MINUTES
of the
BOARD OF DIRECTORS MEETING
PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA

August 20, 2010
Rosemont, Illinois

Members Present: James Roach, MD; Peter Newton, MD; Kenneth Noonan, MD; John Dormans, MD; Peter Waters, MD; Jack Flynn, MD; Frances Farley, MD; B Stephens Richards III, MD; Randall Loder, MD; Richard Schwend, MD; William Hennrikus, MD; Matthew Dobbs, MD; Gregory Mencio, MD; Howard Epps, MD; Todd Milbrandt, MD; Matthew Bueche, MD; Jennifer Weiss, MD

Staff Present: Teri Stech, Cristina Cabral, Melody Raymond

Proceedings:

I. Call to Order

A regular meeting of the Board of Directors of POSNA was called to order on Friday, August 20, 2010 at 7:20am by President James Roach, MD. Dr. Roach welcomed all new members to the Board of Directors.

i.i Disclosure of Conflicts of Interest

Dr. Roach reminded members to review disclosures for any changes to conflicts of interest and to update their profiles on the Academy's website every six months. Members were advised to recuse themselves or ask another member to recuse themselves from any portion of the meeting if a conflict of interest exists.

II. Items for Approval

ii.i. The Board was queried if they had any additions or corrections or discussion related to the May 3, 2010 and May 7, 2010 Board meeting minutes.

A motion was made, seconded and passed to approve the May 3, 2010 and May 7, 2010 Board Minutes.

III. Secretary's Report-Kenneth Noonan, MD

iii.i Membership Count/Dues/Requests for Senior Status

There are currently 1054 members, 619 of whom are active members. Dr. Noonan presented to the Board the POSNA membership and dues report which detailed those members who will be dropped from membership due to two years of non-payment of dues or non-attendance of one of the past four Society meetings. All will be sent a letter terminating their membership and informing them of the streamlined reapplication process. The report also details 50 individuals who must attend the 2011 Annual Meeting in

order to maintain their membership. These members will receive a letter stating that their attendance is a requirement for continued membership in the Society.

A motion was made, seconded and passed to revoke the membership of those included on the Membership Report for non-payment of dues and/or non-attendance at a meeting in accordance with the bylaws.
A motion was made, seconded and passed to grant senior membership status to Dr. Peter B. Salamon

The Board discussed several members who have special situations that led to their absence from the May meeting. It was decided that because the bylaws are very clear about the members' responsibilities and reinstatement is a very easy process, no exceptions would be granted.

iii.ii Membership Committee

It was posed for discussion that the Board should ask the Membership Committee to consider allowing attendance at IPOS to either count as their meeting attendance requirement for POSNA membership or to allow them to extend the Annual Meeting requirement for one additional year.

One discussion point is that attendance at IPOS does show that the member is engaged and committed to Pediatric Orthopaedics. One concern is that IPOS is not the research and discussion forum that the Annual Meeting is. Some would argue that attendance at IPOS is more educationally valuable, particularly for some subspecialties, whose practice does not include spine, hip, etc. It is thought that there is a significant percentage not in those subspecialties that may feel that the subject matter at the Annual Meeting is not as relevant to them. POSNA has tried to accommodate the interests of different subspecialties with the concurrent sessions.

The Board was in favor of asking the Membership Committee to consider extending the Annual Meeting attendance requirement by one additional year if a member has attended IPOS within the first four years.

IV. President's Report- James Roach, MD

Dr. Roach congratulated Dr. Bob Campbell on the recognition he received from Congress for the work that he has done throughout his career on the development of devices for children.

iv.i International Relationships

Annual Meting 2015-Paris
We continued our discussion of organizing a meeting in Paris with EPOS in 2015. A survey was conducted of the membership about attendance at the meeting in Hawaii and their interest in Paris. They were asked if they did not (or would not) attend the meeting in Paris because the meeting would cost too much or because it would require too much time away from practice/family. The results showed that about 18-19% felt that it is too much time away and cost too much, yet 75% responded that they would attend. Those who did not attend the Hawaii meeting were asked why; 83% felt it was too far away and required too much time from their family/practice. 45% felt it was too expensive.

Dr. Richards (who has been our representative during discussions with EPOS) related that our relationship with EPOS is now stronger than ever. In order to continue to build upon that relationship the two societies decided to have an exchange of knowledge through joint meetings in both places. Paris was chosen first with the plan of hosting the next meeting in North America possibly in five years. POSNA is becoming more global, and we should consider to continue to extend ourselves to our Pediatric Orthopaedic colleagues around the world. Despite POSNA's global influence, combined meetings such as the proposed Paris meeting should be considered a one-time or perhaps once-in-a-decade opportunity. EPOS is very eager to move forward with planning. There are no plans to actively schedule other such combined meetings outside of North America in the future.

We have seen solid support from our industry partners, so we believe that we will have sufficient financial support. In the contracts we will make sure there is a "force majeure" clause which allows us to back out without significant financial loss in the unlikely event there is a catastrophic occurrence in that area of the world.

The Board, through a show of hands, unanimously approved the joint POSNA/EPOS 2015 Annual Meeting in Paris and gave approval to the Long Range Planning Committee to move ahead with planning.

