



# Letter from the Chairman

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As I approach the completion of my first term as Chairman of Orthopaedic Surgery at the University of Pennsylvania School of medicine, I pause to reflect on our team's accomplishments and the challenges and opportunities that remain ahead. Penn's medical school's 250 year history is being celebrated next month. Our department's heritage is approximately half as old as the medical school founded by Benjamin Rush and Ben Franklin. Often, I take visitors through the historic areas of Pennsylvania hospital-the library, the great court, and operating theater-illuminated by the magnificent skylight that was the guiding light for the surgery our forefathers attempted before the days of electricity, antibiotics, X-rays, managed care, bundled payments, and maintenance of competency. Our team proudly operates at Pennsylvania Hospital as well as Presbyterian medical center and Hospital of the University of Pennsylvania. With an eye on our past but also with forward thinking, care delivery includes patient risk stratification to decrease morbidity and mortality, MP3 Pain protocols that have enhanced the patient experience following joint replacement, and a hip preservation program that includes the use of vascularized fibular grafts as an alternative to joint replacement in young patients with avascular necrosis. What would the Department's first chair Deforest Willard say about our progress?

This past year has marked several milestones that are unique in the history of the department. With pride, we are now ranked #3 in NIH research funding. My vision statement in 2009 (following the suggestion of Jim Collins in Good to Great, that such evolution requires a BHAG- a "Big Hairy Audacious Goal") was to become a "top five in five" Orthopaedic Department. Translated- I wanted us to be ranked in the top five Orthopaedic programs in the United States. We have reached the number three ranking based on outstanding scientific productivity by our research faculty, led by Lou Soslowsky. Special recognition goes to Robert L. Mauck, Ph.D., who won this year's young investigator Kappa Delta award for his work with Jason Burdick and Dawn Elliot from the School of Engineering titled "Engineering Dense Connective Tissues: Mechanical, Material, and Mechanobiologic Considerations".

Our grant portfolio includes funding from the NIH, DOD, OREF, Hans Jorg Wyss Foundation, Biedermann family and Industry. Our educational programs, which include a robust residency and increasing fellowship positions in multiple divisions, are nationally recognized, currently ranking 14th out of 89 programs. Our clinical ranking in US News and world report has been as high as 13 in the country-currently ranked in the top 20. While multiple factors account for this ranking we are striving to improve our patient care, quality

and safety and we have done a great job at this. For example, several years ago our mortality index was unacceptable. Rather than accept poor performance, we pulled together with our medical partners, hospital administrators and faculty and chartered a course that dramatically improved our results over the last two years. The point of the discussion centered on rankings: that our work to improve across all missions *is never done*. Maintaining the status quo, thinking that we will never be the "best" or not shooting for #1 in all missions is a grave mistake. Penn Orthopaedics is a team that always strives to do better- and we have. Within the health system Penn Orthopaedics took the lead on same day access for patient appointments. For example-if a patient calls at 9 am- we will see the patient that day for evaluation and treatment. Many said this could not be done. Impossible...they said. As it turns out, our same day access has been a huge success, and is now being marketed by other providers in our region. We set the trend; others now follow.

This program served as the primer for our Musculoskeletal and Rheumatology Service Line that began with the opening of our new Musculoskeletal Center in September 2014. Our service line includes PM and R, Rheumatology, MSK imaging, Pain management, Physical Therapy and Orthopaedics. We have changed musculoskeletal care delivery at Penn and strive to get the patient to the right provider at the right time. We now manage care as disease teams, rather than practitioners who perform an operation or prescribe infusion therapy. Our new building is a state of the art think-tank and diagnostic center, capable of diagnosis, testing, treatment, and rehabilitation under one roof. Complimentary to patient care is the Human Performance Center which creates a unique research opportunity for patients to measure their outcomes after intervention. Gait analysis, EMG, real time motion analysis and kinematic studies are all possible in this state of the art laboratory located in the center of the clinic. In addition to the HPC, we will have a new biomechanics lab in our building sponsored by the Biedermann family. The lab will allow residents and faculty to explore new ways to treat MSK conditions by enhancing design of trauma implants and joint prosthesis. Efficient use of time and immediate translation of ideas generated while delivering patient care, can be actualized in a research space adjacent to our operating rooms and clinics. This integration of the missions of clinical care, resident and fellow education, and research, all under one roof, will pay huge dividends for our future. We have modelled the Penn MSK Center after the Perelman center for Advanced Medicine that has successfully integrated all three missions of academic medicine in one location.

