



# A prospective study assessing the political advocacy of American Shoulder and Elbow Surgeons members



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**Background:** This study assessed the current political standings and active political engagement of American Shoulder and Elbow Surgeons (ASES) members along with the political process as it relates to health care policy.

**Methods:** This survey study involved 552 ASES members. The survey was open for 2 weeks. Responses were received from 254 of the 552 members (46%), and their answers were analyzed.

**Results:** Six (2%) of the responding members were solo practitioners, 100 (39%) belonged to a private practice, 106 (42%) were providers at academic institutions or residency training programs, 25 (10%) were employed by a hospital, and 17 (7%) categorized themselves as other. Email was the preferred method of communication. Of all responding members, 110 (43%) stated they had contributed to the American Academy of Orthopaedic Surgery Political Advocacy Committee in the last 12 months. Four (10%) of the responding members have a relationship with an elected official, and 220 (87%) would be willing to become a key contact and reach out to a legislator.

**Conclusion:** Moving forward, this survey can be used to better shape the political advocacy efforts of the ASES and potentially other subspecialty societies. The response that “a high percentage of members would like to be more involved” suggests the need for a program to help further educate and facilitate the membership on political advocacy.

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Politics will always have a vital role in health care policy and vice versa. The potential for physician advocacy has not been fully studied in the past as it relates to helping to shape government policy on issues such as access to care, reimbursement amounts, research funding, reform, advocacy in medicine, and advocacy in orthopedics. A relative minimal amount of peer reviewed literature assessing political advocacy by physicians exists. Sethi et al<sup>6</sup> state, “The role of advocacy is rapidly redefining the continuum of care to a trinity of clinical excellence, innovate research, and effective advocacy.”

A systematic search of the peer review literature in 2015 showed that the public’s influence on health care policy has little to no effect and that their voices are not acted upon.<sup>1</sup> Public involvement was also defined as members of a nation influencing strategic decisions about health policy and services.<sup>3</sup> However, the role and influence that health care providers have in politics is not a well-researched subject, and we believe that physicians can play a major role in the political advocacy process. After a fixed-length systematic search of the nonpeer reviewed literature and a systematic review of the academic literature, Farrer et al<sup>2</sup> found that, “the policy world is complex, and scientific evidence is unlikely to be conclusive in making decisions.” They also state that time, qualitative, interdisciplinary, and mixed-methods research could aid in the advocacy efforts.<sup>2</sup> This study has the potential of giving a baseline understanding of physicians’ viewpoints on the topics mentioned above and to show how important a physician’s role is in political advocacy.

This study sought to understand whether members of the ASES donate to the American Academy of Orthopaedic Surgeons (AAOS) Political Advocacy Committee, other advocacy committees, or candidates for political office. Also assessed was the level of agreement by members with regards to having a professional obligation to participate in health policy and whether they wanted to become more involved with health policy issues. We were particularly interested in the personal time commitment and views about how physicians rank different topics in health care. Furthermore, we wanted to assess membership alignment on such issues as health policy and the critical importance such issues have on members.

We hypothesized that ASES members would be active in political advocacy and views on certain policies proposed would be aligned in certain areas.

## Materials and methods

### Survey population

This survey study was conducted by the AAOS market research staff involving the 552 United States ASES members. All members are

current or retired orthopedic surgeons. The survey, named the ASES OGR Annual Meeting Survey, was open for 2 weeks and closed on March 19, 2018. Two reminders were sent out during the duration of the survey, the first being on March 10 and the second on March 15. The data were collected in a multiple choice formatted survey created by the AAOS marketing research staff.

### Survey description

The survey consisted of demographic information, such as sex, years in practice, current type of practice, current political standing, if the members donated to the AAOS Political Action Committee (PAC) or other advocacy groups, the level of agreement to statements involving wanting to be a part of health policy issues, members’ preferred method of communication, relationships with elected officials, and the members’ willingness to reach out to legislators on important issues that affect the specialty. [Appendix 1](#) shows the format of the survey and the choices that the members were able to choose from.

