

2020 | ORTHOPEDICS & SPORTS MEDICINE

OUTCOMES & INNOVATION REPORT

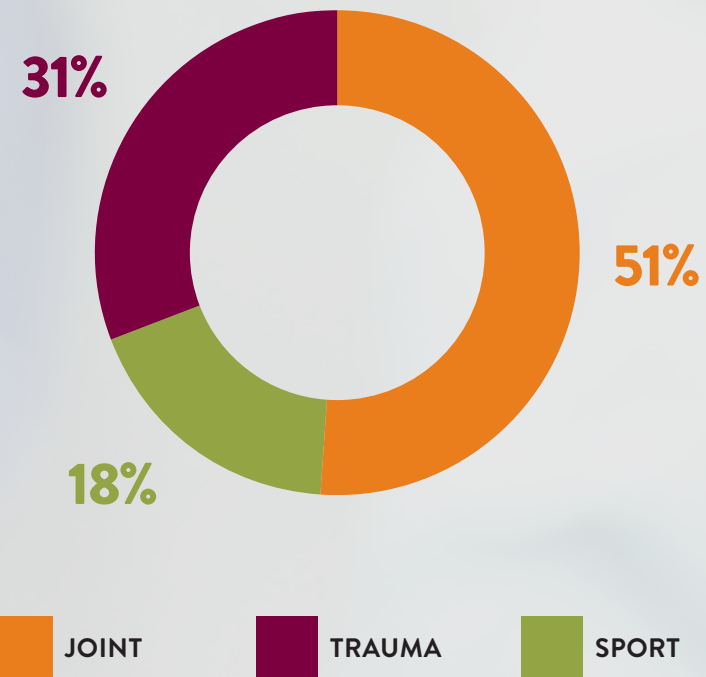


Maine Medical

PARTNERS

Orthopedics & Sports Medicine

ORTHOPEDICS & SPORTS MEDICINE SURGICAL VOLUME



TOTAL SURGICAL VOLUME	FY 19	FY 20
JOINT	2,565	2,217
SPORT	912	1,047
TRAUMA	1,528	1,384
TOTAL	5,005	4,648

INTRODUCTION

Maine Medical Partners Orthopedics & Sports Medicine is proud to present our 2020 Quality Outcomes Report. This report represents the ongoing efforts of our dedicated caregivers to deliver the highest quality orthopedic care. This report describes many of the services available to our patients and our commonly performed procedures, and reviews our latest results. When possible, we compare our results with published regional and national benchmarks. We feel this transparency will help both referring physicians and patients to make informed decisions regarding their choices for orthopedic care.

At Maine Medical Partners, a part of the MaineHealth system, everyone is committed to providing the best possible care for our patients. We are happy to compare our results with other organizations. Our surgeons, advanced care providers, nurses, and staff are all committed to giving our patients the highest quality care and restoring function to the maximum achievable levels. Even with the challenges we have faced this year with COVID-19, including the postponement of elective surgeries, we were able to adapt quickly, making it a safe environment for our patients and health care providers and are moving forward even stronger. We feel proud of the results contained here — they reaffirm the success of our program and the high quality of care given to our patients by our orthopedic care teams.

— Members of Maine Medical Partners
Orthopedics & Sports Medicine

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All orthopedics and sports medicine procedures present unique risks, and such risks may affect a particular patient's outcome.

Outcome report data presented in this report is from Maine Medical Partners, a department of Maine Medical Center.

The photos in this report were taken prior to COVID-19 and do not reflect MaineHealth's current masking and social distancing requirements.

PICTURED ON COVER: Bill Perry, joint replacement patient, who had knee replacement surgery and now lives an active life with a new passion for biking.



JOINT REPLACEMENT

WHAT DEFINES A TOP-PERFORMING JOINT REPLACEMENT PROGRAM?

Brian J. McGrory, MD and George Babikian, MD

We are very fortunate these days to have information on many metrics in health care. Not opinion or intuition, but data that has been carefully collected. This evidence, at its best, is not biased and is relevant to decision making for patients and their families. Hospital Compare is part of the Centers for Medicare and Medicaid Services (CMS) Hospital quality initiative. All hospitals in the United States that take care of Medicare and Medicaid patients are included in this analysis (over 4,000 Medicare-certified hospitals and over 130 Veterans Administration medical centers), and CMS looks at three very important aspects of hip and knee replacement surgery:

Complication rate: serious problems like infection, heart attack, pneumonia, sepsis, pulmonary embolism, bleeding, dislocation, fracture and death

Readmissions: an unexpected return to the emergency room or hospital after a patient has been discharged from their hip or knee replacement

Hospital payments: the cost of care to the system (and therefore, the patient) is captured in this metric

Maine Medical Center (MMC) Division of Joint Replacements has received the highest honors in ALL THREE categories.

Of the 2,786 hospitals evaluated for complications, only 64 (or 2.3%) met the benchmark for statistically better; MMC was included in that group! For readmissions, 2,798 hospitals were considered in the USA. Only 44 (or 1.6%) met the cutoff for statistically better; MMC was again among the very best! Finally, CMS identified MMC as one of the few hospitals with the very highest value (lower charges for care) in joint replacement surgery. It is rare for a hospital to be recognized as “better” in any one of these categories, let alone all three. We are so proud that the MMC Joint Replacement Program has been identified as such a program.

So how does this translate into hospital choice? One way to put this data into perspective is to compare our program to joint replacement programs regionally and nationally. Among all New England states, only two programs were as good as MMC in both measures of patient outcomes: the Hospital for Special Surgery in New York City and the New England Baptist hospital in Boston. Neither of these hospital programs were recognized for keeping costs low; so that makes MMC the best value available: excellent outcomes at a fair price!

In January of 2020, CMS recognized our hip and knee replacement outcomes as achieving the prestigious goal of being in all three categories. This honor is meaningful in that it validates our training, hard work, and unwavering attention to evidence-based medicine. For our patients, it allows them to know that surgery with one of our surgeons offers the highest chance of achieving the objectives of pain relief and return to full function, with the lowest risk of complications or readmissions. We are grateful to our entire team for making this amazing opportunity available here in Maine.

Health care writer and editor Jacqueline LaPointe reports that according to the most recent 100 Top Hospitals

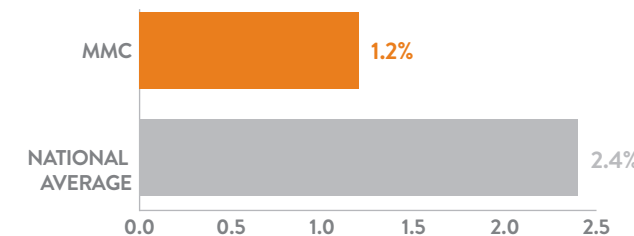
study from IBM Watson Health, hospitals achieving operational and care quality excellence have several characteristics in common, including “fewer patient complications, lower hospital readmission rates, and reduced in-hospital and aftercare expenses.” Kyu Rhee, MD, MPP, VP and Chief Health Officer at IBM Watson Health, stated in an official press release, “In this era of big data, analytics, transparency, and patient empowerment, it is essential that we learn from these leading hospitals and work to spread their best practices to our entire health system, which could translate into over 100,000 more lives saved, nearly 40,000 less complications, over 150,000 fewer readmissions, and over \$8 billion in savings.”

Management thinker Peter Drucker is often quoted as saying that “you can’t manage what you can’t measure.” Our outcomes report is one of the many ways that we strive to stay ahead of the curve and improve our performance in joint replacement care. By measuring patient outcomes and carefully quantifying any complications and readmissions, we offer arthritis patients the very best experience in hip and knee replacement surgery. This year, we are ecstatic that our place among the top-performing joint replacement programs in the United States has been endorsed by CMS.

