



# Dr. Kristy Weber Presidential Address and Q&A



Ashleigh N. Bush, MD

## Presidential Address

Greetings to all Academy members. I wish I were addressing you in sunny Orlando in a world without Covid-19. The reality is the timing of the virus outbreak and our meeting could not have been predicted, prevented, or ameliorated. The academy board of directors and staff leadership made the difficult but necessary decision to cancel our annual in-person meeting after several weeks of daily, often hourly preparation, contingency planning, and communication with key stakeholders. It was a thoughtful data-driven decision that relied on local, state and national guidance. The pace of disruption due to coronavirus escalated in early March and altered the global landscape. Safety and health concerns are now paramount and must be prioritized for the millions of people directly or indirectly related to the virus. People we know have died, and will die of respiratory compromise. Others will bear mental and physical consequences of the isolation required to flatten a disease curve. The economic impacts imposed staggering burdens on our country, on our workplaces and on our friends and families.

Notwithstanding the bigger societal picture, we must acknowledge the individual disappointments of the college athlete who worked for years to excel in a championship or make it to the pros but now cannot. The first in family college senior denied the chance to walk across the stage this spring to receive her diploma. The families unable to gather to celebrate at a wedding or mourn at a funeral. At the academy level there are many who are disappointed. The staff who worked hard for over a year to execute a successful annual meeting, members starting or ending their leadership terms in Orlando, residents giving their first podium presentation on a big stage, and others looking forward to networking or catching up with friends and colleagues. As for me, I was excited to share with you in person the academy's accomplishments of 2019, new initiatives, programs and creative collaborations. Instead, we will bring this annual meeting week to you virtually to communicate these efforts, and we will roll out CME accredited educational events including ICL's and symposia over the next few months.

Before I continue, I want to thank my extended family who have always reinforced my conviction that there should be no limits to what is possible in work and in life. I'd also like to thank my Penn Orthopaedic work-family, especially my tumor partner Robert Wilson, who supported my increased commitment to the academy this year. It seems like just last week that I addressed over 1,100 of you at the Las Vegas Convention Center. Now, I'm alone in my kitchen in Philadelphia self-recording this video on my iPhone. It is going to be the new normal for a while as the world accommodates to virtual everything from mass gatherings, to journal clubs, to

happy hours. Yet the academy will continue to move forward as we have through World Wars and other crises since 1933 because we must on behalf of our patients, our profession and our communities. Let me tell you about what has happened over the past year. We have made remarkable lasting progress that should not be overshadowed by the current state of emergency.

The board of directors has shown both leadership and discipline executing on Year One of our strategic plan and adhering to and building upon governance principles that will sustain the academy through an era of tumultuous change and challenge. It is not easy to stay focused and say no to ideas that while interesting do not align with our commitment, and improve your experience or advance the quality of orthopaedic care. It is however what high functioning organizations and boards must do. We have worked to implement processes that foster year-to-year consistency to ensure that we reach our 5-year strategic goals and avoid personality based leadership so common in our Orthopedic culture. While there is value in knowing our history we cannot be so bound by custom and tradition that it hinders innovation, is contrary to best practice, or limits our organizational relevance to future generations of members.

I will start with progress made on the three goals of the Strategic plan all in support of our vision to be the trusted leaders in advancing musculoskeletal health. Goal number one: deliver a personalized and seamless member experience. In order to deliver, we need to know who you are. We completed over 92% of the data fields on our domestic numbers up from 78% in 2018. We can now say with confidence for example, that the United States segment of the academy is composed of 2,673 women, 1,452 Foot and Ankle surgeons, and 2,633 who self-identify as private solo practitioners. Substantial investments in technology were made to upgrade our systems. Have you logged into the updated website at [aaos.org](http://aaos.org)? It is easier to navigate, with better response time and more relevant information. Our Academy Educational Learning platform had nearly 17,000 unique users in 2019, a 17% increase from 2018 and members who claimed nearly 130,000 CME credits. The vast majority of digital education is now free to members. An expanded Orthopedic Video Theater now includes member requested practice management modules and opportunities for academic, industry and specialty society unique channels. [OrthoInfo.org](http://OrthoInfo.org) had 33 million visitors and has been updated with surgical videos for patients, and a series of downloadable PDF handouts about common conditions and treatments. The new Health E-Center job board helped over 6,700 members connect with potential employers: twice as many as in 2018. Our board approved nearly 5 million dollars to develop a comprehensive, visionary resident curriculum led by Paul

Tornetta, and our education council. Finally, our governance structure was not aligned with a focus on you, so we changed it! A new membership council joins our councils on education, quality, and advocacy. This new group, led by Liz Matzkin, will develop a membership strategy that provides value and understands the different needs and transition stages for residents, practicing surgeons, international members, and emeritus members.