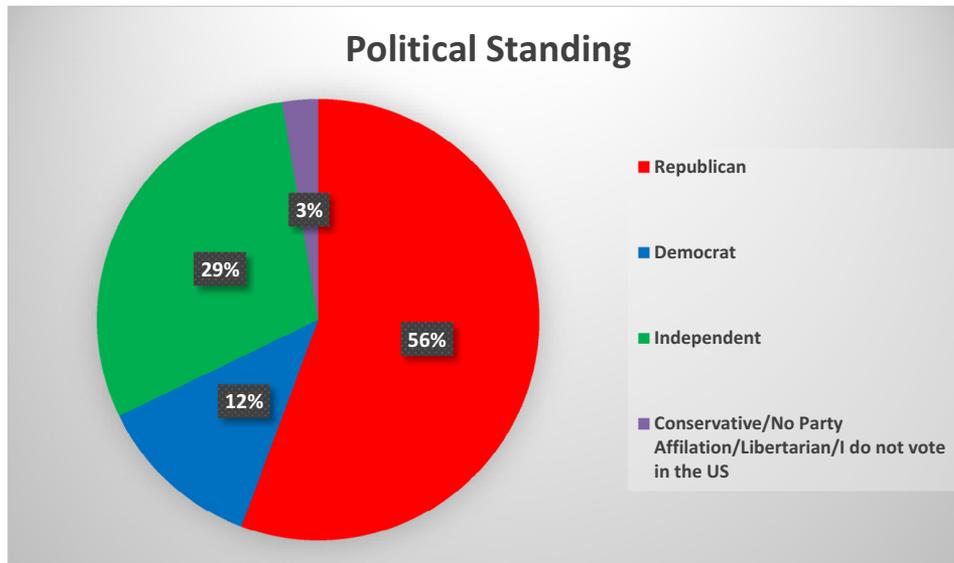
### Statistical analysis

The survey responses were collected by the AAOS marketing research staff and tabulated using a simple descriptive statistical analysis.

## Results

Survey responses were received from 254 of the 552 United States members (46%) and their answers were analyzed. Of the respondents, 241 (95%) were men and 13 (5%) were women. Of the members who responded, 37 (15%) were in practice for less than 5 years, 60 (24%) between 5 and 10 years, 40 (16%) between 11 and 15 years, 33 (13%) between 16 and 20 years, and 84 (32%) for more than 20 years. Six (2%) of the responding members were solo practitioners, 100 (39%) belonged to a private practice, 106 (42%) were providers at academic institutions or residency training programs, 25 (10%) were employed by the hospital, and 17 (7%) categorized themselves as other, which included private academic, group multispecialty practice, retired, federal employee, military, health maintenance organization, part-time academic, and employed/resident. They were required to specify which of these titles suited them.

When referring to their political standing, 251 of the 254 members (99%) responded with their viewpoints. Of the responding members, 243 (97%) are registered to vote. Only 230 members responded with their party affiliation, with 128 (56%) being Republican, 28 (12%) Democrat, 68 (29%) Independent, and 6 (3%) categorized themselves as other



**Figure 1** American Shoulder and Elbow Surgeons physician political standing.

affiliation (Fig. 1). The other affiliation included conservative, no party affiliation, Libertarian, or “I do not vote in the US,” which they needed to specify. Of the responding members that have practiced for less than 5 years, 15 (40%) are Republican, 4 (10%) are Democrat, 16 (42%) are Independent, and 3 (8%) declined to answer.

The next section asked the members if and why they had donated to the AAOS’s PAC: Orthopaedic PAC. There were 110 (43%) who responded yes and gave a reason why they donated. The members were allowed to choose multiple reasons for donating: 80 (72%) donated because they thought that being politically involved is important, 58 (47%) chose to donate to pool their political contributions for a greater impact, 60 (55%) donated to help elect physicians and pro-physician candidates, 66 (60%) reasoned that their involvement will make orthopedists more successful, 67 (61%) chose that it will help solve problems facing the specialty, 20 (18%) stated that they were encouraged by colleagues, and 5 (.05%) chose the other option, which included all of the choices mentioned above, duty as a citizen to participate in political process, it is the price of protecting the care provided, protecting interests; input on legislation or rules by Centers for Medicare and Medicaid Services; and/or to do what they can to help.

