

Addressing Critical Shortages of Care through Training

Volunteers work with local providers to improve the quality and availability of orthopaedic care

● KATIE MCMULLEN

ORTHOPAEDICS AROUND THE WORLD

The number of appropriately trained healthcare providers in resource-scarce countries across the globe is dangerously low.

According to the World Health Organization (WHO), the current global health workforce shortage stands at more than 7.2 million providers and is expected to increase to 12.9 million by 2035.

This shortage directly impacts the delivery of care. WHO estimates that at least 400 million people globally lack access to one or more essential health services. In low- and middle-income countries, for example, individuals regularly go without care, including essential orthopaedic services.

Limited access to healthcare impacts the larger community as well, particularly in economic growth and development. The Lancet Commission on Investing in Health reports that around one quarter of economic growth between 2000 and 2011 in low- and middle-income countries resulted from the value of improvements to health. The current and growing shortage will negatively impact the availability of health and could stymie economic development.

Addressing the shortage

WHO identified several key causes for the life-threatening shortage of health workers, including an aging health workforce, increasing demands from a growing world population, and shifting disease burdens. Underlying each of these issues is a key factor in addressing the shortage: the need for training.

“Health systems in resource-scarce settings face significant challenges,” said Nancy Kelly, MHS,



Kilimanjaro Christian Medical Center residents and an HVO volunteer take a break from surgery.
COURTESY OF GLEN CRAWFORD, MD

executive director of Health Volunteers Overseas (HVO). “The delivery of healthcare services depends on the presence of trained health professionals, yet there is the limited number of health workers in these areas and few opportunities for their continued professional education and growth.”

HVO is a U.S.-based, nonprofit organization that has spent more than 30 years working with partners in resource-scarce countries to provide teaching, training and professional opportunities to health workers. HVO recruits orthopaedic volunteers to travel to project sites across the world. In 2016, 104 volunteers traveled to HVO’s orthopaedic project sites, bringing training and professional opportunities to nearly 900 providers.

While on these short-term assignments, the volunteers give lectures, provide surgical training, and mentor local health workers. They also establish ongoing, beneficial professional relationships with overseas colleagues.

“The professional relationships that our volunteers cultivate with their overseas colleagues while on assignment often lead to an ongoing exchange of information,” Ms. Kelly observed.

“These connections create an

important resource for providers in resource-scarce countries, better ensuring they can provide the care their patients need,” she added.

In Bhutan, for example, HVO began working with the Jigme Dorji Wangchuck National Referral Hospital (JDWRH) in Thimphu nearly three decades ago when there was not a single orthopaedic doctor in the country. Over the years, the orthopaedic training and support provided by HVO volunteers has evolved as the health system has invested in expansion of orthopaedic services.

Richard Fisher, MD, who first traveled to Bhutan in 2009, has returned to the site on five separate occasions, maintaining a relationship with the staff. Following his trip this past October, he reported, “[JDWRH] orthopaedics department is now fully staffed with seven Bhutanese orthopaedists, one resident, and two interns. This environment makes a big difference in the stress level of the staff who previously struggled to keep up with the clinical load.”

Dr. Fisher also observed that the house staff strongly supports a teaching environment, leading to more effective conferences,

HVO has many short-term volunteer opportunities available at project sites in Bhutan, Bolivia, China, Costa Rica, Ghana, Malawi, Myanmar, Nicaragua, the Philippines, St. Lucia, Tanzania, and Uganda. Assignments generally last 2-4 weeks and volunteers are placed throughout the year. For more information, visit www.hvousing.org.

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CMS Designates the AAOS Orthopaedic Quality Resource Center a QCDR for 2018

● ERIK MICHALESKO

As it embarks on registry expansion and integration with the American Joint Replacement Registry (AJRR), AAOS remains dedicated to improving the quality of musculoskeletal care that orthopaedic surgeons can deliver. Within this mission, the AJRR, the national hip and knee registry, has maintained a U.S. Centers for Medicare & Medicaid Services (CMS)-approved qualified clinical data registry (QCDR) since 2014. Now known as the AAOS Orthopaedic Quality Resource Center, this unit has been designated by CMS as a QCDR for 2018.