Course in South America

After a very successful first experience in Brazil in June 2010, Perry Schoenecker is organizing a second course in South America. POSNA approved the use of the POSNA logo and agreed that Dr. Schoenecker will select the speakers. This course is in no way affiliated with IPOS. It is also not a COUR course because that would require at least 50% of speakers to be from POSNA. The meeting is currently planned for November 2011, but we may consider moving the dates to earlier in the year for the convenience of speakers who may also be speaking at IPOS in December.

iv.ii Nominating Committee Task Force

There has been some discussion about restructuring our nominating process. Dr. Roach would like to develop a task force to compare our process to those of other societies. Currently, we have a very short two-day process. This may or may not need to be changed, but it is worth having a task force look at this. It is also important to have a way to deal with sudden emergencies such as an unexpected death or resignation of a key Board member.

The Task Force will consist of: Steve Richards, Steve Frick, Todd Milbrandt, Don Bae, Ellen Raney, Jim Wright and Bill Shaughnessy. They are charged with looking at the pro/cons of other society's processes and make recommendations to the Board at the December meeting.

iv.iii Active vs Corresponding Membership -Mexico

Since Mexico is a part of North America, the question has been raised, should we allow Mexican pediatric orthopedic surgeons to be active members or to remain corresponding members. As a background on this, a few years ago we approached Mexico about this and they chose to remain corresponding members to keep their Pediatric Orthopaedists involved in their own Society (SMOP).

Ken Noonan spoke with Pablo Castaneda about this and he thought that the majority of the active members of SMOP would not be interested. There are 231 active members of which only about 50 do more than 75% pediatric orthopaedics, which is our requirement for membership. Pablo did an internal poll and found that the majority would prefer to stay an alliance member, mostly because of fees, however a certain number may want to apply and be active members, so providing the option might be a good idea.

A task force to explore this issue was assembled to include: Jennifer Weiss, Ken Noonan, Pablo Castaneda, Bill Shaughnessy, Laurel Blakemore, Jack Flynn, and Pepe de La Gaza.

iv.iv Awards Committee

A suggestion of establishing a new award came from the Advocacy Committee. The Presidential line proposed an award that was open to POSNA members for excellence and effort. It would be an annual award available to recognize people who have done an exceptional amount of work over the past year and there is not an opportunity to recognize these people. An example of when this award might have been utilized would be when Todd Milbrandt, several years ago, took our internet committee over and did an enormously good job to bring that back online.

The target recipient for this award is a younger member and this would not include a monetary award, just the recognition and a certificate of appreciation.

The suggestion of a Humanitarian award in addition to Outstanding Service award was brought up, which has been previously contemplated by the History Committee.

The Board further discussed if this one award would be inclusive of all endeavors, not just POSNA-related projects, but community efforts, humanitarian work, etc? For example, if someone established a clinic, responded to the Haiti earthquake, etc, would this qualify? We agreed that this would be a non-monetary award that would be given to an individual of any age whose efforts to improve the lives of children are judged to be exceptional. The award does not need to be awarded on an annual basis. The recipient can be a POSNA member, a non POSNA member or even a non-medical individual.

Through a show of hands, the majority of the group agreed that we should establish two awards; one Humanitarian award and one Outstanding Service award.

iv.v Fellowship Training/Qualifications for Practice Committee, Peter Waters, MD

We are moving along with this year's match and utilizing San Francisco Match Program for a second time. The interview dates will start earlier to allow for interviews at IPOS which will reduce the cost and time commitment for the applicants. The application process will start September 1. Interview dates will be November 15, 2010-March 31, 2011. April 14, 2011 is the deadline for rank list submissions. The fellowship assignments will be completed on April 21, but to ensure an internally consistent list there will be 24 hours for POSNA and the program directors to review the list before the applicants are notified.

During this 24-hour period the program directors will be instructed to not notify applicants until the list has been thoroughly reviewed to ensure there were no glitches. The announcement of the Match is April 22, 2011 on which all candidates will be notified of the results.

There are five programs that are not participating this year for various reasons. The practice management committee continues to survey out-going fellows to evaluate their experience, get their feedback and ensure the programs are meeting their needs.

CORE Curriculum

Dick Gross has worked hard on a CORE curriculum for pediatric orthopaedics. This will be a useful tool for residencies and fellowships. We'd like to make it more "user friendly" and perhaps convert it to a wiki style format. Also, if we can give residency directors something that is useful for them from a compliance perspective when they are reviewed it would be very helpful. We are going to keep trying to push this forward from an educational and a compliance standpoint.

Sub-specialization

The issue of sub-specialization has come up related to the length of these fellowships, what type of training, etc. We need to determine if we should do more short tutorials, more 3 or 6 month experiences. We also need to establish what our involvement in subspecialty training should be as a Society. The discussion is still ongoing, but at this point there is a lack of clarity/agreement on that and any discussion is welcome.

The question was raised regarding the potential and feasibility of having a Certificate of Added Qualification (CAQ). Our fellowships are not all "accredited", however CAQ would require that. If you are an accredited fellowship you are more regulated and a government agency dictates how many fellows you have. We generally prefer more of a "free market" situation in which people choose a fellowship because they are going to get a good education. We do not want to be a fellowship governing body.