HIP/KNEE REPLACEMENT COMPLICATION RATE



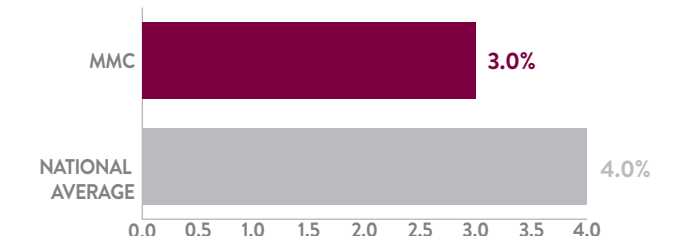
MMC HAS THE **LOWEST RATE IN MAINE**
 MMC IS THE **ONLY HOSPITAL IN MAINE TO PERFORM BETTER** THAN THE NATIONAL AVERAGE
 MMC'S COMPLICATION RATE IS IN **THE BEST 2.3% OF ALL HOSPITALS IN THE U.S.**



HIP/KNEE REPLACEMENT READMISSION RATE



MMC HAS THE **LOWEST RATE IN MAINE**
 MMC IS THE **ONLY HOSPITAL IN MAINE TO PERFORM BETTER** THAN THE NATIONAL AVERAGE
 MMC'S READMISSION RATE IS IN **THE BEST 1.6% OF ALL HOSPITALS IN THE U.S.**



Source: <https://www.medicare.gov/hospitalcompare> Accessed: October 12, 2020



Dr. Rana talks with patient Bill Perry

NEXT DAY KNEE PROGRAM

Adam J. Rana, MD

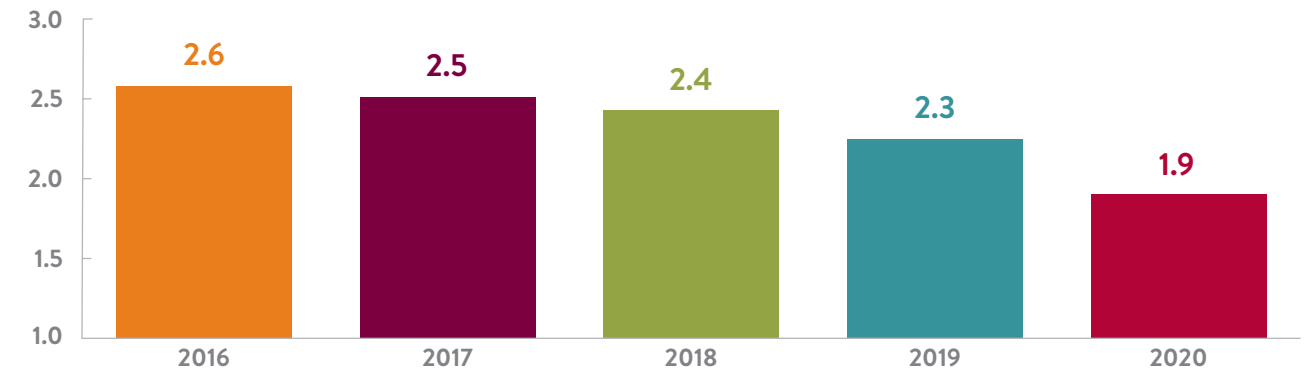
Knee replacement surgery has traditionally been associated with hospital stays averaging three to four days. In addition, a subsequent stay in a rehabilitation facility for additional recovery was not uncommon. The staff at MMC Joint Replacement Center has worked to develop a Next Day Knee Replacement Program, with comfortable discharge home following surgery.

The program is a natural evolution of the minimally invasive anterolateral hip replacement that our colleague, Dr. George Babikian, introduced to MMC in 2006. The success of the Total Hip Replacement program revolves around patient education, multimodal pain control, reduced trauma to the soft tissues at the time of surgery, consistent messaging by staff, and a smooth episode of care pathway.

A team from the MMC Joint Replacement Center, including an anesthesiologist, physician assistant, nurse, physical therapist, patient educator, and researcher traveled to the Cleveland Clinic to observe a mature next day knee replacement program. What we found was a program that was similar to our own with some subtle variations that allow patients to be safely discharged home the day after surgery. We incorporated lessons learned from this visit along with our own experience at MMC to develop our Next Day Knee Program. The program was introduced in the fall of 2018 when our average length of stay for a knee replacement was 2.2 days, and we were able to safely reduce the length of stay to 1.2 days over the course of the year. While we were able to successfully transition our program to a next day pathway, we did not compromise on quality, our readmission rate and reoperation rate were 1.2% and 0.25%, respectively.

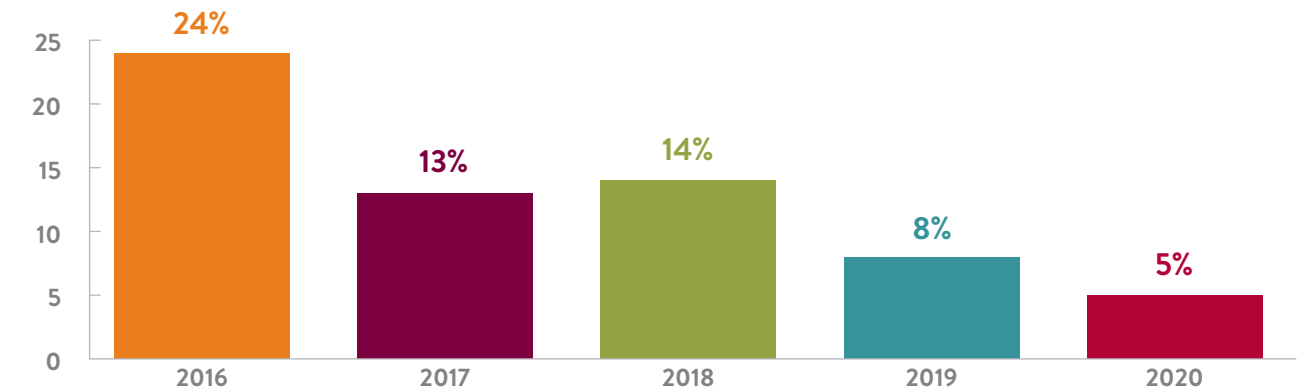
We are continuing to develop this program and have been closely monitoring our outcomes in terms of length of stay, discharge disposition and patient satisfaction. For a more detailed look at the program, please visit mainemedicalpartners.org/ortho-surgery-prep.

TOTAL KNEE REPLACEMENT AVERAGE LENGTH OF STAY (DAYS)



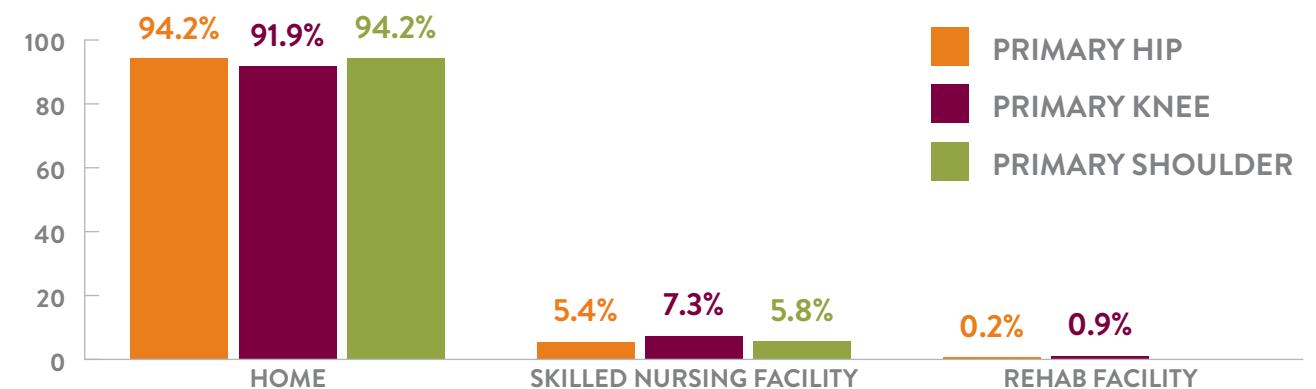
The total knee replacement length of stay has decreased significantly over the past 5 years to align with our goal of getting patients home so they can recover in the comfort of their home. This is especially important in the context of COVID-19. 2016-2020 data (EPIC)

PERCENTAGE OF KNEE REPLACEMENT PATIENTS DISCHARGED TO SKILLED NURSING FACILITY OR REHAB



Sixty-one percent of patients discharged home utilize home health care services, which can provide an array of health care needs to ensure a safe and smooth recovery. 2016-2020 data (EPIC)

