



# Building a Young Adult Hip Preservation Center: Reflections and Lessons from the Last 13 Years

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In 2009, we established the young adult hip preservation program at the Children's Hospital of Philadelphia, which later became intimately associated with the hip preservation center at the University of Pennsylvania. We've learned a lot through the process, and the following are some thoughts and reflections on our journey thus far.

## Have a Vision

Before you can build anything, you have to know what it is you want to build. This seems obvious but too often we jump into action planning without considering the overall framework and direction. Starting a clinical center is no different. As we developed the Young Adult Hip Preservation Program at CHOP and later the hip preservation center at Penn, we needed to "begin with the end in mind". We sought to develop a "one stop shop" for pediatric, adolescent, and young adult hip disorders, where patients from all backgrounds would be welcomed, appropriate diagnostic work-ups could be conducted, targeted and effective treatment could be administered, and patients could be followed long term to gauge the real outcomes of our work. We wanted to develop a national reputation that drew patients from beyond the local region. From start to finish, we obviously wanted patients to get excellent clinical care. But rather than just performing high quality surgery, we wanted to deliver a comprehensive clinical experience that was rewarding to the patient.

In 2009, the field of hip preservation was fledgling (and some would argue it still is). This represented an opportunity but also a concern. A bit like the Wild West, lots of surgery was being performed for variable indications and many surgeons were in the steep part of their surgical learning curve both in the region and nationally. In contrast, we were committed to providing evidence-based care whenever possible, and principle-based care in situations where high quality data was lacking. Furthermore, we wanted to both direct and contribute to evolving research in the field with the goal of elucidating hip pathophysiology, clarifying surgical indications, refining surgical technique and optimizing patient outcomes.

## Know the landscape

When you're starting from scratch, you need to know the environment. As I had trained in the area, I had some pre-existing sense of the market. I was hopeful that CHOP and Penn would support the programmatic development, but recognized that there are several other health centers in the region that also desired to care for some of these patients.

From the start, we presented our center not as a threat to local surgeons, but rather as an outlet for challenging clinical situations. We worked hard with our marketing and public relations team to get the message out that we would accept anything and everything regardless of insurance status, social situation, or medical complexity.

Primarily centered at CHOP, especially in the early years, one of our biggest challenges was changing the perception that CHOP was just for kids. This represented a real paradigm shift. Certainly, the precedent had been somewhat established, with many congenital cardiac patients continuing their care at CHOP well into middle age, but seeking out new patients who had already reached adulthood and getting them to come to CHOP for the first time was totally different. Again, we worked tirelessly with our marketing team to try (at that time) a novel strategy for a children's hospital. Instead of targeting referring physicians (i.e. pediatricians), we recognized that the target population (men and women in their 20s and 30s) would certainly not be seeing a pediatrician and would likely not even have a primary care physician. Instead, we devoted the limited resources afforded by the general orthopaedic division at CHOP to create a high quality patient centered video that was pushed out through YouTube and social media streams in an effort to reach patients directly. In addition to a more modern advertising campaign, we also needed to change the culture within the walls of CHOP itself. This started with phone schedulers who were used to turning away adults and extended to front desk staff who were unfamiliar with a thirty-year-old woman arriving without a child. It was a slow and pain-staking process at times, but eventually treating adults became well accepted at CHOP. The care of older adults with medical comorbidities was greatly improved when the partnership with Penn was strengthened several years ago so that high quality services could be provided at both centers.

## You're only as good as your team (so collaborate)

A single surgeon does not make a center, regardless of the talent or the dedication that he/she may have. In order to deliver high quality clinical care and perform meaningful investigations, you need a team of professionals. As the old adage says, "it takes a village..." In order to build a great team, you need to develop personal relationships. This requires foresight, planning, direct communication, and thoughtful follow-up. In the early years we had several in-person meetings with physical therapy, inpatient nursing, anesthesia, radiology, and sports medicine. We identified champions in each area who would be invested in developing care

pathways, imaging protocols etc, and we took care to cultivate these relationships by returning gratitude and including the wider team in publications. Within the orthopaedic realm, developing expertise at the physician assistant and nursing level is crucial to providing an outstanding patient experience. The more knowledgeable and experienced the entire care team, the safer and smoother the clinical course. As we grew, we enlisted a nurse navigator who could facilitate out of state referral—this was another key step in building a true national reach. Under the leadership of Jack Flynn, MD and L. Scott Levin, MD, the relationship between Penn and CHOP was strengthened which allowed improved partnerships with the likes of John Kelly, MD and Kate Temme, MD and others who had been providing excellent clinical care within the University of Pennsylvania Health System for years. For those patients who were no longer amenable to hip preservation, we enlisted the expertise of the adult reconstruction faculty at Penn. Neil Sheth, MD in particular took special interest in the care of the very young patients who required total joint arthroplasty.

On the clinical research front, we were invited to join high caliber national research groups like ANCHOR, which improved our capacity for prospective multi-center research. It was important to represent CHOP and Penn at these meetings to establish us as a legitimate center of excellence. Locally, our clinical collaborations organically supported the development of multi-disciplinary research. Working with radiology, anesthesia, and Penn engineering provided opportunities to publish on modern imaging techniques, optimized recovery pathways, and anatomic modeling. Again, it takes a village.

## **Keep one eye on the future**

Any great clinical center needs to evolve with the times and expand its clinical reach, while keeping an eye towards the future. By maintaining our commitment to clinical research and our presence on the national stage, we sought to keep CHOP/Penn on the leading edge of the modern hip preservation movement. Several years ago, we recognized the growing trend of hip arthroscopy as the primary surgical modality for femoroacetabular impingement and recruited Kathleen Maguire, MD to CHOP to provide additional expertise in this area. Along with John Kelly, MD, and Charles Nelson, MD this expanded our ability to provide arthroscopic services to adolescents and young adults at both centers. In 2019, we were able to recruit Chris Anthony, MD to join the faculty as the co-director of hip preservation at the University of Pennsylvania. Chris brought an impressive research pedigree along with outstanding clinical training at University of Iowa (residency) and Washington University in St. Louis (fellowship). Since his arrival, Chris has greatly expanded the clinical volume in hip preservation with skills in hip resurfacing, hip arthroscopy and open hip preservation.

Reflecting back on 13 years, it's amazing how far we've come and how much we've grown. While we've had some success, we remain restless to do better. Future goals include improved biomechanical modeling and potential navigation for hip osteotomies—and of course clinical expansion. The village is strong, and so is the future of the hip preservation program at CHOP and Penn!