This question of should there be a CAQ for Pediatric Orthopaedics was most recently looked at last year and will continue to be revisited periodically (prior to that it was discussed about three years ago). The decision is that at this time it is not financially feasible or advantageous as a Society to do that.

V. Finance Council-Frances Farley, MD

v.i Finance Report

As of 6/30/10 our total assets were $4.4 million. The OREF endowment is currently slightly over $400k, which is still down from the high of over $500k about a year ago. Dr. Farley reviewed the details of the assets.

Long-term investments dipped when the market crashed and have been working their way back up. While they have not yet reached an all-time high, they have recovered nicely. The portfolio allocations

are set by a proscribed formula and we currently have 71% in stocks and 29% in bonds. According to our policy we may have up to 90% in stocks, but we cannot have more than 30% in bonds.

The reasoning behind the 70/30 split between stocks and bonds was discussed. Although this is a somewhat higher-risk investment mix, this was thought to be an appropriate allocation because POSNA expected to be a long-term organization. We are conservative with what we are taking out, only 5% per year of the five-year average earnings, which should result in the principal of the endowment never being accessed. We feel comfortable with our rate of return since it reflects and is sometimes even better than what the OREF sees. A more active management of the funds would likely be counterproductive because we are not financially sophisticated enough as an organization to know what actions to take to successfully actively manage this.

The question was raised if it would be advantageous to have someone come and look at the mix in a one-time analysis. Another question was raised asking if we should change the investment mix for stocks to 60-80%. The current range is 70-90%. As a Society of physicians we do not know enough to be changing these policies and actively managing the funds without consultation and we likely do not have enough assets to pay a high profile firm to look at this. The OREF might possibly have some financial management resources available, which we will look into. Dr. Farley will perform some analysis and see what the different scenarios and the effect of having up to 40% bonds as opposed to 30% would have on our investments.

The Hawaii meeting had total revenue of $904k ($365k-registrations, $410k-grants/donations). The total expenses were $614k with a net profit of $165k. We did well due to industry support, which indicates that we are somewhat industry-dependent. Our industry support increased by $140k as compared to last year.

v.ii Financial Contingency Plan

Dr. Farley was asked to put together a contingency plan of what actions we could take to still stay solvent if we were to lose part or all of the grants from industry for our annual meeting. There were three scenarios: 1st scenario, we lose 50% of industry funding, 2nd: we lose 75% of funding, 3rd we lose 100% of industry funding.

Drs. Roach and Farley made a list of opportunities, both for cutting back and raising additional revenue.

First we looked at possibilities for increasing revenue. The two main ways to do this would be to increase dues or to raise meeting registration fees. Dues are currently $300. Our registration cost of $595 is slightly below the mean for other similar organizations. We have set an arbitrary cutoff of combined dues and meeting costs of $1000. Currently we are at $895 for the combination. We would not see a substantial increase by raising dues, and it might cause a lot of complaints. Most societies' dues are approximately twice ours. Raising meeting registration fees gives us more access to money, and may or may not cause as many complaints. Raising it 20% for the Annual Meeting gives us $70k more.

In an effort to look for ways to decrease expenses, we tried to look at things that would be somewhat transparent to the general membership first, then those that would be felt more by all. The options discussed with minimal impact to the general membership were the elimination of Presidential dinner, reduction of Presidential travel, reduction of hotel and catering for meeting expenses (reduce breakfast, breaks, etc), eliminate the Shands luncheon, eliminate Annual Meeting banquet.

The expense reduction possibilities that would have a greater impact on members include having a two-day annual meeting as opposed to three days, always holding our annual meetings in Chicago, eliminating the opening ceremony, reducing research grants, elimination of all printing—members could view handouts electronically.

Although the above discussion was purely academic and no plans are being made, Dr Roach opened the floor for discussion. If we cut the length (i.e., the quality) of the meeting people are not going to want to pay more. The question was raised of why we think this may happen. The regulation regarding industry support of Societies like ours may change, causing a conflict of interest, industry support may dry up because of the economy or both. It was suggested that because we are primarily an educational organization, we protect the educational aspect of our meeting, and if we have to, we cut back research, outreach, etc.

While it is not necessary for the Board to act on this now, it was a good discussion to have and to make us aware of where some of our money is being spent and what the possibilities are for cutting back if that ever becomes necessary.

v.iii Industry Relations Committee

Double Diamond partners are going to meet with the POSNA leadership at a group breakfast at IPOS 2010. We have updated the corporate partner's brochure, moved the timeline up for the "ask" process and are actively looking for a sponsor for the 2011 one-day course. The tentative verbal commitments (nothing yet in writing) are about a half million, which is ahead of last year.

SRS is opening up more menu items for industry sponsorship. Rather than having these items exclusively sponsored by one industry partner they are opening them up to three and four. There might be some value in doing something like this for POSNA.

The Board acknowledged the great work by Mike Vitale with this committee.

v.iv Endowment Committee

The Committee is monitoring activities of the OREF, the AAOS, AOA and SRS and has noted no new activities regarding the creation of new vehicles for central collection of industry support money.

The Committee will continue to work with the IRC and industry to develop a plan for Endowment building and to explore ways to secure foundation funding. A draft letter will be sent to program

directors, chiefs of departments who are current Shands members to attract their staff to contribute to the endowment. This letter will be from the Endowment Committee and the President.

