



A Day at the Office

A Day at the Office: Political Advocacy and Private Practice

Douglas W. Lundy MD, MBA

Orthopaedic surgeons tend to be more active in political advocacy than the average physician. Thirty-one percent of AAOS fellows contributed to the Political Action Committee (PAC) in 2015, which is almost three times the physician participation of the American Medical Association's PAC [1]. However, many orthopaedists still have no idea what political advocacy is, how to do it, and why it is so important. They know political advocacy has something to do with the

Office of Government Relations (OGR) and the American Academy of Orthopaedic Surgeons (AAOS), but how does that relate to the private practice orthopaedic surgeon? Why is political advocacy important to the private practice orthopaedic surgeon?

Private practice orthopaedic surgeons should be involved in political advocacy because we have fewer resources to weather negative environments compared to hospital-employed physicians, and our political agenda is far more specific than that of an entire hospital system. We are the “poster child” of the successful small business in their district, devoting our efforts to better the community as a whole. We can bring the stories of patients who also reside in their district and examples of how legislation helps or hurts our patients. Certainly political issues affect all of us, but small changes in regulatory requirements can disproportionately affect those in small

practices with limited cash flows. Installing electronic medical records, converting to ICD-10, moving from volume to value reimbursement is a much different experience for the small practice physician to undertake than it is for the large health system with access to support.

Political advocacy is the act of affecting political decision makers so that one's agenda can be achieved. That statement sounds unattractive, especially in the current age of political nastiness as we saw during the recent presidential campaign in the United States. However, there is no shame in promoting a positive agenda that helps the public and makes the country a better place. What if that agenda was to get Congress to pass funding for the Peer-Reviewed Orthopaedic Research Program (PRORP) and the Orthopaedic Extremity Trauma Research Program [2]? This legislation would direct funds to help promote research for military service members who were wounded in combat. Lessons learned from this research would also aid in the care of civilians affected by trauma, and would help those affected live more productive lives after injury. This is a “white hat” issue: It helps others, makes the country better, and is far more socially acceptable to discuss

A Note from the Editor in Chief:
We are pleased to present to readers of *Clinical Orthopaedics and Related Research*® the next installment of *A Day at the Office*. In this column, private practice orthopaedic surgeon Douglas W. Lundy MD, MBA, provides perspective on the pressures that orthopaedic surgeons face on a typical “day at the office,” as well as a broader viewpoint about trends in nonacademic clinical-care settings.

The author certifies that he, or a member of his immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

The opinions expressed are those of the writer, and do not reflect the opinion or policy of *CORR*® or The Association of Bone and Joint Surgeons®.

D. W. Lundy MD, MBA (✉)
Resurgens Orthopaedics, 61 Whitcher
Street, Suite 1100, Marietta, GA 30126,
USA
e-mail: lundydw@resurgens.com

A Day at the Office

in public compared to a personal agenda that only helps the individual.

Why can't Congress just "get it right" on its own? Because members of Congress just don't know everything. Constituents and lobbyists flood our representatives with requests and demands. Orthopaedic surgeons are the experts on musculoskeletal care and can describe for the layman how our patients are affected by these conditions. We need to be Congress' resource when it comes to decisions affecting musculoskeletal healthcare. Many members of Congress are lawyers, few are physicians. Yes, we advocate for the issues we care about, but the real value we bring to our representatives in Congress is our expertise, which state representatives can use in service of their constituents.

Why do orthopaedic surgeons need to even do this in the first place? We have busy practices that require our constant attention, and our overhead continues to accumulate when we are talking with Congress rather than taking care of patients. The AAOS and the OGR represent us well as they carry our issues to Capitol Hill. But, at the end of the day, they are lobbyists, not constituents. There is no substitute for the private practice orthopaedic surgeon who can effectively tell our stories to a legislator who lives in his or her district. An AAOS lobbyist's second-best day is taking enthusiastic

orthopaedic surgeons around Capitol Hill to talk to Congress. This same lobbyist's best day, however, is taking the orthopaedic surgeon and a grateful patient around Capitol Hill to talk to Congress. Nothing is more effective.

To accomplish this goal, it is imperative that private-practice physicians get to know their political leaders. Before taking the step of contacting a house member or a senator, one should start out contacting a state legislator. Those in the state legislator want to communicate with members of the public. They represent far fewer constituents than their federal counterparts, and they usually have full-time "regular" jobs as well. They are our neighbors, and they want to know us. They are usually very receptive to a telephone or email invitation to meet for coffee or a quick meeting at their office. This initial meeting can be just a "meet and greet" to get to know them better. They see us as influential people that can help them better understand medical legislation as well as potential supporters in their reelection campaign.

This relationship then can run both ways. When they need to discuss a piece of legislation affecting healthcare, they might reach out to an expert—like a private practicing orthopaedic surgeon—to ask an opinion. They gain clout when they speak with their colleagues and reference a

personal conversation with a constituent who is a physician. Just recently, I met with a member of Congress to discuss additional funding for PRORP. I brought one of my patients who underwent limb salvage surgery with me, and demonstrated how techniques developed in treating soldiers injured in Afghanistan helped save this patient's leg. This personal demonstration of how their decisions impact their local constituents is very powerful. When legislation comes up that affects our interests, we can more easily access the representative and discuss the issue. State legislators are far more apt to listen when they know the constituent who has reached out. These relationships can only be developed in advance of some future predicament. For individuals who reach out only in moments of crisis, there is no foundation or relationship to call on.

What about party politics? What if one's particular legislator (state or federal) is in the opposite party from the one with which you affiliate? This is my specific situation. I divide my personal politics from my professional politics. There are specific issues in orthopaedics that are better advanced by one party or the other. Certain issues resonate better with Democrats and others with Republicans. Regardless of one's personal affiliation, as a voter in the member's constituency,

A Day at the Office

one has much more influence than the loyal party members in a neighboring district. It takes both parties to advocate on behalf of all of the things we want to accomplish for musculoskeletal patients, and we need friends on both sides of the aisle. Make a friend where you can.

The brother to advocacy is political fundraising. Members of Congress are constantly campaigning, and nearly all of them are always looking ahead to their next election. Don't be surprised if they ask for a donation. This part of the political process is offensive to some and a nonissue to others; I see political donations as a means to keep our friends in positions of influence. Know that this is not the same thing as

buying votes. I've donated to legislators who have voted against bills I've urged them to vote for. It happens.

Private practice orthopaedic surgeons should be involved in political advocacy because while our issues may be somewhat smaller, they impact many other small practice physicians within the legislator's constituency. Because we are seen as one of the "hometown" physicians, we enjoy a grassroots sort of prestige with legislators. They realize that we take care of many of their constituents, and we are there for the long run. This in no way should be thought of as disparaging to the hospital-employed or large practice orthopaedic surgeon (like my group of 95 orthopaedic

surgeons and physiatrists). By the nature of our chosen profession, society has granted us with a unique position of trust and authority. We should always endeavor to responsibly use this influence to make the country a better place.

References

1. Brackemyre KL. Orthopaedic PAC continues to set records. Available at: <http://www.aaos.org/AAOSNow/2015/Feb/advocacy/advocacy2/>. Accessed August 9, 2016.
2. Gregorian JA. Orthopaedic research gets boost in defense bill. Available at: <http://www.aaos.org/AAOSNow/2012/Feb/advocacy/advocacy6/>. Accessed August 8, 2016.