DISCHARGE LOCATION



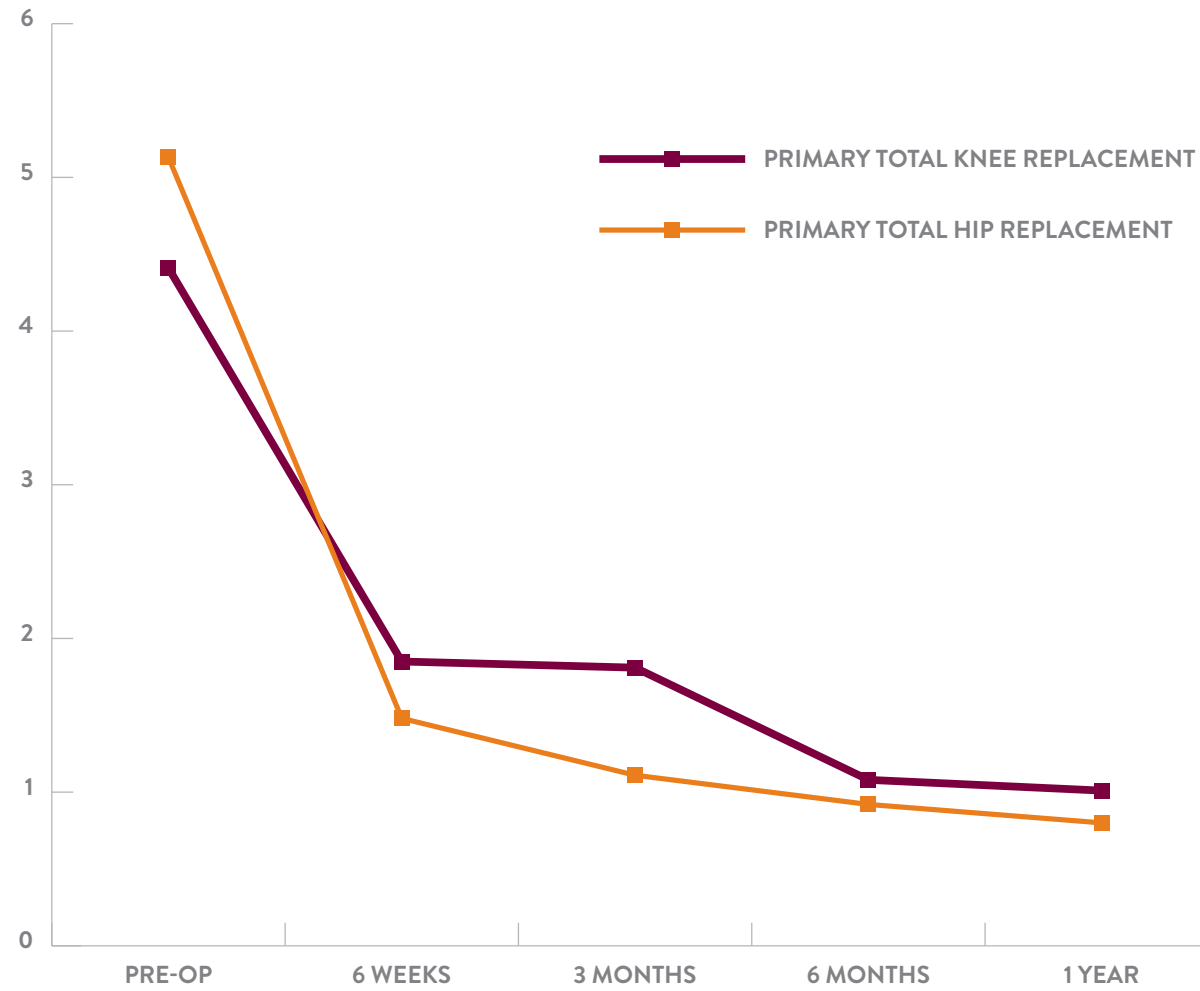
Over 90% of primary hip, knee and shoulder cases are discharged directly to their home, with home health care as needed to enhance patient support. We know patients can be anxious to get home, that's why, especially in the context of the COVID-19 pandemic, discharging patients home with supportive care as necessary is a priority for MMP Orthopedics. 2019 data (EPIC)

PATIENT-REPORTED OUTCOME MEASURES

We think that our team's dedication to patient care, innovative spirit, medical knowledge, technical skill, and above all, desire and ability to improve, allow us to be one of the top joint replacement programs in the country. The desire and ability to change for the better is wholly dependent on understanding and reacting to our results in real time.

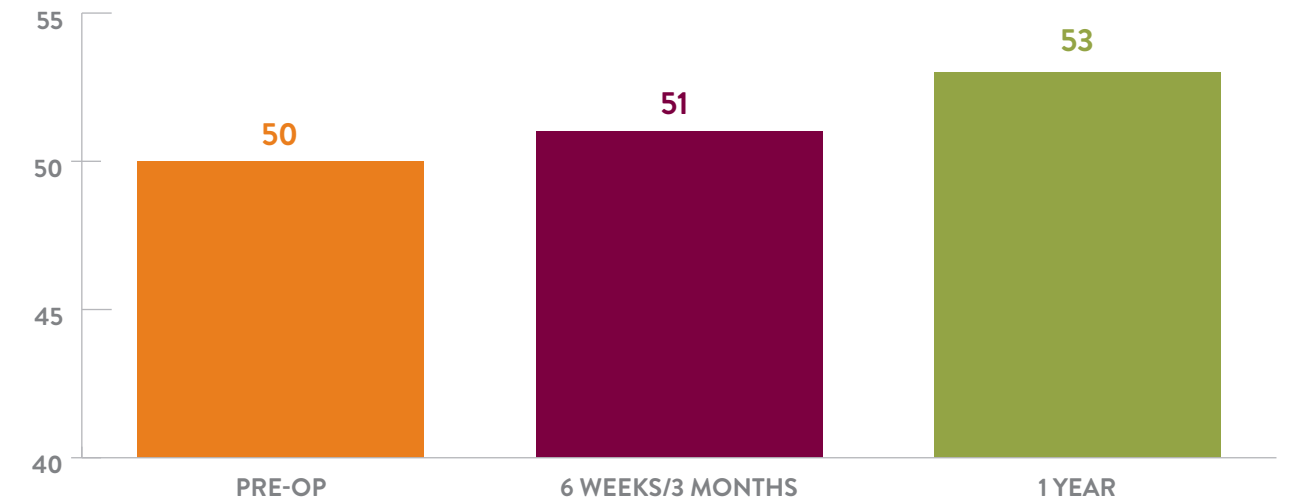
In addition to monitoring surgical outcomes, our joint replacement surgeons collect patient-reported outcomes. Patient-based questionnaires monitor activity, overall mental and physical health, and joint-specific pain, stiffness and function, before and after surgery. One of the major goals of collecting this data is to offer patients alternative objective measures of surgical outcomes to compare to other programs. In 2019, 95% of MMP joint replacement patients filled out patient-reported outcome questionnaires, an impressive statistic representing our practice's commitment to getting patient input to constantly evaluate joint replacement surgery.

PAIN SCORES: HIPS AND KNEES



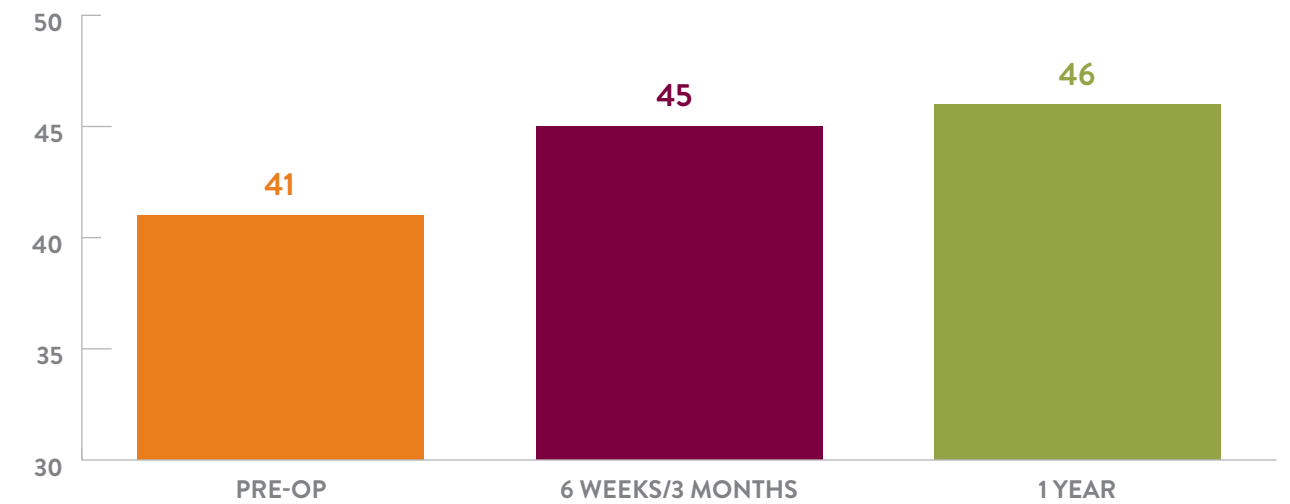
Average pain scores reported by patients before and after surgery. Pain is measured on a visual analog scale from 0-10, 10 (most pain) and 0 (no pain). Pain is one of the major reasons people undergo a joint replacement procedures so it's an important outcome to track and report out on. *2019 data (RedCap)*