The members were then asked whether they donate to candidates or to other advocacy groups or committees (253 of the 254 members responded to this question). Thirty-three (13%) responded always, 116 (46%) responded sometimes, and 104 (41%) responded never. This question was further broken down by years in practice. Out of the 38 responding members that have practiced for less than 5 years, 2 (1%) responded always, 8 (25%) responded sometimes, and 28 (74%) responded never. Of the 60 responding members that have practiced between 5 and 10 years, 5 (8%) responded always, 25 (42%) responded sometimes,

and 30 (50%) responded never. Of the 41 responding members that have practiced between 11 and 15 years, 5 (12%) responded always, 21 (51%) responded sometimes, and 15 (37%) responded never. Of the 33 responding members who have practiced between 16 and 20 years, 6 (18%) responded always, 14 (42%) responded sometimes, and 13 (40%) responded never. Finally, of the 84 responding members that have practiced for greater than 20 years, 14 (17%) responded always, 50 (60%) responded sometimes, and 20 (23%) responded never.

The candidates and other advocacy groups that members donated to included specific candidates, various other PACs, specific state orthopedic societies, the Republican Party, American Israel Public Affairs Committee, Ambulatory Surgery Centers (ASC) PAC, AAOS, Texas Organizing Project, Alliance Defense Fund, American Medical Association, Illinois State Medical Society, American Society for Surgery of the Hand, and the Florida Medical Association. There were 75 members (30%) who responded to which candidate or advocacy group they donate to.

The next section of the survey asked the members about their level of agreement with certain statements or questions. The first statement was, “I believe that orthopaedists have a professional obligation to health policy.” Of 253 responses, 149 members (59%) strongly agreed with this statement, 78 (31%) somewhat agreed, 18 (7%) neither agreed nor disagreed, 8 (3%) somewhat disagreed, and no member strongly disagreed. When asked the statement, “I would like to become more involved with health policy issues,” 96 members (38%) somewhat agreed, 67 (26%) strongly agreed, 55 (22%) neither agreed nor disagreed, 24 (9%) somewhat disagreed, and 11 (5%) strongly disagreed. Forty-six members (18%) elaborated on the issue and said they would particularly like more involvement in improving physician

reimbursement rates/reimbursement decision making, access to care, physician-owned care facilities/hospitals, value-driven medicine, universal health care, and support research and data collection.

The members were then presented a number of political issues from which they were asked to pick their top 3 issues. The issues included:

- advocating for the cause of the increased government funding for orthopedic medical research (chosen by 47 members);
- protecting Medicare/Medicaid reimbursement rates and having appropriate representation in the physician fee schedule (chosen by 175 members);
- removing TSA from the Medicare in-patient only list and adding it to covered procedures for ambulatory surgery centers so that the procedures can be performed in the hospital, the outpatient area of the hospital, or a free-standing ambulatory surgery center (chosen by 128 members);
- achieving meaningful medical liability reform such as a caps on noneconomic damages (chosen by 128 members);

- removal of shoulder being categorized as one anatomic site to allow for more than one CPT code per procedure (chosen by 125 members);
- antitrust reform by equalizing the playing field between physicians and insurers (chosen by 101 members);
- increased flexibilities for alternative payment models, including physician-led alternatives (chosen by 62 members);
- repealing the ban on physician-owned hospitals (chosen by 96 members); and
- other, which included (1) cutting waste in medicine, (2) gun control, (3) providing care to uninsured patients so they can return to work, including therapy, (4) reeling in Centers for Medicare and Medicaid Services and their regulations, (5) repealing the ban on physician-owned hospital, (6) turning back socialization of medicine, universal health care, (7) and “We are in a continued losing fight. We cannot accept inadequate compensation or inappropriate regulations that carry expensive penalties” (chosen by 8 members).

Fig. 2 shows how 131 (52%) members ranked their top three health policy issues. The top issues selected involved