They are also monitoring new regulations and guidelines from the ACCME regarding industry support for research and education of the subspecialty societies. They have identified the Council of Medical Specialty Societies' (CMSS) Code on Interactions with Companies, a 28-page document which was supported by the ACCME. From this document they identified some "principles of interaction" that they felt might need to be addressed by our Society. At this point in time we are not required to make any changes, but at some point in time we may be required to act on this. Any action that we would take would be voluntary. We should we be more proactive about this rather than being forced at some point to do it.

For instance, while the ACCME has chosen to support the CMSS's policies, they have not changed any of their requirements. Different organizations have taken different approaches to how restrictive their policies are. The SRS and AAOS have both instituted the policy that there will be no paid consultants in Board positions. Royalties and intellectual property is excluded. Other organizations are not allowing committee chairs to accept any industry support and some will not take any industry money.

POSNA has taken the position that our policy is to disclose and this is the most appropriate for our organization at this time.

Dr. Roach would like Drs. Alman and Chambers to review the COI policies of other organizations and provide a summary to the Board on how they differ from the current POSNA policy.

VI. Education Council-Gregory Mencio, MD

vi.i Education Committee

The ICLs/Symposia for AAOS 2011 are set. There are two skills courses, one international symposium and 14 ICLs.

A Pediatric ICL subcommittee under the AAOS is chaired by Tony Stans (two-year term), also on the committee are Dan Hedequist (also a member of our Education Committee) and four other POSNA members all of whom were recent members of our Education Committee.

Their charge is to pick up the tasks and charges that the POSNA Education Committee had formerly been responsible for in putting together the ICL program. We will work together and therefore have extended some member involvement and expanded the working Education Committee with regards to the ICLs and developing courses. Their charge is to review and grade all the new IC applications, take over the responsibility for evaluating instructional courses. Evaluate the course offerings of the subspecialties, advise the chairman of the ICL committee more formally and interactively to ensure there is no redundancy and more relevance. Now that we have the cooperation of the two committees through these appointments it will be a mutually beneficial process. The intent is not to usurp the guidelines of the

specialty societies, but to ensure that what we want put on the program is on there. The trick will be to make sure that the AAOS ICL subcommittee is populated with the right people, which will be up to the societies. Tony Stans will be our best connection with the new Committee so that we will know the activities of the Committee and when to expect requests for new appointments.

Ken Noonan and Dan Sucato are members of the AAOS CME Courses Committee and they have been working to insure a more consistent offering for Pediatric Orthopaedic CME courses. A proposal is to have one pediatric course per year in addition to IPOS in the winter. We would rotate the summer course each year between an OLC and didactic course. This would be a helpful update on pediatric orthopaedics for the generalist because IPOS is more suited for residents/fellows and pediatric orthopaedic surgeons. This would result in two course offerings per year, one high level at IPOS and one for the generalist on varying topics, for example, trauma, sports, general pediatric review, "staying out of trouble".

The committee continues to solicit for tutorials.

The OTA residents' course is an ongoing project that Dr. Scherl is involved in. This course will replace the existing OTA residents' course. It will be offered twice a year.

The sports medicine course at the OLC was very well-received. It was completely subscribed and will be held again in two years.

vi.ii 2011 Specialty Day

Dr. Scherl has organized a great program for 2011. The final program includes seven symposia; one is a co-branded session with AOFAS. There will also be three debates.

Tony Stans is getting started on the 2012 program. There may be a collaborative symposium with the AOSSM.

vi.iii 2011 One Day Course

Jim Sanders is the chair and has provided a basic outline, but the program is still a work in progress. The course will have an Evidence-Based Medicine focus. He is still working on speakers but is making good progress. We will have a more concrete outline and plan at the December meeting. The AAOS is enthusiastic that we are organizing this course and suggest we market to their members through AAOS Now and the BOC/BOS Newsletter.

vi.iv 2011 Annual Meeting

The 2011 Annual Meeting will be in Montreal, with a traditional format. There will be eight breakouts and a concurrent morning session. A total of 96 papers will be presented. The Special topics session will be "The Impact of Healthcare Reform on Pediatric Orthopaedics." The speakers have all been engaged and confirmed.

One of the modifications is that the program committee will be able to view conflict of interest during the grading process. Another suggested modification is to have the best paper scoring by the entire audience via ballot. The Board discussed this and suggested that the program committee narrow down the top papers and allow the audience to vote on them rather than allowing the audience to select the best out of 96 papers. We believe the model we used in Hawaii worked well.

They would like to have a discussion about revising the reader process. Current process was developed by Drs. Gordon and Noonan. We need to have a discussion about how the current process was developed and the Science behind it before we consider revamping it.

There will be sufficient space at the facility for 20 paper posters and 75 e-posters.