MENTAL HEALTH SCORE BEFORE AND AFTER JOINT REPLACEMENT SURGERY



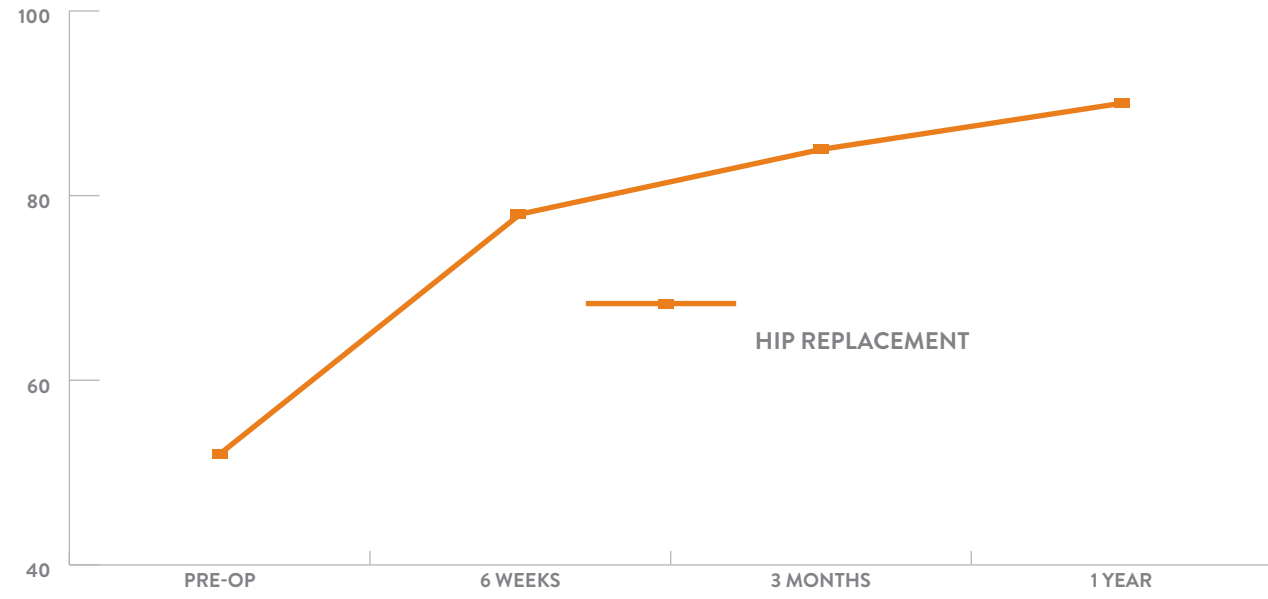
Mental health scores improved after joint replacement surgery at both six weeks and three months and even more after one year. Joint replacement surgeries include both primary and revision surgeries for hips, knees and shoulders. Data obtained from the PROMIS Global Health V1.2. *2019 data (RedCap)*

PHYSICAL HEALTH SCORES BEFORE AND AFTER JOINT REPLACEMENT SURGERY



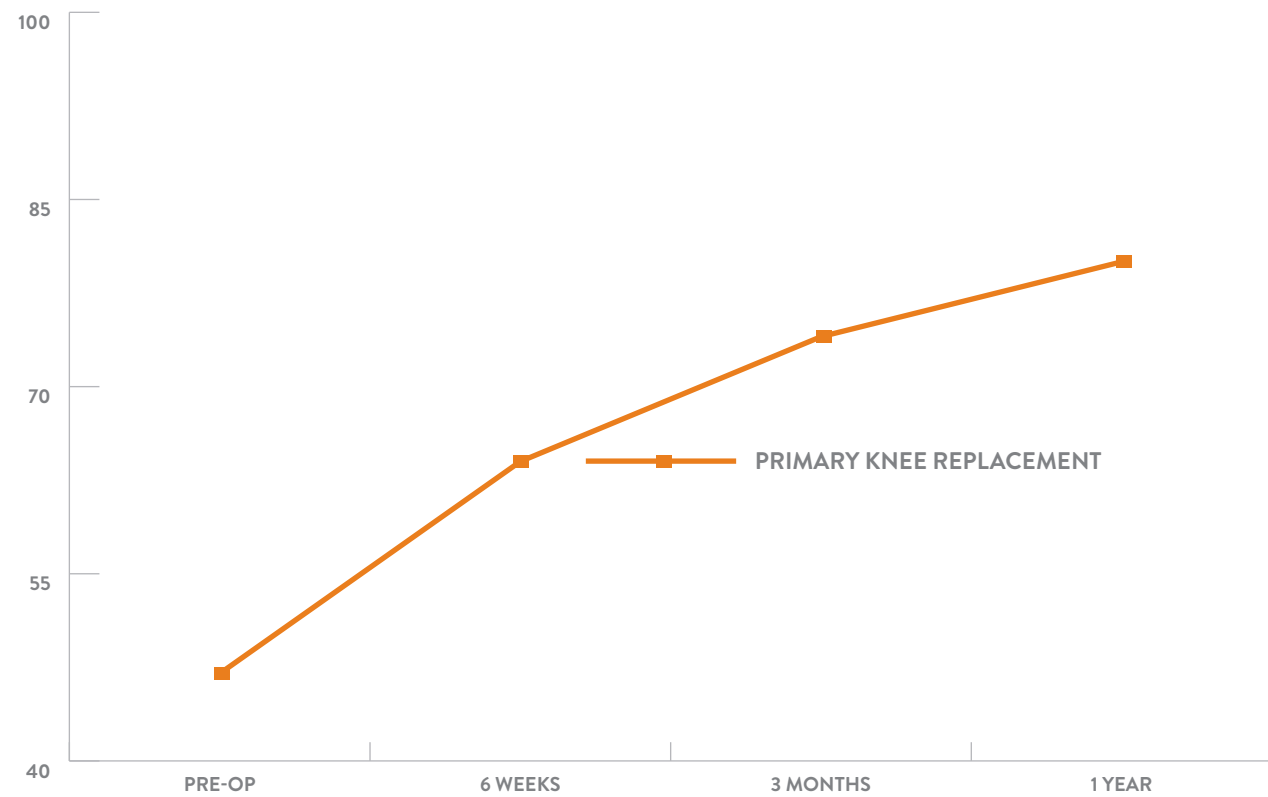
Physical health scores increased significantly after six weeks or three months post surgery, and even more after one year. Joint replacement surgeries include both primary and revision surgeries for hips, knees and shoulders. Data obtained from PROMIS Global Health V1.2. *2019 data (RedCap)*

HIP OSTEOARTHRITIS OUTCOME SCORE (0-100) 0 indicates 'cannot use joint' while 100 indicates 'perfect joint function'



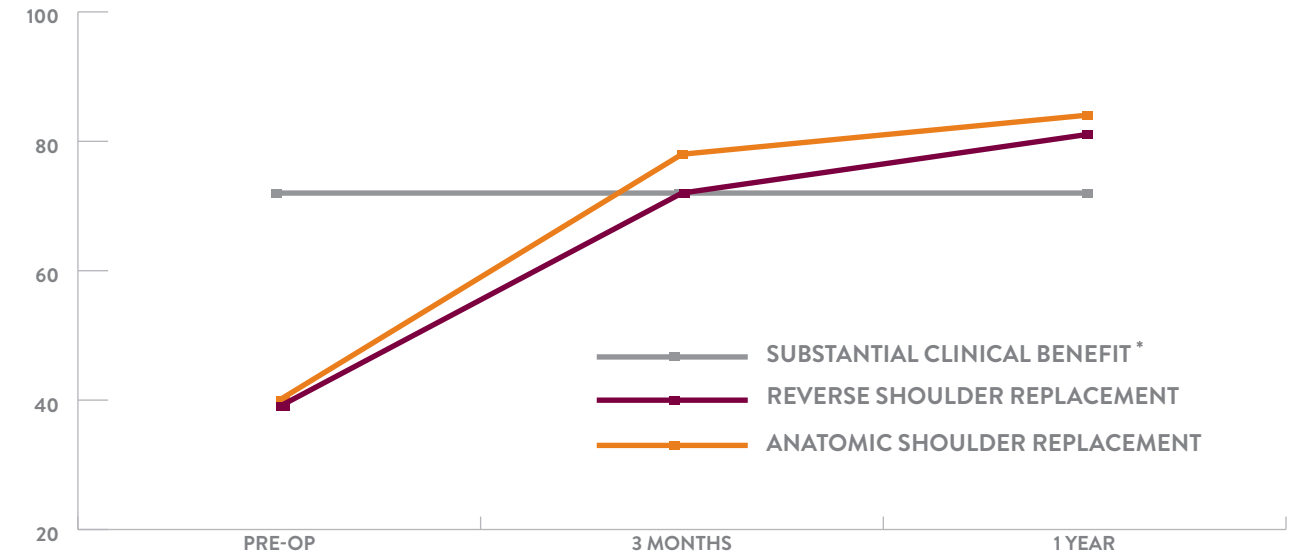
Over the course of one year, (and starting just six weeks after surgery) total hip replacement patients statistically improve their hip function.

KNEE OSTEOARTHRITIS OUTCOME SCORE (0-100) 0 indicates 'cannot use joint' while 100 indicates 'perfect joint function'



Over the course of one year, (and starting just six weeks after surgery) total knee replacement patients statistically improve their knee function.

