introduction

Henry D. Clarke, MD

Current Recommendations for Utilizing Prophylactic Antibiotics in Primary and Revision Hip and Knee Arthroplasty: What, When & How?

Mark J. Spangehl, MD

When and How Should I Use Antibiotic Cement in Primary and Revision Joint Replacement?

Joshua S. Bingham, MD

Should I Use Antibiotic Irrigation Solutions and Antibiotic Powder in Primary and Revision Joint Replacement?

Bryan D. Springer, MD

Is There a Role for Extended Postoperative Oral Antibiotics in Primary TJA High-risk Individuals After Surgery for Periprosthetic Joint Infection?

Carlos A. Higuera, MD

Discussion

All Faculty

Notes

Symposium VI

The Changing Economic Value and Leverage of Arthroplasty Surgeons

Moderator: Richard Iorio, MD

Faculty: C. Lowry Barnes, MD, Joseph A. Bosco III, MD, Derek A. Haas, MBA, Chad A. Krueger, MD

This symposium will examine the changing economic value and leverage of surgeons as arthroplasty cases continue to shift from being performed as hospital inpatient only, to hospital outpatient, to ambulatory surgery centers. Using 100% Medicare Part A and B claims data for the country, this symposium will present the following trends:

- Trend from 2017-2021 in which arthroplasty cases are being performed (inpatient, outpatient, ASCs; broken down by type of procedure [i.e., TKAs, hip fractures, etc.]).
- Trend over time in payment per case by care setting.
- Trend over time in total professional fees and facility fees generated by arthroplasty surgeons, and a projection of how this will likely trend prospectively based on the expected continued migration of site of surgery.
- Trend over time in revenue per arthroplasty surgeon and how it compares with that of other major surgeon types.
- Trend over time in arthroplasty revenue for hospitals and surgery centers.

Learning Objectives:

1. To understand the magnitude of the shift over time in where arthroplasties are being performed and the resulting economic impact on surgeons, hospitals, and surgery centers.
2. To gain insight into how compensation for surgeons has and will continue to evolve based.
3. To learn strategies for increasing economic leverage (whether you are employed or private) and what factors may lead to reconsidering practice type.
4. To learn how IPO, MIPS, APMS and the RUC reimbursement and coding changes are affecting orthopaedic practices.

Outline:

Introduction: We've Got a Problem

Richard Iorio, MD

The National Trend in Arthroplasty Surgery Location and the Economic Impact on Surgeons, Hospitals, and Ambulatory Surgery Centers

Derek A. Haas, MBA

How The Shift in Arthroplasty Surgery Location Impacts the Economic Relationship of Hospital Employed Surgeons and Hospitals

C. Lowry Barnes, MD

How The Shift in Arthroplasty Surgery Location Impacts the Economic Relationship of Private Surgeons, Hospitals and Ambulatory Surgery Centers

Chad A. Krueger, MD

IPO, MIPS, APMS and the RUC Reimbursement and Coding Changes: What Do These Mean to You and Your Practice?

Joseph F. Bosco III, MD

Discussion

All Faculty

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May 2–4, 2024 | New York City, NY

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