Goal number two: equip members to thrive in value-based environments and advance the quality of orthopaedic care. Bob Quinn and the Council on Research and Quality, with input from multiple member stakeholder groups, developed a new academy definition of quality and value related to musculoskeletal health. Clinical practice guidelines, appropriate-use criteria and performance measures continue to be updated based on the new evidence and the process remains best-in-class among medical and surgical societies. I'm thrilled to announce a new partnership between the academy and the Orthopedic Research and Education Foundation, OREF, to leverage the strength of each organization to raise funds and support clinical researchers who design projects that will answer critical questions relevant to patient care. One key example of an area of clinical concern to our members and patients is biologics and regenerative medicine. The academy along with OREF, the Orthopedic Research Society, orthopaedic speciality societies and other stakeholders is in the process of defining a current evidence related to scope, safety, and the efficacy of these treatments in a credible and reliable way.

Orthopaedic registries are another focal area. The academy's family of registries expanded to include a new partnership with the American Association of Neurological Surgeons for an American Spine Registry. Our American Joint Replacement Registry now captures 40% of the hip and knee replacements in the United States. The Shoulder and Elbow Registry expanded to include modules on rotator cuff repair and elbow arthroplasty, and the Musculoskeletal Tumor Registry expanded beyond the pilot stage. I want every surgeon watching this video to be part of the registry effort so that you and your practice benefit from Center of Excellence status from the Joint Commission, maintenance of certification, self assessment exam credits, and compliance with the merit-based incentive payment system or MIPS. You can track your outcomes compared with national and institutional benchmarks, or submit requests for registry data to be analyzed to answer critical research questions. Finally, the academy has elevated its participation in the Choosing Wisely national campaign to educate patients on procedures and treatments not supported by existing evidence. Moving forward we will all need to focus on high-value care if we want to do right by our patients and personally thrive in this changing healthcare environment.

Goal number three: evolve the culture and governance of AAOS's board and volunteer structure to become more strategic, innovative and diverse. The board is more strategic. Each yearly agenda is focused on board defined key initiatives that are directly aligned with the strategic plan to ensure

consistency over time. Meetings are more streamlined. There are robust discussions and a willingness to tackle difficult issues. Even before covid-19, we were using a lot more video conferencing to make member participation and committee work more convenient, and inclusive. A governance committee, led by Brad Henley, is critically evaluating the academies current government structure and what it will take to evolve toward best practice for nonprofit boards. The board adheres to the governance principle of being strategic with centralized authority and decentralized council and committee decision making. In May we defined new academy core values: leading to serve, shaping our future, and excellence together. You will see a focused effort to promote these values and supporting behaviors throughout the volunteer structure. Decision-making must be guided by these new core values and behaviors.

For example, we will use data and evidence rather than opinion to stay a step ahead. We must empower and seek input from all people, not just the majority. And we will collaborate based on mutual respect and trust. Accepting these values and putting them into practice will require a cultural change to be successful. The board also approved a nimble innovation process for moving ideas more quickly through the approval structure based on their merits and alignment with the academies' strategy. Finally we are implementing a multi-pronged strategy to develop a more diverse academy volunteer structure, which requires more frequent and more substantive communication with our partners at the Ruth Jackson Orthopaedic Society, the J. Robert Gladden Orthopaedic Society and the American Association of Latino Orthopaedic Surgeons. We need to make it clear to members, new and old, the mechanics of applying for volunteer positions and we also need greater transparency about how selections are made with feedback to applicants and required implicit bias training for all academy volunteers and staff.

In 2019, 12% of our volunteers were women, and 7% were from under-represented racial minority groups. Those percentages are doubled on the new 2020 board of directors. We will be successful over the next four years in improving diversity, inclusion, and equity among our volunteer leaders. Our key enablers of communication, advocacy, partnerships and technology remain fundamental. Jennifer Weiss and her team made member communications more personalized in both traditional, and social media formats and started the FAAOS campaign to recognize academy members. Wilford Gibson and our tireless advocacy team remain effective on the legislative and regulatory fronts promoting fair arbitration for surprise billing, assuring that 30 million dollars is directed to research funding for extremity war injuries, and for reinforcing the fact that orthopedic surgeons are leaders in advancing value-based musculoskeletal care. Our leading Ortho PAC raised 1.9 million dollars in 2019 and a new online advocacy action center generated more than 3,500 letters to members of Congress. The academy maintained or expanded collaborations with specialty societies in areas of mutual benefit related to advocacy, quality, and education based on our partnership principles.