The committee will consider a paper poster viewing session to give posters more exposure? Have authors available for presentation and discussion, increasing the visibility of the paper posters and get more people involved. If the program committee moves forward with offering a poster viewing session, we will need to make sure to advertise the new format. The question was raised if there would be CME offered for a paper poster viewing session. If so, we would have to submit those posters to the AAOS for approval of CME.

vi.v Traveling Fellowship Committee, B. Stephens Richards, MD for Baxter Willis, MD

A conference call was held with the invited fellows who went to Europe in the spring to hear their feedback. They thought that it was good that the traveling fellowship began at the EPOS meeting instead of ending with the EPOS meeting. It gave them an opportunity to meet their hosts and have some shared experiences before going on their tour.

In 2011, the EPOS Traveling Fellows will come to North America. They will have a 1 ½ day conference with the local hosts in Montreal and then attend the Annual Meeting. This will be followed by visits to centers in Toronto, Philadelphia and New York City.

SLAOTI is requesting South America to be considered for our fellows to rotate to them every other year. This would double the number of traveling fellows that POSNA currently has. We have asked Dr. Couto from Argentina to provide a formal written proposal prior to approving this to include locations, what they would see, educational opportunities, etc.

vi.vi IPOS 2010, Jack Flynn, MD

Dr. Flynn reported that we are 15 weeks away from IPOS 2010. We are looking forward to a program that is very strong. The Academy marketing is much better, which has led to an increase in scholarship applicants. At this point last year, meeting registration was 61 and is 120 this year. Last year we had a total of $240k in grants, this year we have $270k so far. The rainy day fund for IPOS is at $150k, so it is expected in one more year we would be able to cover all the expenses without industry grants.

There is $30k total available for scholarships, however this year we have more applicants than we have ever had so we may end up dividing the scholarship money among all deserving applicants.

VII. Health Care Delivery Council-Howard Epps, MD

vii.i Trauma and Prevention Committee

The Committee held a conference call in late July in which outlined their symposium at the 2011 Annual Meeting. They selected a topic "Fractures Gone Bad-Dealing with Fracture Complications", with Eric Gordon and William Hennrikus as chairmen. The session will discuss three different types of fractures that become problematic. This will be a case-based discussion with small panels.

The Committee reviewed the AAOS' position statement on ATV use in the pediatric age group. The committee agreed with the recommended guideline that children under the age of 16 should not drive ATVs and to warn parents of the severe nature of injuries that can be sustained by children in ATV accidents.

There is an ongoing effort to try to get more pediatric papers at the OTA Annual meeting. One of the obstacles is that if you are not an OTA member and you submit a paper you still have to pay the non-member price for the meeting, which is almost $800. Dr. Gordon will approach the OTA to see if a POSNA member who has submitted a paper if they could receive a discount, perhaps offering reciprocity to our meeting.

They are trying to identify a topic for their yearly JPO paper. Last year's topic was preventable injuries of childhood. The paper is still being written with hopes to finalize and submit to JPO in the next few months. The paper from the prior year has been accepted with some minor edits. The committee hopes this will be published by the end of the year.

vii.ii COUR Committee-Richard Schwend, MD

The Committee had a June 14 conference call to review and assign their 13 charges to the 18 members.

One of the most important charges is the visiting scholar program. We had two scholars at the 2010 Annual Meeting. Due to the American miles and Hilton points we only spent $2500 of the $10,000 budgeted. Discussion ensued on how we should fund the IPOS scholars, especially since we have four tentatively scheduled to attend IPOS 2010. The Board agreed to allow the remainder ($7500) for use for three IPOS scholars in 2010 with an additional $2500 to cover the fourth scholar.

A motion was made, seconded and passed to approve allocating $7500 of the 2010 budget with an additional $2500 (total $10,000) to cover cost of four 2010 IPOS scholars.

Looking forward we will need to address how we will fund the IPOS scholars. We would need approximately $100k-$150k in endowment to fund two or three scholars per year. Dr. Schwend related that industry has expressed interest in supporting an endowment fund. The committee was instructed to

seek approval from the Presidential line and the Industry Relations Committee before approaching industry. It is the responsibility of the Board and the IRC to secure funding for these types of programs.

The Board discussed funding the 2011 scholars (2011 Annual Meeting and 2011 IPOS). American Airline miles and HiltonHonor points are to be utilized strictly for scholars attending the annual meeting. However, there are times when air miles are not available for travel from certain countries.

A motion was made, seconded and passed to approve funding of a maximum of $10,000 for four visiting scholars for the 2011 Annual Meeting, with the understanding that points and miles are to be used first and any excess funds will be returned to the General Fund.

The AAOS has waived registration fees for scholars who attend IPOS. It was suggested we limit the number of scholars who attend IPOS to two individuals at $2500 per person. Scholars will have to subsidize themselves if they go over that amount. Scholars will be asked to secure their own travel arrangements alleviating staff time.

A motion was made, seconded and passed to approve $5000 for two COUR scholars to attend IPOS 2011.

Karl Rathjen has been assigned to lead the scholars program. Bill Stetson from the AAOS International Committee now serves as ex-officio on this committee. He will assist with the selection process of IPOS scholars.

Health Volunteers Overseas (HVO) has agreed to provide tax deductions for POSNA members who provide clinical education, training or service in a developing country. Requirements include becoming a HVO member, notify HVO one month in advance of your trip and sign their release form. In return, HVO has requested access to the COUR educational materials.

A motion was made, seconded and passed to allow COUR to share their educational materials with the HVO.