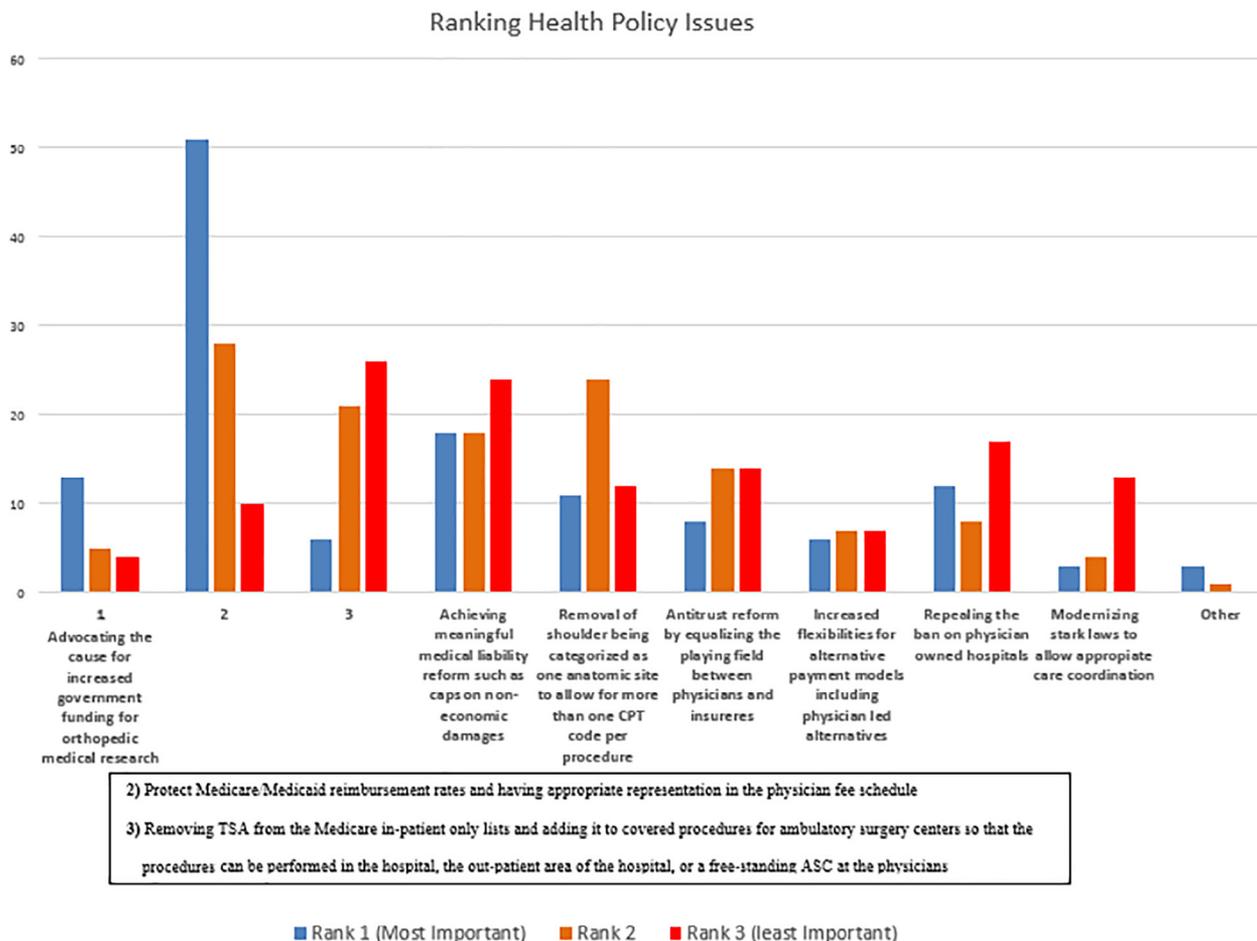


Figure 2 Ranking health policy issues. TSA, total shoulder arthroplasty; ASC, ambulatory surgery center; CPT, Current Procedural Terminology (American Medical Association, Chicago, IL, USA).

protecting Medicare/Medicaid reimbursement rates and having the appropriate representation in physician fee schedule decision making. The top 2 issues for responding members who have practiced for less than 5 years include protecting Medicare and Medicaid reimbursement rates and having appropriate representation in the physician fee schedule and the removal of shoulder being categorized as one anatomic site to allow for more than one CPT code per procedure. Both of these choices were the most frequently selected and picked as the most important by this group of physicians.

The next section surveyed the members preferred form of communication. Email was the preferred method for 237 of the 247 (96%) responding members. Mail, telephone, and other all received 3 votes (1%), and LISTERV (L-Soft international, Inc., Bethesda, MD, USA) or group chat received 1 (.004%) vote. There were 130 responding members (53%) who chose to receive information related to pertinent policy advocacy by newsletter, 79 (32%) chose to receive information by an ASES Message From the President, 16 (6%) from the ASES website, 7 (3%) from the *Orthopaedics Today* or other orthopedic publication, and 13 members (6%) chose AAOS Advocacy Now to receive future information.

