The United States (U.S.) healthcare system is facing a crisis of unprecedented proportions. Unsustainable health-care inflation coupled with unexplainable variations in quality of care, and rising numbers of un- and under-insured patients have prompted calls for major healthcare reform from multiple stakeholders. Orthopaedic surgery remains at the center of the healthcare reform debate, with rising procedure volumes, high utilization of expensive (and in some cases unproven) technologies, substantial regional variation in practice patterns [2, 3], concerns about inappropriate over-utilization of certain orthopaedic interventions, and widespread scrutiny regarding the relationships between orthopaedic surgeons and the medical device industry [1].

The 2008 ABJS Carl T. Brighton Workshop on Health Policy Issues in Orthopaedic Surgery brought together various healthcare stakeholders with disparate views on the challenges confronting the U.S. healthcare system. Representatives from the physician, hospital, purchaser, payor, policy maker, and medical device communities came together to participate in a dynamic, constructive dialogue and debate regarding the future of the U.S. healthcare system. Academicians, policymakers, healthcare executives, consultants, and clinicians presented and debated differing viewpoints on the troubles that plague our healthcare system, including the struggle to measure and reward value, the role of technology in orthopaedics, strategies to improve the quality of evidence for orthopaedic interventions, collective bargaining and insurance reform, the role of orthopaedic specialty hospitals, aligning incentives among healthcare stakeholders, defining appropriateness in musculoskeletal care, and overcoming disparities in access to care. We asked each of the Workshop participants to listen with an open mind, and to participate in a constructive, action-oriented dialogue and debate aimed at answering the three questions posed by Dr. Brighton at the initial Carl T. Brighton Workshops: (1) Where are we now? (2) Where do we need to go? and (3) How do we get there?

Although many contrasting viewpoints were expressed and potential solutions were proposed and debated throughout the Workshop, two concepts became clear by the end of the meeting: (1) The United States healthcare system is in need of fundamental reform; and (2) the path to successful reform lies in multi-stakeholder coalitions, which start by developing a mutual respect and understanding of each others’ viewpoints and the challenges we face in financing and delivering healthcare in the United States. I am confident the ideas and concepts presented at the 2008 ABJS Carl T. Brighton Workshop which are documented in the articles that follow contain valuable insights and recommendations that will be helpful in our efforts to reform and improve our healthcare system. The time is now for clinicians to reach out to other healthcare stakeholders and take a leadership role in reforming our healthcare system with the goal of improving the quality and efficiency of the care we provide to our patients.

In closing, I would like to thank the Association of Bone and Joint Surgeons for selecting a theme for the 2008 ABJS Carl T. Brighton Workshop which is outside the mainstream of topics that are usually discussed at orthopaedic
conferences. I would also like to thank the CORR editorial staff and the many reviewers who spent countless hours reviewing and editing the manuscripts that are contained in this Symposium. Finally, I would like to thank the participants of the 2008 ABJS Carl T. Brighton Workshop on Health Policy Issues in Orthopaedic Surgery for their time, energy, enthusiasm, and intellectual curiosity, all of which made my job as Workshop Chair and Guest Editor an invigorating and rewarding experience.

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