Dr. Schwend reiterated the policy on broadcast emails to members asking for support/assistance/call for volunteers for oversea courses. This policy was established to prevent excessive emails to the membership. The COUR Committee Chair will review each request for appropriateness to send it out as a broadcast email or post on the COUR section of the POSNA website.

vii.iii Practice Management Committee

The Committee had a conference call in late June to discuss the 2010-2011 charges.

The JPO article this year will be an update on the state of “On-Call” for Pediatric Orthopaedists . Data will be gathered from the membership via Survey Monkey.

Debbie Popejoy is coordinating the survey of graduating fellows of U.S. pediatric orthopaedic fellowship programs. Demographics, fellowship application process, fellowship experience and future practice are to be surveyed. Results are to be shared with the Board at the December meeting.

The Committee has proposed a topic for the 2011 Annual Meeting Special Topics session, "The Impact of Health Care Reform on Pediatric Orthopaedics" and a Symposium for the 2011 Annual Meeting, "Financial Survival in the New Era of Health Care Reform". The Board approved moving ahead with these two sessions.

vii.iv Growing Spine Committee

The Growing Spine Committee is comprised of members from POSNA and SRS. They aid communication between the FDA, SRS and POSNA leadership regarding ways to facilitate pediatric device development. On August 18th a joint letter was sent to the FDA supporting the Orthopaedic Surgical Manufacturers Association petition which requested a reclassification of the pedicle screw.

vii.v AAP-Bill Hennrikus, MD

The inaugural AAP Pediatric Orthopaedics for the Primary Care Physicians CME course will be in September in Washington, DC. Currently, 201 have registered for this course. The course is also designed for PAs and NPs. They hope to vary the location each year to cover the different regions of the country.

The AAP Annual Meeting will be in San Francisco this October. Dr. Vern Tolo has been selected as the AAP Orthopaedic Distinguished Service award recipeint. The award acknowledges Dr. Tolo's lifetime contributions to orthopaedic care for children. The Orthopaedic Section Program will be held Oct 2-3. Program chairmen, Ellen Raney and Rick Schwend have selected 60 abstract presentations and organized six instructional course lectures and two symposia. Dr Roach will be the invited guest speaker.

After a two year delay, the AAP position statement on DDH screening is scheduled to be published. Matthew Dobbs is developing a new AAP statement on the treatment of clubfoot.

David Spiegel and Yuki Kumura are completing the 10 module online Pedialink educational series that is focused on musculoskeletal medicine for pediatricians.

Rick Schwend wrote an article which will be published this month in the AAP news detailing membership involvement in Haiti. Mike Vitale also put a great amount of work in this.

Dr. Schwend will replace Dr. Hennrikus as the AAP Chair of this Orthopaedic Section in November. Dr. Hennrikus offered his thanks for the number of years that he has been able to attend all these meetings.

The Board thanked Dr. Hennrikus for his efforts over the past four years.

VIII. Research Council-Matthew Dobbs, MD

viii.i Society-Directed Research-Matthew Dobbs, MD

Many Orthopaedic societies, including SRS, MSTS, AOSSM and OTA have endorsed Society directed research. The societies that have done this have done so with separate funds; industry funded or foundation money for research done on a particular topic. Dr. Dobbs presented these ideas to the Research Committee, EBM Committee and Clinical Trials Committees for their thoughts on this matter. No consensus was reached.

Arguments for society-directed research

It makes sense to do something like this to support research priorities via RFA (request for applications) mechanism. RFAs can also be a vehicle to promote multicenter studies involving POSNA members. It is particularly relevant as we increasingly move into the area in which one or more groups provides the main research expertise while others contribute patients or patient samples as well as other clinical input.

NIH makes extensive use of RFAs. This mechanism is the way in which NIH promotes research priorities that arise out of its Institutes and focus meetings as well as out of senator and other special interest group lobbying.

Arguments against society-directed research

Our society has a very broad scope and there is the potential to alienate members of the society depending on what topics are chosen to investigate (some do spine, some don't, so who decides?).

For this to make sense for POSNA, additional research funds would be ideal. We don't have a lot of grant money as is and it is "not wise to start placing restrictions on our unrestricted research funds." Other societies that are doing this for the most part have additional specified funds for this from industry or donations.

Who determines what the most pressing research questions to be answered are? Most RFAs from NIH are politically driven.

There was a consensus among the committees involved that by calling for grant proposals on certain topics may draw inferior research. (i.e. applicants making their research meet certain grant topics rather than doing research on what they have a passion for).

Based on the above, the Research Council's conclusion/compromise is that we should move forward slowly with directed research in the following manner:

We will request proposals for a clinical trial planning grant. The idea would be to provide seed money ($10-20k) to establish the collaborations and infrastructure and then submit for funding for larger multi-

centered clinical trial grant. We suggest we start with a one-year grant and then reassess and consider offering RFAs on different topics for future grant cycles.

How would this seed money relate to the total money that the research committee receives now? Right now the only undesignated funds we have are for the POSNA grant ($30k) and the OREF/POSNA grant ($40k). All other grants are for a specified purpose (Huene awards, Biomet, DePuy, etc.) Our options would be to tap into these undesignated funds unless we can increase the amount of our grants.