For orthopaedic surgeons, this means that the QCDR status can help eligible professionals (EPs) and group practices receive positive payment adjustments and avoid penalties under the Merit-based Incentive Payment System (MIPS) component of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

The AAOS Orthopaedic Quality Resource Center is a collaboration between AJRR, the American Association of Hip and Knee Surgeons (AAHKS), the Orthopaedic Trauma Association (OTA), and the American Orthopaedic Association's (AOA) Own the Bone program. The QCDR is held on a platform developed by Premier Inc. This initiative marks the first year that AAOS has been involved in the expansion of the measures (see "Complying with the Quality Component of MIPS in 2017,"



Register for the AAOS Orthopaedic Quality Resource Center at www.medconcent.com/aaos.

AAOS Now, September 2017, www.aaos.org/AAOSNow/2017/Sep/Research/research02/).

"The AJRR is pleased to announce that the Orthopaedic Quality Resource Center has been designated as a QCDR once again for 2018," said AJRR Steering Committee Chair Kevin J. Bozic, MD, MBA.

"Our partnership with other orthopaedic organizations focused on improving value for patients has allowed us to offer a great resource for surgeons in past years. And now, with the support of AAOS, we can use their expertise to inform the measures our QCDR collects," he added.

The 2018 AAOS Orthopaedic Quality Resource Center will have 38 measures, including three AAHKS-sponsored hip and knee measures and the Academy's own

2017 Orthopaedic Preferred Specialty (OPS) List. The AOA's Own the Bone program has also provided measures that will remain as part of the platform. The 2017 OPS List's measures were selected because they are not burdensome to report and are highly relevant to the majority of orthopaedic surgeons. The AAOS QCDR can be used by EPs across all orthopaedic specialties.

QCDRs can submit quality data directly to CMS, an essential capability enabling surgeons to satisfy the requirements of the MIPS track of MACRA. There are a few situations that exclude orthopaedic surgeons from being eligible to meet MIPS, but most surgeons are expected either to participate or face a penalty on Medicare Part B claims. MIPS participants can earn either a positive or negative

reimbursement. The payment adjustment percentages will increase each performance year, eventually becoming a 9 percent positive or negative payment adjustment on 2020 program year data. High performers in 2020 potentially will be able to earn a positive adjustment three times that, or 27 percent.

MIPS has four components, and three of them replace past CMS programs. The aligned programs include the Physician Quality Reporting System (PQRS), Value-Based Modifier (VBM), and the Electronic Health Record (EHR) Incentive Program, or Meaningful Use.

"CMS changed its QCDR application process, and organizations are now designated 5 months sooner," Dr. Bozic explained. "This gives more opportunities for surgeons to submit MIPS data, and therefore more chances to implement improvement in the value delivered to patients in a way that will benefit their practice and patients, and potentially result in financial remuneration. One of the Academy's primary goals is to facilitate high-value patient care among its members with patient outcome registries. The designation of the Orthopaedic Quality Resource Center will set the precedent for more progress to come." **N**

Erik Michalesko is the marketing and communications specialist at the AJRR, a part of the new AAOS registry portfolio.

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literature reviews, and case presentations.

Bhutan continues to make improvements in orthopaedic care and training. In 2017, JDWNRH launched a new orthopaedic residency training program, and HVO will work with the orthopaedic department to provide additional training and support for the new program.

Long-term impact

The ultimate goal of the professional exchange of information and collaborative partnerships is to

improve patient care for the long term.

In 2016, HVO on-site coordinators—local professionals who volunteer their time to coordinate HVO projects—reported on the impact of HVO volunteers. Of those who submitted reports, 91 percent reported significant or moderate improvements in staff skills, and 85 percent reported significant or moderate improvement in patient outcomes.

Volunteers also witness this impact when on assignment. Glen Crawford, MD, has served as the

director of HVO's orthopaedic project at Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania since 2009. After his February 2016 trip to the site, Dr. Crawford reported, "It is very gratifying to see that my teaching efforts are having a substantial effect on the care of patients. The long-term burden of disabled Tanzanian citizens is much less due to the care being given at KCMC, improved in large part by HVO volunteers."

Dr. Rogers Temu, the on-site coordinator for Tanzania, agreed with

Dr. Crawford. In a 2016 survey of the project, Dr. Temu reported that the training provided by HVO volunteers has improved care through new surgical approaches and they have seen specific improvements in arthroscopy.

He reported, "It is a very useful project, and it should be continued." **N**

References for the studies cited can be found in the online version at www.aaos.org/aaosnow/18017.

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