In closing, I would like to share a few personal observations accumulated over my year as president of the academy. In 2018, the board of directors determined the academy was in real danger of losing relevance to current and future members, patients, and other partners in the healthcare space. Rather than bury our heads in the sand, the board acted and implemented year one of the new strategic plan in 2019. I am incredibly proud of each board member for his or her teamwork and decision-making and of our CEO Tom Arond and his staff for implementing the board strategy. I am particularly grateful to my next two successors Joe Bosco and Danny Guy, who helped lead with courage and humor. The academy's future is bright with their capable leadership. I personally enjoyed hearing the stories of so many members of state societies, specialty societies, and international members who each have their own sagas of challenge and triumph in this great profession of orthopaedic surgery. Our annual member survey shows that the academy is moving in the right direction in terms of member satisfaction and value, and I expect that to continue. We have moved from personality to process on the board, knowing that consistency of year to year is how we will maintain lasting change. However, there is no denying that change is hard and that it makes some people fearful, threatened or angry. In my academy travels this year I have observed that many orthopedic surgeons of my generation, mid-50s and older, are often uneasy about change and lean toward the comfort and predictability of tradition. By contrast, I have found that younger surgeons particularly residents and early career professionals embrace change and frankly do not believe change at the academy is happening fast enough. Instead of longing for the old academy where history, seniority, and tradition were preeminent they look to a new academy for innovation, diversity, inclusion and values come first. I am most humbled to be not only a woman leading this organizational change, but the first woman. I have endeavored to be a model for young women and men who might have once been seen as outsiders in the traditional academy culture and who will someday follow me in this or other leadership roles, where new voices and views must be heard. Thank you and please be safe over the next several weeks and months, as you do your part to lead your communities and responsibly care for your patients and families throughout this defining crisis.

Kristy Weber, MD, FACS  
 AAOS Past President  
 Vice-Chair of Faculty Affairs  
 Director of the Sarcoma Program, Abramson Cancer Center  
 Chief, Orthopaedic Oncology  
 Department of Orthopaedics  
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## Q&A

Kristy Weber, MD served as the 87<sup>th</sup> president of the Academy of Orthopaedic Surgeons from 2019-2020. She was the first female president of the AAOS. She earned her medical degree from the Johns Hopkins School of Medicine in

Baltimore, Maryland. Dr. Weber completed her orthopaedic residency training at the University of Iowa in Iowa City and a two-year research/clinical fellowship in orthopaedic oncology at the Mayo Clinic in Rochester, Minnesota. Prior to serving as a faculty member at the University of Pennsylvania, she served on the faculty at the University of Texas MD Anderson Cancer Center and Johns Hopkins. We had the honor and distinct opportunity to conduct a Q&A with her regarding her outstanding achievements and guidance for orthopaedic surgeons.

### **What is the most valuable piece of advice you have received in your career?**

Remember why you went into medicine and specifically orthopedics. Hopefully it is because you want to help patients and it is one of your prime areas of focus and commitment. Work incredibly hard. Orthopedics is not an 8-5 job. There will be demands from our job which pull us in off hours. To be successful in this job, it generally requires work outside of the standard work hours.

### **What advice would you share with orthopedic surgeons just beginning their careers?**

Be so good they can't ignore you. You should strive for excellence in all pursuits in this field, from being an excellent doctor, surgeon, researcher, or leader.

Have a really good work ethic. Don't cut corners. Keep focused on the goal: taking care of the patients who come to you for help. Keep up with your commitments and finish things you commit to on time.

Professionalism- this is of utmost importance. You must be professional to patients, colleagues, and members of the health care team. To be a leader of the surgical team and the musculoskeletal care team providing for the patient, you must value everyone's opinion.

Have a plan. Set a goal of what you want to accomplish over the next 1-3 years and the next 5 years. Stick to this plan. Figure out what you need to do to accomplish your goals and execute.

### **How has being active in the Academy helped you in your career?**

Being a member of the Academy and other national societies has helped me meet people, network, gain new perspectives, understand new ways of doing things, and develop leadership skills.

Within the Academy, I started at the ground level on educational committees. I worked hard and was appointed to roles with more responsibility that helped me develop skillsets including leadership, organization, managing an agenda, and completing projects on time. I moved onto working on and eventually leading Quality initiatives as the Chair of the Council on Research and Quality which helped me continue to develop skills in leading a team.