Dr. Dobbs suggested we start with a small grant ($15,000) as the grant is intended to a preliminary, planning grant and if successful would allow the researcher to possibly apply for an NIH grant.

In discussion the question was posed, how would you ensure a successful applicant who got the planning grant would not take the money and not do anything with it? As we do for all grants we would require progress reports and final reports. There is also a movement toward registration of clinical trials, making all of this more visible and hopefully promoting this research.

A motion was made, seconded and approved to fund $15,000 in 2011 for a clinical trials planning grant.

The Board also approved the 2011 Research Grant budget which is not to exceed $230,000.

viii.ii Research Committee

Dr. Dobbs reviewed the charges and activities of the Research Committee. These include a new charge to monitor the Research Capitol Hill Day program and make a recommendation on whether POSNA should participate in 2011. The Committee has also been charged with selecting a POSNA candidate for the 2011 Clinical Scientist Development Program. Four POSNA members were selected to participate in this program in 2010. We encourage POSNA members to apply for these positions

viii.iii Evidence-Based Medicine Committee

The Committee is working with AAOS on the clinical practice guidelines (CPG). They were involved with the Academy with the CPG for treatment of supracondylar fractures of the humerus in 2009, recently for OCD of the knee and are currently involved with starting the guidelines for developmental dysplasia of the hip.

The Committee is requesting $5,000 to offset travel costs of the five POSNA members are participating in the CPG workgroup.

A motion was made, seconded and passed to approve $5,000 for travel costs for POSNA EBM Committee members who participate in the development of Clinical Practice Guidelines.

The committee is also working with Dr. Jim Sanders on the 2011 One Day course on evidence-based medicine.

viii.iv Clinical Trials Committee

The committee is hoping to increase interactions with the Internet Committee. Their proposal to the board is that they would like to make registration of trials mandatory in order for abstracts to be presented at the Annual Meeting. It was discussed and noted that this is not possible to require all participants to register their trials with the US government because of the international nature of the clinical trials submitted. Having them "register" the trials on our website for information-sharing purposes might be a possibility. It may be more practical to get the website going and go from there. No action will be taken at this time.

IX. POSNA/AAP Relationship, Mark Del Monte, AAP Director of Federal Affairs

Dr. Roach introduced Mr. Mark Del Monte to the board and thanked him for all the work he has done for us over the past year. Dr. Roach explained that Mr. Del Monte serves us with significant lobbying efforts in Washington, DC. He is here to summarize what has been accomplished over the last year and provide his thoughts on how we can continue to work together on issues that are important to both organizations.

Mr. Del Monte stated the relationship between POSNA and AAP is a unique and exciting opportunity. We have been able to work together on some key sets of issues that were of interest to the Academy of Pediatrics and the broader pediatric issues for POSNA, specifically in healthcare reform. Larger children's issues in healthcare reform were something that the AAP focused on more than other groups, so making sure that the kids were represented, in the context of that process was something that we could pull POSNA into and that was helpful.

The second set of issues is related to pediatric medical and surgical devices. Our interaction with the Center for Devices and Radiological Health (CDRH) at the FDA began in 2007 with the passage of the Pediatric Medical and Surgical Devices Safety and Improvement Act. This Act was championed in large measure by Bob Campbell. We have had a good couple of years of focused attention on the issues of pediatric medical devices. We have got more work to do, so there are now implementation issues around the devices law.

There are also health reform implementation issues that will go across the spectrum. One of the significant issues is the issue of Medicaid payment. As more children are eligible for Medicaid and new populations enter the Medicaid program the belief that Medicaid payment has become a barrier to access has become a significant concern. We must do something about payment if we want to increase access. One of the things that were able to achieve was an increase in some Medicaid reimbursement codes to get Medicaid payment scale up to the Medicare levels as a minimum. We are going to have to work hard to ensure every pediatric physician who bills those codes receives that new reimbursement.

Mr. Del Monte explained that a law was recently passed which could repay loans up to $35k/year for three years for individuals who agree to work in the pediatric subspecialty. While the law was passed, it has yet to be funded by Congress.

Dr. Roach stated that Traci Bone, JD has been hired as Bob Jasak's replacement on the Academy side.

The Board thanked Mr. Del Monte for coming to the meeting, his efforts and look forward to working with him in the future.

X. Communications Council-Randall Loder, MD

x.i Advocacy Committee

A primary concern of the Advocacy Committee is disaster preparedness and how to integrate POSNA's efforts with other medical societies. The committee continues to monitor and engage U.S. Federal officials who are responsible for disaster management in children. Despite the fact that many communities where a disaster strikes can consist of 30% children, most federal emergency medical teams currently deploy to a disaster situation with less than 5% of the team members trained in pediatrics.

The recently passed Federal "Patient Protection and Affordable Care Act" included provisions that raise Medicaid payments to family medicine physicians, general internists and pediatricians for evaluation and management services to at least Medicare (not Medicaid) rates in 2013 and 2014. POSNA is working with the AAOS, AAP, and U.S. Federal Officials to determine if or how this provision could be used to improve access and reimbursement to Pediatric Orthopaedic Surgeons.