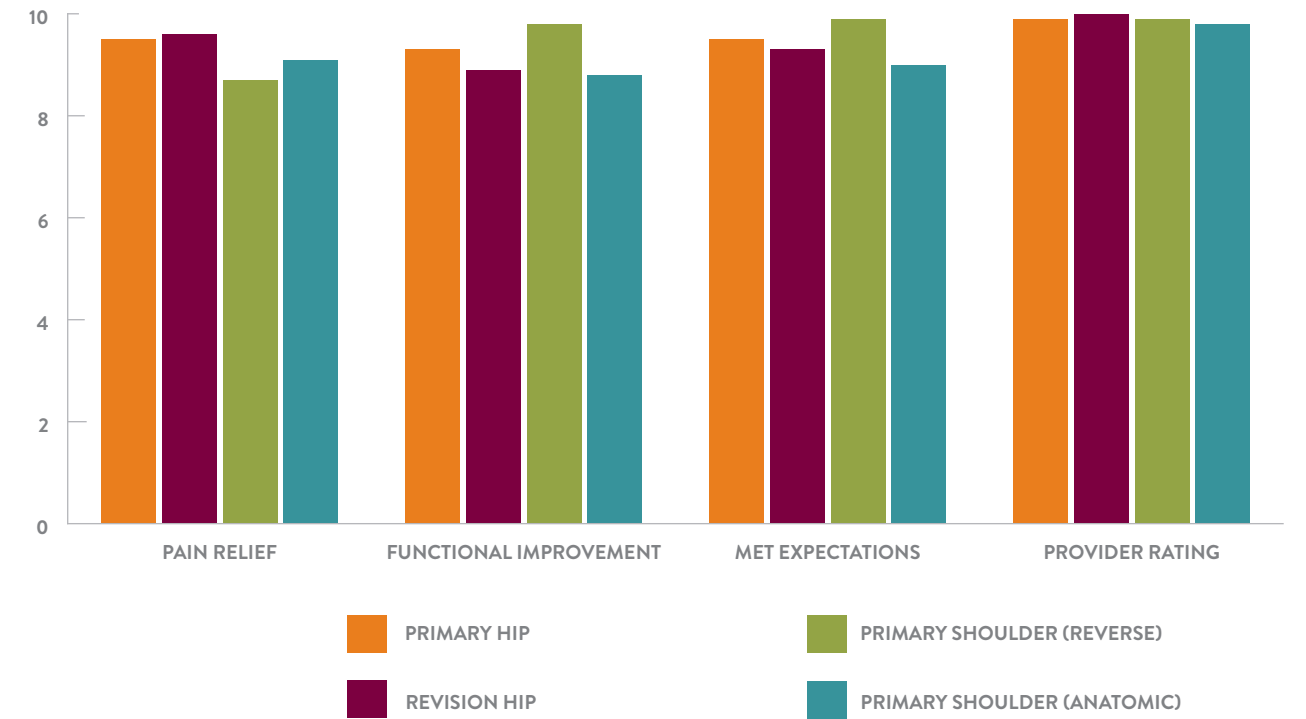
AMERICAN SHOULDER AND ELBOW SURGEONS SCORE (0-100) 0 indicates 'cannot use joint' while 100 indicates 'perfect joint function'



Patients report substantial improvement in joint function after shoulder replacement surgery. 2019 data (RedCap)

* Simovitch, R., Flurin, P-H., Wright, T., Zuckerman, J.D. & Roche, C.P. (2018). Quantifying success after total shoulderarthroplasty: the substantial clinical benefit. Journal of Shoulder and Elbow Surgery, 27(5), 903-911.

AVERAGE SATISFACTION SCORES 1 YEAR AFTER JOINT REPLACEMENT SURGERY (0-10)



Maine Medical Partners measures and monitors satisfaction after joint replacement surgery. On a scale from 0 to 10 (0 being the least satisfied and 10 being the most satisfied), patients indicate how satisfied they are with their pain relief and functional improvement, that the surgery met their expectations, and satisfaction with their provider. We think this data speaks for itself.



HAND, SHOULDER & ARM SURGERY

SOLVING ISSUES FROM THE SHOULDER TO THE FINGERTIPS

Ross Feller, MD

We are happy to announce the creation of a comprehensive service addressing all problems of the upper extremity (i.e. “shoulder to fingertips”). Using state-of-the-art techniques, this team of surgeons, therapists, physician assistants and support staff are capable of managing issues related to fractures, sports injury, pediatrics, post-traumatic reconstruction, etc. Our team is located at the MMP Orthopedics & Sports Medicine office in South Portland.

MEET THE TEAM



Ross Feller, MD

- Hand, wrist, forearm, elbow and microvascular surgery
- Works with Amanda Keene, PA
- Maria Corridore, CHT, is a therapist specializing in hand and upper extremity conditions



Jon Watling, MD

- Shoulder and elbow surgery, with an emphasis on rotator cuff repair and shoulder arthroplasty
- Works with Melanie Campbell, PA and Rupinder Gill, PA



Greg Sawyer, MD

- Shoulder and elbow surgery, with an emphasis on rotator cuff repair and sports-related shoulder injuries
- Works with Mark DeBiasio, PA



Linc Avery, MD

- Shoulder surgery, with an emphasis on rotator cuff repair and sports-related shoulder injuries

MMP ORTHOPEDICS WELCOMES NEW HAND, UPPER EXTREMITY AND MICROVASCULAR SURGEON

Ross Feller, MD, is an orthopedic surgeon specializing in hand, upper extremity and microvascular surgery, practicing out of our South Portland location. Dr. Feller received his medical degree from Brown University in Providence, Rhode Island. He stayed at Brown University to complete his orthopedic residency as well as the first of two fellowships in orthopedic trauma surgery. He then went on to complete an additional fellowship in hand, upper extremity and microvascular surgery at the University of Utah.

Dr. Feller treats all problems affecting the upper extremity, from the elbow to the fingertips, including but not limited to:

- Compressive neuropathies (carpal tunnel syndrome, cubital tunnel syndrome, etc.)
- Trigger finger and DeQuervain’s disease
- Treatments for arthritis of the elbow, wrist, thumb and other joints of the hand
- Ligament injuries of the elbow, wrist and hand (ex. skier’s thumb, scapholunate ligament injuries)
- Distal biceps tendon repairs
- Elbow fractures
- Forearm fractures
- Distal radius fractures
- Wrist and hand fractures
- Flexor and extensor tendon repairs
- Pediatric and congenital hand surgery
- Arthroscopy of the elbow and wrist
- Tendon and nerve transfers of the upper extremity
- Post-traumatic reconstruction of the upper extremity
- Upper extremity tumors
- Dupuytren’s contracture treatment (percutaneous needle fasciotomy, collagenase (Xiaflex), open surgery)
- Microvascular surgery (nerve and vascular repair, vascularized bone grafts, etc.)

Dr Feller’s main interests include upper extremity trauma, congenital upper limb deformities and international work in developing countries.



Since his arrival, Dr. Feller has driven the development of an Outpatient Hand Surgery Treatment Room Program. Procedures such as carpal tunnel and trigger finger releases can be safely and efficiently performed in the office setting. This avoids unnecessary exposure to anesthesia, and significantly reduces the costs associated with performing these procedures when compared to traditional operating room settings. In addition, literature has demonstrated equivalence in terms of safety and efficacy, with high rates of patient satisfaction:

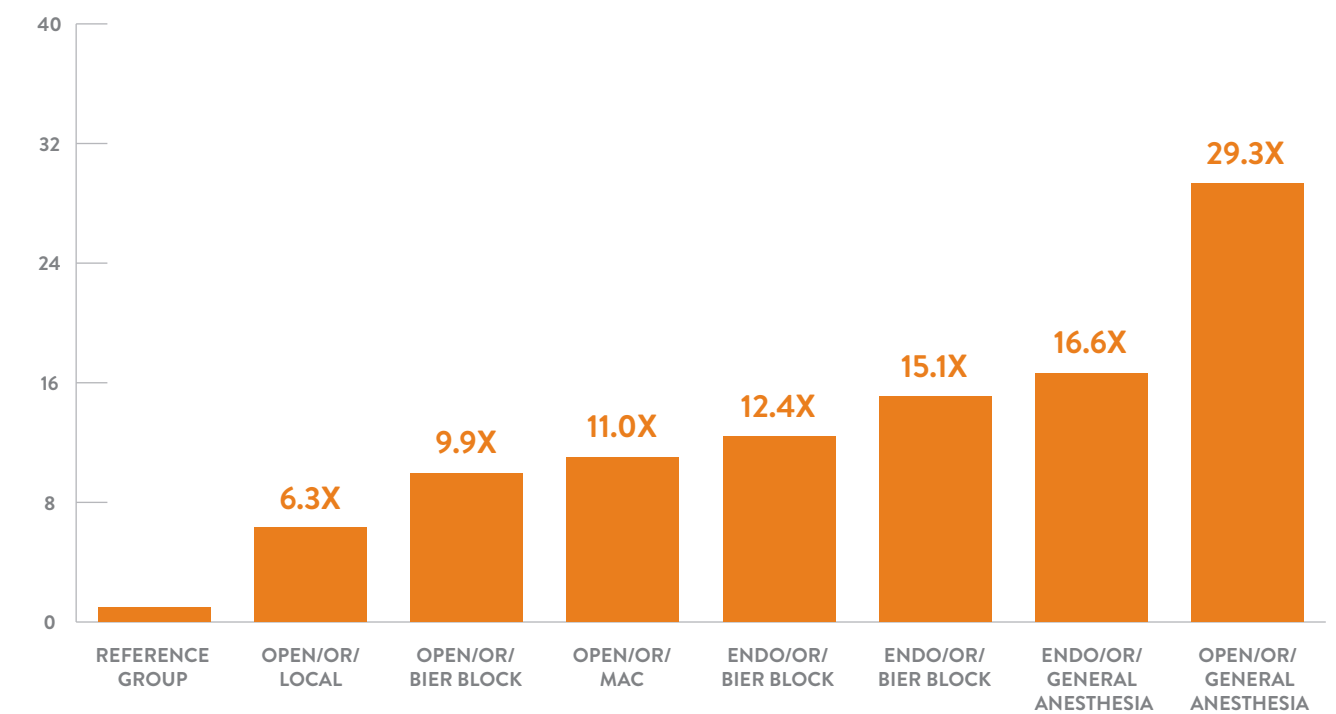
SAFETY

- A large study including 1, 500 consecutive patients undergoing carpal tunnel release in a treatment room demonstrated equivalent superficial infection rates (0.4%) and improved deep infection rates (0.0%) compared to procedures performed in an operating room.
- LeBlanc, M et al. “Is main operating room sterility really necessary in carpal tunnel surgery? A multicenter prospective study of minor procedure room field sterility”. Hand, November 2010.

COST SAVINGS

- Performing the procedure wide awake in a treatment room setting versus an operating room saves up to \$1,600 per treatment episode.
- Costs associated with open carpal tunnel release under sedation and wide awake in the OR is 11 times and six times as expensive, respectively, as performing the procedure wide awake in a treatment room.
- Todd, A et al. “A Cost Analysis of Carpal Tunnel Release Surgery Performed Wide Awake versus Under Sedation”. Plastic and Reconstructive Surgery, December 2018.
- Kazmers, N et al. “Cost Implications of Varying the Surgical Technique, Surgical Setting and Anesthesia Type for Carpal Tunnel Release Surgery”. Journal of Hand Surgery, May 2018.

COST IMPLICATIONS OF VARYING THE SURGICAL TECHNIQUE, SURGICAL SETTING, AND ANESTHESIA TYPE FOR CARPAL TUNNEL RELEASE SURGERY





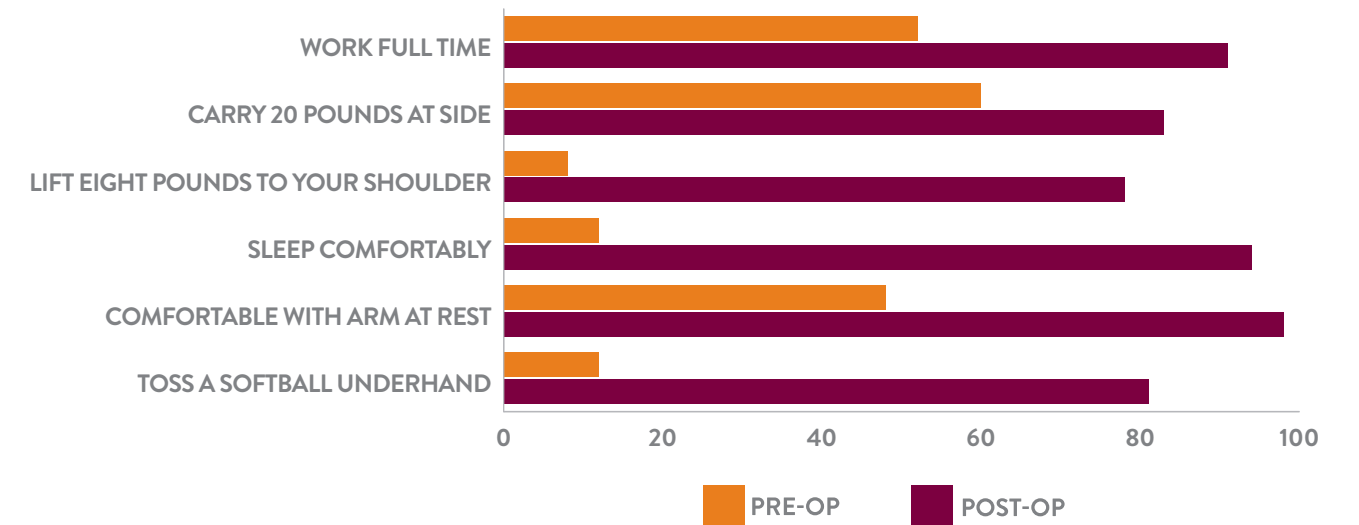
INNOVATIVE GPS-NAVIGATED SHOULDER REPLACEMENT SURGERY

Jonathan Watling, MD

Dr. Watling now offers GPS-navigated shoulder replacement surgery. A CT Scan is used to perform virtual preoperative planning, which can then be executed in the operating room using real-time visual guidance feedback. This latest advancement in technology combines surgeon expertise with computer modeling software to improve implant placement, aid in reconstruction of complex anatomic deformity, and ultimately facilitate improved patient outcomes.

PERCENTAGE OF SHOULDER REPLACEMENT PATIENTS ABLE TO DO ACTIVITIES COMFORTABLY

Data is from the Simple Shoulder Test, a standardized tool used to assess shoulder function related to activities of daily living.



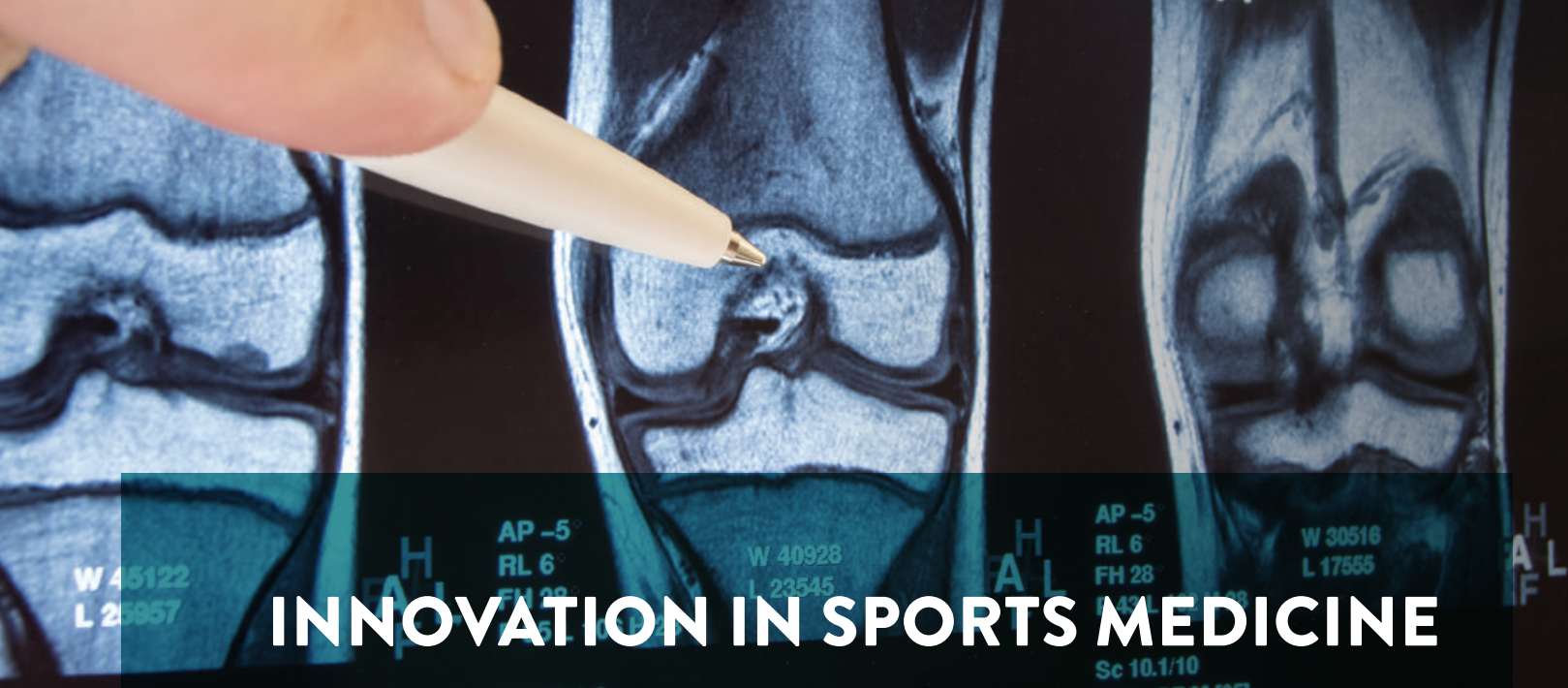
OUTPATIENT SHOULDER REPLACEMENT

The Joint Replacement Center at MMC now offers outpatient shoulder replacement surgery, keeping pace with the trends of shorter hospital stays, reduced postoperative complication rates, and improved patient outcomes and satisfaction. Many factors are considered when selecting patients for outpatient joint replacement surgery, including medical comorbidities, age, activity level, and social support. Qualified patients are eligible to undergo same day shoulder replacement surgery performed at the MMC Scarborough Surgery Center.