In addition, the volunteer leadership roles helped me get a sense of the goals and mission of the AAOS and see if this

organization resonated with me. It took years of learning about the AAOS to feel I understood the organization and how it worked.

I was lucky to be nominated for a member at large position on the Board early in my career which was a stepping-stone to later being considered to serve as president of the Academy. Being chosen to serve in the leadership line was likely due to the tangible contributions I had made and my leadership qualifications.

### **Who is someone whose leadership style you admire?**

#### **How have you tried to emulate him or her?**

There is not only one single person whose leadership style I admire, as I do look up to so many people and enjoy reading about and watching leaders in action and learning from them.

One person that comes to mind is a mentor from residency- Dr. Stuart Weinstein. He was and still on the faculty at the University of Iowa specializing in pediatric orthopedic surgery. He has served as a past president of many orthopedic organizations including the AAOS. He has served as a mentor and sponsor for me and has become a good friend. I admire his work ethic in that he works incredibly hard and takes responsibility for his actions. He is competent at his craft and I love to watch him prepare to solve difficult problems by considering multiple different angles.

I am also interested in women leaders not only in orthopedics, but in medicine and in other fields. I like to learn how they navigate the challenges of leadership and excel at their roles. For example, some women here within Penn Medicine that come to mind are:

- Deborah A. Driscoll, MD who was appointed Senior Vice-President for the Clinical Practices of the University of Pennsylvania and Vice Dean for Professional Services at the Perelman School of Medicine in October 2019 after serving as Chair of the Department of Obstetrics and Gynecology and Director of the Center for Research on Reproduction and Women's Health for 14 years.
- Regina Cunningham PhD, RN, who serves as the CEO of HUP. She is an accomplished nurse executive, scientist, and educator who has made impactful contributions to advancing nurse practice and clinical care.
- Lynn M. Schuchter, MD a faculty physician at HUP who serves as the Chief of the Division of Hematology and Oncology, Director of the Tara Miller melanoma Center, and is the C. Willard Robinson Professor of Hematology-Oncology.

### **As Academy president, what is an example of a leadership challenge you faced? What did you learn from it?**

A goal of mine as AAOS president was to change leadership from being 'personality'-based to 'process'-based. In prior years, each individual president would have personal priorities and pet projects that would influence the organizational goals for that year. However, priorities would vary year to year and

make it difficult for the organization to consistently move forward. I led the development of a 5 year strategic plan from which the Board determines the key initiatives for each year. This plan is accountable, documentable, and related to tangible goals.

Additionally, culture is something that is important to me. Part of this means questioning traditions and asking: are these traditions inclusive? Why do we do things this way? Additionally, the Board approved including culture and governance into the strategic plan with some of the specific metrics related to increasing diversity in the volunteer leadership.

### **What achievements in your career are you the proudest of?**

There are a few of achievements in my career that make me proud. One would include the Academy presidency. Another would be my Quality related work with the Academy which included leading the development of clinical practice guidelines and appropriate use criteria which were not terribly popular when we were rolling these out in 2008. Finally, I was awarded the Duncan Van Dusen award for Professionalism from the Perelman School of Medicine in 2019, which was a great honor. I am also proud to be able to serve as a role model to young women and aspiring orthopaedic surgeons.

### **What is your favorite memory from residency?**

I don't know that I have a specific favorite memory; more so a collection of impressions. I truly loved residency. There was a sense of comradery among the residents and a commitment of the faculty to our training and careers that was special. I loved my time on the tumor services as well as the trauma team. We frequently had social activities where faculty, residents, and their families would spend time together. Each year, we would have a pig roast at a faculty members farm. These inclusive social gatherings were special because we would set aside the work roles to some degree and enjoy each other's company as friends.

### **Is there a single memorable case you can recall from residency?**

There was a woman with metastatic renal cell carcinoma. When you're a resident, you often spend more time with the patient in the hospital than the faculty member. I had time to get to know this patient. I sat with her and got to know her goals and fears. Ultimately this patient died of cancer while I was on the tumor service. I try to remember that, even when I am busy as an attending with a myriad of responsibilities, I cannot stray too far from these interactions with patients.

Another case I remember was as a PGY2 on the tumor service. The case was a superficial malignant tumor resection and I cut into the tumor. I remember feeling mortified. The tumor faculty fixed my mistake and made sure we got the entire tumor out with a wide margin (including my skin incision). It reminded me that when you make a mistake, you should own it and take responsibility. If you feel bad after making a mistake, it probably means that you care and have the drive to learn from this mistake and not make it again.