There were 249 of the 254 members (98%) who responded to the question, "Do you have any relationships with elected officials?", with 25 (10%) yes responses. This question was also broken down by years in practice. A yes response to a relationship with an elected official was reconceived by 1 (2%) of the 38 responding members who have been practicing for less than 5 years, by 5 (8%) of the 60 members who have practiced between 5 and 10 years, by 5 (12%) of the 41 members who have practiced between 11 and 15 years, by 4 (12%) of the 33 members who practiced between 16 and 20 years, and by 10 (14%) of the 84 members that have practiced for greater than 20 years. Of those who responded yes, 19 (8%) listed the name of the officials and type of relationship. The final section asked to the members included the question, "Would you be willing to become a key contact and reach out to the legislator on issues of importance that affect the specialty?" Of the 23 members that answered, 20 (87%) responded "yes."

Of the 552 members, there are 110 members (20%) aged younger than 40, 193 (35%) aged between 40 and 50, 111 (20%) aged between 51 and 60, and 138 (25%) are older than 60.

## Discussion

Health care policy has been a highly debated topic that is heavily influenced by government officials with aid from numerous sources. These sources of information are not always well known. Figuring out the level of involvement that health care providers have when crafting health care policy would help clarify how different laws and regulations come about.

Health care providers are able to voice the opinions of their patients so a more accurate representation of the nation could be conveyed to elected officials. We confirmed our hypothesis that ASES physicians are politically active by showing that 97% of respondents are registered to vote, and almost all of the members chose which top 3 issues are most important to them.

Although there is not much literature on physician political advocacy, other branches of health care were assessed, and similar results to our study were obtained. A political advocacy study conducted among advanced practice registered nurses in Florida found that having a high educational level and active involvement in a professional organization were both "associated with perceiving practice barriers, engaging in political activism, and willingness to speak to the media."<sup>4</sup> A similar cross-sectional study assessed the political advocacy of The Society of Thoracic Surgeons (STS). Thompson et al<sup>7</sup> state, "Currently, the STS-PAS does not have sufficient contributions to strongly and significantly invest in congressional leadership PACS, joint committees, or the national campaign committees." Our study showed that 59% of the responding members contribute to their political advocacy committee. Further studies will need to be conducted to assess the effect that the contributions are making.<sup>7</sup>

The literature has shown that orthopedic surgeons have been more active in political advocacy than average, with 31% of AAOS members donating to the PAC in 2015. However, it was also shown that there is little knowledge of what is involved with the PAC.<sup>5</sup> This problem could be aided through better communication by our PAC.

Our study showed that only 10% of the ASES members have some type of relationship with their elected officials, but most of them have strong opinions about certain areas of health care policy. This creates a discrepancy between thought and action. Moving forward, questions that could be added to the survey include whether health care providers believe they have had any influence on current or future regulations, and what organizations/committees do they think donating to would allow for greater attention to issues that matter most as it relates to autonomy in practice and patient care. A study researching the evolution of advocacy among orthopedic surgeons mirrors what our study depicted by stating, "Advocacy among orthopedic surgeons is critical in guiding the future of American healthcare system."<sup>6</sup> If the discrepancy between thought and action mentioned above can be lessened in a way that physicians choose to act on these issues, then issues regarding health care policy can be acted upon, and beneficial changes may be realized in the near future.

This study had several limitations that are inherent in any survey study, including the sample size, response rate, potential knowledge of the topics by the responding members, and the types of questions asked. It is also possible that surgeons did not understand some questions. Lastly, the respondents' views may be radically different from the

nonresponders (54%), and hence, our conclusions would be flawed.

### Conclusion

From the data collected in this survey, there is a better understanding of ASES providers' political affiliations and views towards advocacy. Moving forward, this survey can be used to better shape the political advocacy efforts of the ASES and, potentially, other subspecialty societies. The response that a high percentage of members would like to be more involved suggests the need for a program to help further educate and facilitate the membership in a political advocacy committee. Ultimately, greater participation from the membership will help improve the ability to affect issues related to health care that affect the ASES membership and our patients.

### Disclaimer

Keith M. Baumgarten and William Beach are board members of the American Shoulder and Elbow Surgeons. The other authors, their immediate families, and any research foundations with which they are affiliated have not received any financial payments or other benefits from any commercial entity related to the subject of this article.

### Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jse.2018.09.030>.

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