PAIN MANAGEMENT: INTERSCALENE NERVE BLOCK USING LONG-ACTING EXPAREL

Shoulder surgery, both replacement and arthroscopy, has undergone a tremendous transformation over the past year at Maine Health, particularly in regards to post-operative pain control. Our anesthesiology colleagues have been instrumental in helping obtain approval for the use of a long-acting anesthetic in the interscalene nerve blockade used for postoperative pain control. Data collected from patients in our practice undergoing arthroscopic rotator cuff repair at the Scarborough Surgery Center has shown a dramatic decrease in postoperative opioid use, with an average of 6.3 tabs taken postoperatively per patient, and many patients not requiring any opioid medication for pain control. As a result, our prescribing practice has shifted from 40 tabs of Oxycodone 5mg, to 12 tabs, again a dramatic change in our practice.

*Data collected on 34 consecutive patients, missing data on 4 patients.



INNOVATION IN SPORTS MEDICINE

Greg Sawyer, MD

Our Sports Medicine division is advancing the practice of sports medicine in Maine with innovative procedures that decrease patient recovery times and produce better outcomes. We're addressing acute sports injuries with emerging biologic treatment options that preserve more native tissue and use the body's natural healing power to achieve better long-term results. And we're leveraging minimally and non-invasive procedures. Located at 119 Gannett Drive in South Portland, we've added a 1.5T MRI scanner, which allows us to accommodate patients' MRI needs much more quickly and efficiently. We are also in the midst of an expansion into the Sebago Lakes region, with plans to offer sports medicine care and physical therapy in a new Windham office by the end of the 2020 fiscal year.

Within this past year, we opened The Training Room Walk-In, an orthopedic walk-in clinic, also located at our 119 Gannett Drive office in South Portland. Prior to changes made with the COVID-19 pandemic, this clinic was available Monday through Friday, noon-7 PM. We are currently phone screening all patients and taking visits by appointment only until further notice. The facility allows patients with acute orthopedic injuries to be immediately seen by an orthopedic and sports medicine specialist without an appointment. With the goal of being able to accommodate the urgent needs of our patients, our office saw over 1,000 same-day patient visits during the 2019 year.

We continue to be the leading team physicians for a growing list of local high school, colleges, and professional teams in the greater Portland area, and staff, many with an Athletic Trainer Certification (ATC). This allows easy communication between the team trainers and our physicians, allowing for expedited high-level quality care for injured local athletes and their families. This resulted in over 2,300 office and physical therapy visits during the 2019 year.

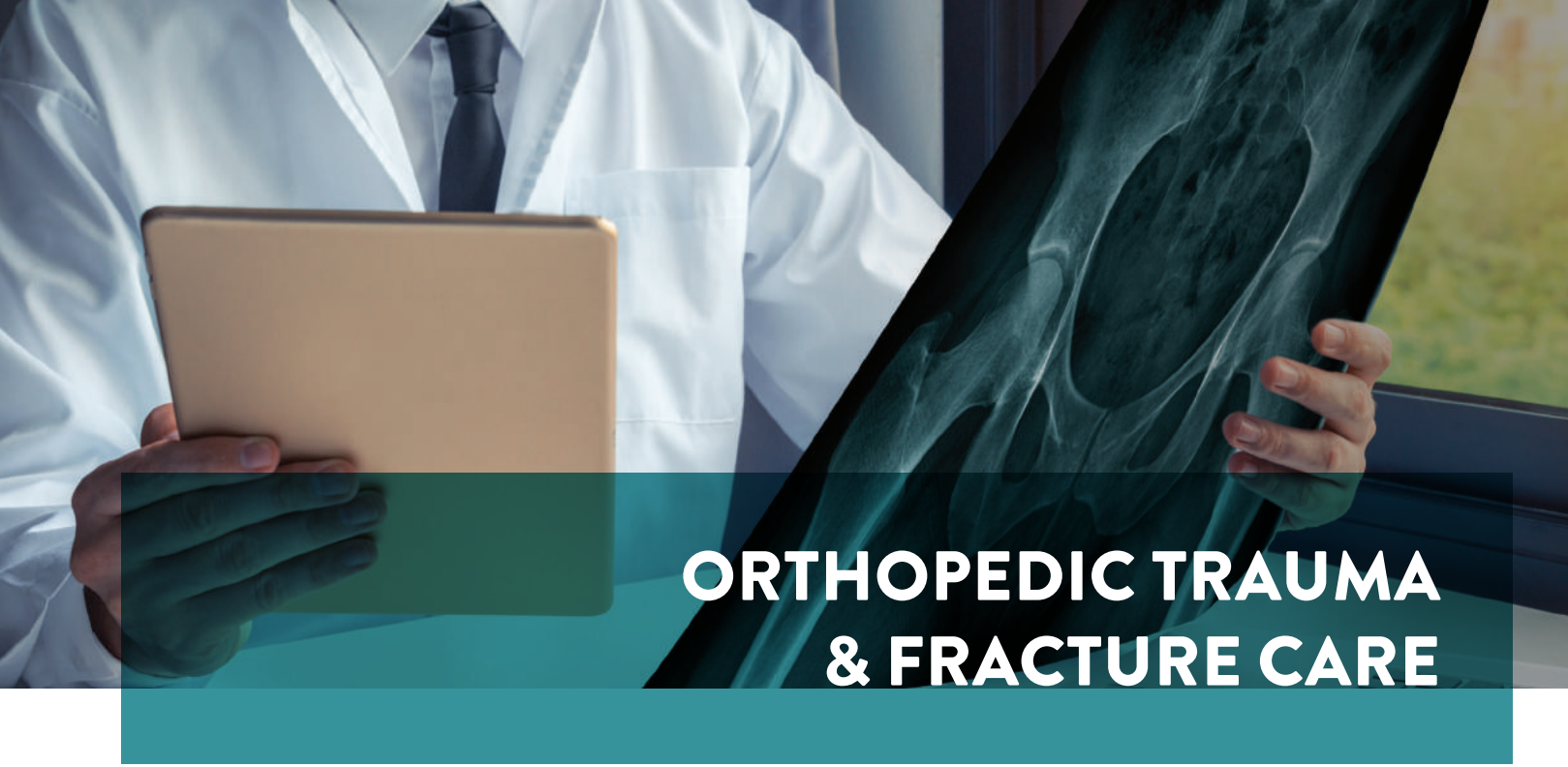
On the surgical side, we continue to offer comprehensive surgical care for injured athletes and weekend warriors with both open and arthroscopic interventions for the knee, shoulder, hip, elbow, and ankle. Our sports surgical service line performed over 900 surgical interventions during the 2019 year to try to get athletes and weekend warriors alike back to their pre-injury levels of function.

The non-surgical team continues to provide a full spectrum of treatment options for non-operative management of joint injuries including ultrasound-guided injections, PRP (platelet rich plasma) treatments, TENEX procedures, and osteopathic manipulation. PRP injections are becoming a further validated option for treatment of tendinopathy and intra-articular joint pathology, and our non-operative team performed 119 of these biologic injections in 2019. TENEX is a minimally invasive intervention option for treatment of chronic tendinopathy. Kate Quinn, DO is the only TENEX provider in the state of Maine, and performed 16 such procedures in 2019.

VISIT [MAINEMEDICALPARTNERS.ORG/ORTHO-PROVIDER](https://mainemedicalpartners.org/ortho-provider) TO VIEW OUR INNOVATIONS IN SPORTS MEDICINE VIDEO SERIES.



TENEX Procedure



ORTHOPEDIC TRAUMA & FRACTURE CARE

RAY WHITE, COMMUNITY SURGEON OF THE YEAR AWARD

Matthew Camuso, MD

On October 10, 2019, at the national meeting of the Orthopedic Trauma Association (OTA), Dr. Raymond White was awarded the Community Surgeon Achievement Award. This award is presented annually after nomination by their peers for those surgeons who have:

- Demonstrated outstanding community orthopedic contributions.
- Dedicated his/her professional life to excellence in research and education at all community levels.
- Personal qualities of integrity, compassion and leadership in orthopedic trauma.

Dr. White is only the third recipient of this prestigious award, which is given annually to only one of the 2,500 international OTA members. The OTA is comprised of the world's leading orthopedic trauma surgeons and is devoted to providing the highest level of care for injured patients.