We have partnered with AOSSM on their STOP Sports Injuries-Sports Trauma and Overuse Prevention program. Several POSNA members have been identified to serve as spokespersons and participate on committees and councils.

x.ii Bone and Joint Decade

This will be now called the US Bone and Joint Initiative, now that the decade is over. There are six specialty planning groups of which Pediatrics is one. The big effort now is the impact of childhood obesity how it impacts the musculoskeletal system in children.

x.iii Publications Committee

To date, six articles have been published in JPO with two more accepted and on schedule to be published this year. Three articles are currently being reviewed by the committee and three more are in development.

Clinical Orthopaedics and Related Research (CORR) through Matt Dobbs (Deputy Editor, Pediatric Orthopaedics) is seeking proposals for symposia on current topics. The Publications committee was asked to provide Dr. Dobbs with potential topics and presenters.

x.iv Public Education and Media Relations

The committee met via conference call at the end of June to review their charges and make necessary assignments for the year. Their main charge is to create new content for YOC as well as review and update articles that are currently on the site. The following new topics have been chosen and assigned: OCD, Lawnmower injuries, Vertical Tali, Overuse injuries, Myelodysplasia, Spine and Marfans.

Once the above articles have been completed, they would like to develop practice patient handouts on various topics in conjunction with the AAOS. This is agreeable to the Board, but the only concern would be to understand what, if any cost would be involved.

x.v Internet Committee

The Internet Committee continues to work on the wiki project using the content from the "study guide" to create a living pediatric orthopaedic online textbook. POSNA was recently asked by the Association of Bone and Joint Surgeons (ABJS) to contribute to their wiki project, Orthopaedia.com. Bryan Tompkins reviewed their proposal and provided pros/cons of transitioning our content to Orthopaedia.com. Orthopaedia has developed a robust wiki platform that makes editing and moderating a wiki possible. POSNA has also developed a similar platform using Microsoft Sharepoint. Both systems may be confusing, especially for novice users. POSNA's goal is to create a system that is easy to read, edit and moderate so that it is a functional tool for POSNA members.

Orthopaedia would require POSNA members to use a different username and password. The POSNA wiki would allow POSNA members to sign on using their already established POSNA username and password.

Orthopaedia is aiming to encompass the entire universe of Orthopaedics, while we are only focused in a small subset of this knowledge. Orthopaedia's target audience is the general orthopaedist. POSNA's study guide is targeted to residents, fellows and physician extenders. They offered to post our content in the resident section of their site, but this section is many layers deep within their site. If Orthopaedia becomes the "site" for residents, our own wiki could be overlooked.

Dr. Tompkins recommended that POSNA continue to pursue its own unique wiki. We can do a better job creating and promoting a usable version that meets our needs. A beta version will be ready in a few months and a "live" version available at the end of the Fall of 2010. In the meantime, we keep the dialog open with ABJS about contributing content in some form (mirroring our wiki on their site, running a parallel wiki site or other levels of contribution) to their project.

The Board requested that Dr. Tompkins consult with the Foot and Ankle Society who has partnered with Orthopedia to find out their opinion on the arrangement.

As $5000 was designated to this project in the past, the Board recommends moving forward with the Beta site keeping our options with ABJS open.

The Board also requested the committee explore the use of social-networking sites such as Facebook and Twitter with the Public Education and Media Relations committee.

x.vi Liaison Committee to OKO (Orthopaedic Knowledge Online)

The Committee had a conference call on July 26 where they reviewed their charges, familiarized themselves with OKO and brainstormed ideas for future OKO topics. Dr. Andy Sullivan who serves as the AAOS OKO Section Editor stressed the importance of having the committee work with the OKO editorial staff rather than make independent decisions regarding OKO content. The pediatric subsection must not conflict with other subsections; and, ultimately, OKO editors will prioritize topics recommended by the committee.

The committee developed a list of twelve OKO topics which they then ranked and prioritized. This list will be forwarded to the OKO editors for approval.

They are also reviewing list of previously published topics greater than two years old that need revising/updating.

XI. History Council-Matthew Bueche, MD

xi.i History Committee

The Committee had a conference call on August 5th. They have provided the Awards committee with a list of three individuals who they would like considered for the 2011 Distinguished Achievement Award.

They are working with the Internet committee on getting annual meeting photos on the POSNA website. They have gone through and catalogued the photos from the last three Annual Meetings including the 2010 meeting where over 1700 pictures were taken.

They are exploring new ways to honor those who have passed, starting with a poster in 2011 that honors Dr. Mike Tachdjian. They are considering displaying a vintage poster at the Annual Meeting and see if people can identify pictures from the past.

xi.ii History Archivists Committee

The committee would like to remind everyone that the archive is open at TSRH. Now that we have a collection we need a way to catalog it. This would make the collection searchable for members, committees and staff. The committee was asked to make an official budget request for a computer based archival system at the December Board meeting.

They have emailed everyone who has gone to senior status this year to see if they might have anything to contribute to the collection.

The suggested topic for their display at the 2011 Annual Meeting was limb lengthening but they are open for direction from the board if they would like to see another poster highlighting regional personalities.

XII. Old Business

No old business was discussed.

XIII. New Business

No new business was discussed.

XIV. Adjournment

The meeting was adjourned at 4:05 pm.

Ken Noonan, MD
Secretary

KN/ts