As a tribute to our new methods of delivering Musculoskeletal care and in celebration of Penn Orthopaedic's new home, we held a symposium entitled: "Excellence in Orthopaedics." Key American Orthopaedic thought leaders were invited to

give their perspectives on *excellence*. The attendees included Richard Gelberman (Washington University), Parker T. Vail (UCSF), William Cooney (Mayo clinic), Gerry Williams (The Rothman Institute), Joe Ianotti (Cleveland Clinic) Michael Gagnon (Duke), Louis Soslowsky (Penn) and Bruce Browner (University of Connecticut). Each speaker provided insight into what it takes to be “excellent” and shared successes (and some of the failures) in their journey to greatness. Common themes included personal humility, communication of objectives, the value of research, faculty recruitment and retention, and global perspective on the burden of musculoskeletal disease. Dean Larry Jameson and UPHS Health system CEO Ralph Muller provided their overview of Penn’s leadership position in American healthcare.

In addition to our downtown locations, the health system has purchased Chester County Hospital, and is close to establishing a relationship with Lancaster General Hospital. These strategic alliances broaden the reach of Penn Medicine, and allow our teams to expand and meet the needs of patients in these regions. Further expansion of clinical facilities in Cherry Hill and in Valley Forge provide flexibility for our patients and sites for our service line to expand beyond center city.

Our educational programs have grown significantly over the past 6 years. Under the direction of Craig Israelite, Samir Mehta and Jaimo Ahn we continue to attract and match exemplary medical students into our residency program. Two of our six residents continue to spend a year in the research laboratory, and their accomplishments include OREF grant funding, selection for AOA surgeon scientist workshops, and representation of our lab at the Orthopaedic Research Society. This academic year we reorganized the didactic portion of the resident experience. Historically, the department convened for a grand rounds format on Thursday mornings from 6:30-8:30 am. Resident attendance, although required, was limited in some instances by their urgent commitments in the OR, ER, wards or by duty hour restrictions. The program directors, faculty and I felt that this was wrong. As a result of significant planning and rescheduling, our didactic program has evolved into a four hour Thursday block from 6:30—10:30 am. These sessions include faculty and resident lectures, anatomic dissection, Quality Improvement conference, and time with our robust visiting professor program. All residents attend this protected time-no exceptions! This builds teamwork and demonstrates the faculty’s commitment to education. The residents have universally embraced this new educational opportunity.

Over the past six years, I have worked hand in hand to develop mutually beneficial programs between CHOP and Penn Orthopaedics. These include Sports Medicine, Hand Surgery, Extremity Trauma care, Hip preservation and combined research efforts between the laboratory of Mauricio

Pacifici and the McKay lab. My outstanding partner in these initiatives, John Dormans, has recently announced that he will be taking on a new challenge at Texas Children’s hospital as Orthopaedic Surgeon in Chief. Jack Flynn has been named as John’s successor. The momentum will not be lost on our collective efforts. Jack and I are hard at work to assure a smooth transition and deliver on the plans that John and I outlined for excellence in joint programs. John Dormans will never be forgotten as an exemplary leader at CHOP for 23 years. I personally want to thank him for his support the last six years.

A key indicator of departmental success is the need to hire additional physicians and support personnel. At the time of publication of this article we hope to have added another hand surgeon, foot surgeon, spine surgeon for our Philadelphia sites and joint surgeon for Chester county hospital. John Manna and Christopher Lyons have joined our clinical enterprise at Chester County as of April 7, 2015 and will anchor our clinical expansion at that site. Their vast experience and talent will jump start another phase of MSK delivery for Penn Medicine.

In January of this year, the Department underwent a review (both by an internal committee and an external review panel) which occurs in all Departments every six years at the request of the Dean. I welcomed this process and was interested in an objective assessment of my leadership and the progress of our team across all missions. The internal review was led by Lee Fleisher MD (Chairman of the Department of Anesthesia) and the external review committee was led by Richard Gelberman and included Louis Bigliani and Parker T Vail. Our rigorous preparation included a report of our clinical growth, faculty expansion, research portfolio and educational experience. Multiple interviews were conducted throughout the school of medicine and health system with faculty, administrators, residents, students and deans from other Schools at the University of Pennsylvania. To summarize, I will be reappointed for another six year term. More importantly, and the main objective of any departmental review, is to clarify where we can improve, to point out areas of relative deficiency, and also to recognize where we have strength that can help us grow further. I am profoundly grateful to all who participated, but particularly to the outstanding Orthopaedic leaders who served on the external review panel. Based on the review and feedback, a strategic plan has taken shape that will take Penn Orthopaedics to the next level of achievement. The journey of going from “good to great” will continue. I want to recognize all of the clinical and research faculty, residents, fellows and support staff who are now on “the bus”. We seem to be *driving* in the right direction and will be *fueled* to go farther in the coming years. Your support and encouragement are vital to our success. I am counting on you to offer suggestions on how we can continue to improve. It is an honor and privilege to lead such an outstanding team.