This is not the first time that Dr. White has been recognized by his peers. In fact, he has remained active as chairman of the highly regarded New England Fracture Summit, an annual conference dedicated to the education of community surgeons for the purposes of optimizing patient fracture care. This course is made up of leading fracture surgeons from around New England as well as invited expert faculty from away. For many, this course is a required educational endeavor each year. In addition, he authors book chapters and prominently lectures both nationally and internationally. Locally, as the senior-most orthopedic surgeon at Maine Medical Center, he is a mentor to both surgeons and staff.



Raymond White is presented with the Community Surgeon Achievement Award by from left, Michael McKee, Steven Rabin and David Teague during the Orthopaedic Trauma Association's annual meeting.

Dr. White has practiced in Southern Maine for the better part of 35 years. In the mid-1980s, he revolutionized the way that fractures were treated in Northern New England, starting with the very first use of intramedullary nails for femoral shaft fractures in Maine. Prior to this, patients had to remain in skeletal traction for weeks, lying in bed in the hospital until their fracture healed. Once these new techniques were thoughtfully brought to Maine by Dr. White, patients were able to immediately stand and mobilize with only minimal restrictions. Today, because of the gutsy efforts of surgeons like Dr. White, this treatment is now the standard of care.

Due to his vast experience, implant companies have sought his advice for the development of new, specialized internal fixation systems. In fact, Dr. White was integral in the design and development of the periprosthetic fracture fixation system that is now widely available to surgeons who face a future epidemic of broken bones adjacent to hip and knee replacements. These devices have become invaluable for management of these often complex injuries.

Despite all of his experience and accolades, Dr. White continues to provide the highest levels of care to his patients, who all remark about his exceptional surgical skills and his spirited personality.

It is both remarkable and rewarding to see Dr. White finally recognized nationally for his outstanding achievements. Those who have had the good fortune to come across him can attest to what a unique and special individual he is. This honor could not have been bestowed upon a better person.

Please join us in congratulating Dr. White for his well deserved international achievement.

ORTHOPEDIC TRAUMA ROUNDS WEBINAR PROJECT

Matthew Camuso, MD

In the summer of 2019, our group of orthopedic traumatologists sat down to discuss future projects. At the time, we were busy with complex referrals from our colleagues around the state. We wondered aloud how to connect more closely with our community surgeons who send us difficult fracture cases. At our annual New England Fracture Summit in Stowe VT, we get to meet and interact with surgeons who have common interests in fracture care, but we rarely get to connect with those surgeons again until the following year. At the same time, our organization has spent considerable time discussing the complex issues around MaineHealth practice alignment. We realized that though we practice in a small state with a small orthopedic community, we remain quite isolated in Portland and at Maine Medical Center.

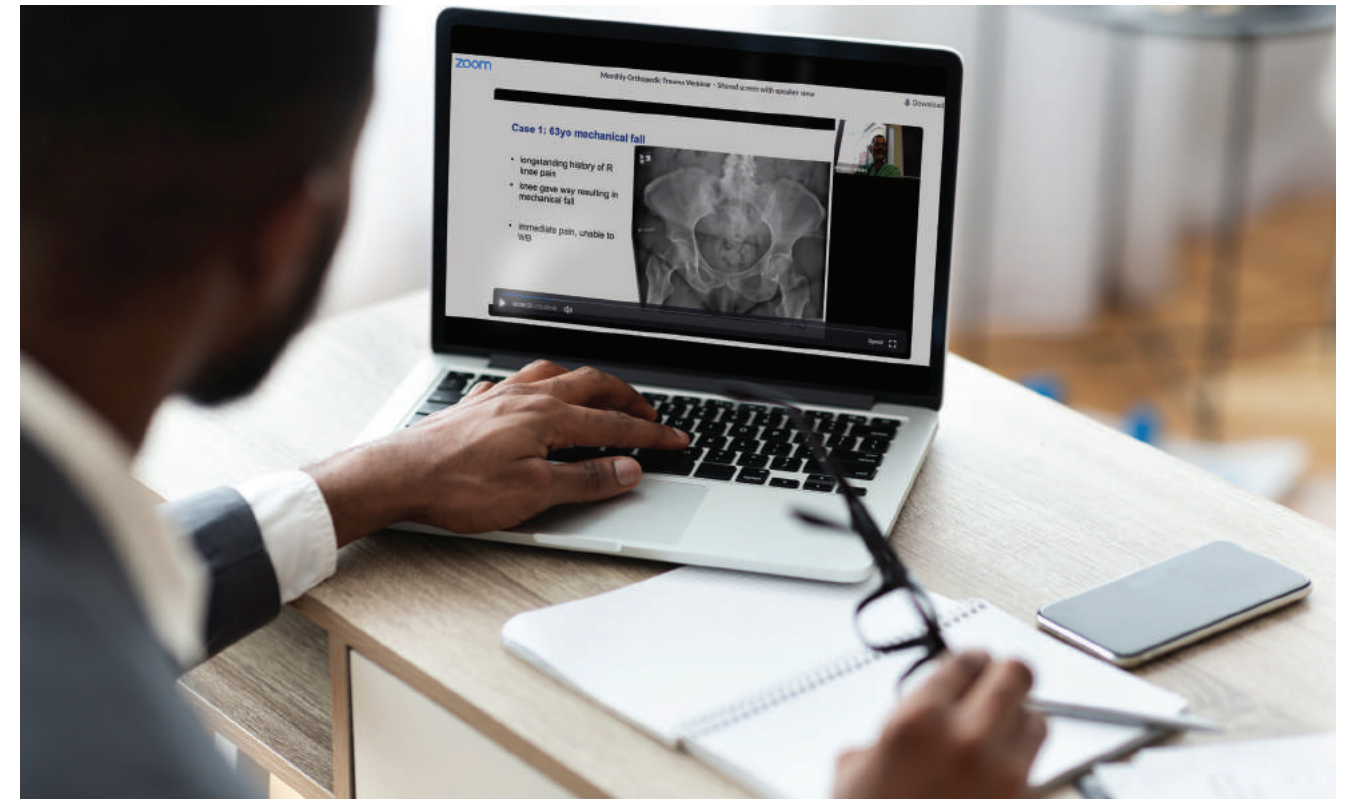
To address this perceived 'separation' and in an effort to try to bring our community of surgeons closer together, we began discussing ways to communicate more directly with our MaineHealth orthopedic colleagues. Previously, as educators in orthopedic fracture care, two of us had participated in online teaching. In addition, twice monthly, orthopedic trauma fracture conferences in Portland allowed us to get together with our local colleagues to review and discuss past and future cases as part of an ongoing effort to stay current and to educate one another. What we realized was that our trauma conference could be interesting and even applicable to many of our colleagues who could not make the drive to Portland every other Thursday. Therefore, we decided to try to leverage technology the same way that large organizations have done to broadcast our fracture conference to those that are interested in seeing what we do. In this way, the Orthopedic Trauma Rounds Webinar was born.

First, we gathered information from around the region asking what kind of educational content would be of value. With that information, we developed a series of objectives that would serve the majority of the potential participants. These objectives included:

1. Reviewing a group of complex fracture cases and how they were managed
2. Discussing tips and tricks for complex fracture management
3. Bringing our community of orthopedic surgeons closer together

We agreed to have the conference broadcast using the GoToMeeting platform that had been successful in previous years as a way for participants to view the content and to participate remotely via computer with questions live via a connected computer monitor. We chose to host the meeting at our site in Portland, understanding that in the future, it could be hosted from virtually anywhere.

There were some complexities that we needed to consider, including the issues surrounding the broadcast of potentially sensitive patient information over the internet. Though the connection was to be encrypted, we could not guarantee that the content would not be shared elsewhere. This required quite a bit more preparation for the content, so that we could de-identify all of the patient related information, making the conference HIPAA compliant. We also agreed to record the webinar so that others could view the content on their own time if they were unable to make the meeting on the scheduled date.



Having done the requisite preparation, we were able to obtain verification from our hospital CME department to provide hourly credit for those individuals who participate in the webinar. We met with our webinar guru who helped us perform a practice run in an effort to minimize the glitches that inevitably occur when trying to do something like this for the first time.

However, as we came closer to the date of our first webinar, the COVID-19 crisis struck. Schools were shut down. Formal social distancing was instituted. Elective surgeries were postponed. And importantly, all group meetings, including orthopedic trauma and grand rounds, were cancelled for the foreseeable future.

With this as our background, it seemed more important than ever that we follow through on our ideas from the previous summer. And so on April 2, 2020 at 0700, our first Maine Orthopedic Trauma Webinar went live. With over 30 remote participants and others participating in person, we presented several complex fracture cases, allowing for comments and Q&A from the group. Though it was clear that there are improvements to be made, the session was well received. Participants were able to provide feedback via online survey after which they were able to claim their CME credit.

Given the current state of COVID-19, we plan to continue this orthopedic trauma webinar going forward on the first Thursday of each month starting at 0700.

FOR MORE INFORMATION AND TO SIGN UP FOR THE ORTHOPEDIC TRAUMA ROUNDS WEBINAR, PLEASE CONTACT AMANDA JUNKINS AT JUNKIA@MMC.ORG.

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