

Podcast Episode 50

OrthoInfo: An orthopedics website made for patients is also helpful to physicians.

Featuring Dr. Stuart Fischer

Every month millions of patients visit Orthoinfo.org, a patient oriented orthopedics website from AAOS. Dr. Stuart Fischer leads the editorial team, which produces the content and translates articles into multiple languages. In this podcast he gives us an all-access pass. Taking us “under the hood” he discusses how the website tackles diversity and inclusion so that all patients can relate to the educational content. The most searched for conditions may surprise you. Hosted by Dr. Ramon Jimenez, an orthopedist and contributor.

All views and opinions are participants own.

Dr. Jimenez: Welcome friends to another episode of the Health Disparities Podcast.

We're recording on May 20th, 2020. And we hope you're all doing well during these difficult and extraordinary times. The Health Disparities Podcast explores health equity, diversity, and inclusion through conversations with people who are working to eliminate disparities and inequities. It's my great pleasure to welcome someone who's been working hard to keep patients informed. Dr. Stuart Fischer is a native of Jersey City and received his MD Degree from Columbia University. Dr. Fischer went on to complete two years of general surgery training at Emory University affiliated hospitals and a residency in orthopedic surgery at New York Orthopedic Hospital, Columbia Presbyterian Medical Center

in New York. He currently practices at Overlook Hospital in Summit and the Center for Ambulatory Surgery in Mountainside. He also has courtesy privileges at St. Barnabas in Livingston. He has been the author of, "100 Questions & Answers About Hip Replacement". This is a 250-page guide for patients planning total hip surgery. Dr. Fischer is actually my boss and I'll go on to explain that, in the fact that I serve on the editorial board of orthoinfo.org and Dr. Fischer is the editor-in-charge. And this is the American Academy Orthopedic Surgeon patient information website, which is www.orthoinfo.org and it represents the largest orthopedic patient information site in the world. I am an orthopedic surgeon. I'm also past chair of the American Academy of Orthopedic Surgery, diversity advisory board, and also, past founder and president of the American Association of Latino Orthopedic Surgeons. And so, with no further ado, I'd like to welcome Dr. Fischer.

Dr. Fischer: Ramon. Thanks very much and you know, we've been working together now for a dozen years on this project and, it's been a true pleasure.

Dr. Jimenez: Likewise, likewise, for sure. So, let's go through a couple of topics. And the first one I'd like to talk to you about, and I'd like you to describe for us, what is OrthoInfo?

Dr. Fischer: OrtholInfo of course is a website and it's created by the American Academy of Orthopedic Surgeons, which is our large orthopedic group in the United States and is really worldwide because we have many international members. OrtholInfo is the website that's dedicated to patients and dedicated to providing information about orthopedic problems and treatment to patients. It's something that patients can use as a reference point before they go to a doctor, after they go to a doctor, or when they're considering some sort of orthopedic intervention. As you know, patients look more and more to the web now and to other types of internet information to get healthcare information. So, our job is to provide the best information that we can, reliable information and information that we as orthopedic surgeons would want to give to our patients. Perhaps the most important thing isn't just giving the information, but it's presenting the information in a way that patients can see, read and understand. So, it's not just the text that you have on a page, it's how you get to that text and also, the pictures, illustrations videos, animations that support the text. So, we try to present it all in a way that users can see, understand and benefit from.

Dr. Jimenez: Tell me about the article you wrote, which I found very interesting on COVID.

Dr. Fischer: Well, COVID, it really has two facets now. The first thing that we wanted to tackle is what happens to patients who were scheduled to have surgery, and then couldn't have it because hospitals were devoting all their energy and resources to taking care of COVID patients. So, what we wanted to do was provide some basic information for COVID patients. How to treat things like arthritis and carpal tunnel and spinal stenosis non-surgically until you can have the surgery. So, it was an interesting thing to present. Then, we got a bunch of authors, individual authors to write about different things, such as can COVID affect my bones and joints. How do I do telemedicine, and things like that. Now we're looking at reopening the healthcare system to elective surgery. So, we've just published a series of FAQ's or frequently asked questions, about how to approach the return to surgery. Patients want to know, is it safe to do. If they've been sick and they have surgery, will they be tested beforehand? And is the facility, ready to tackle this kind of problem? So, we've been all over the board dealing with COVID, we've published a whole section with about 15 articles, and it's been quite an effort.

Dr. Jimenez: So, your target audience are patients?

Dr. Fischer: Well, most of our patients, come to us through what we would call an organic search or a search engine. In fact, 89% of our patients come to us through a Google Search, and that's pretty logical. When you think about

it, if you have a broken bone or a torn ligament in your knee or shoulder, you're not going to think about that on a day-to-day basis, until it happens to you or a member of your family. All of a sudden, you have a condition that you need to treat, and you want to know how to do it. So, then you're going to turn for a source of easy information. That's when patients come to us. Believe it or not other doctors look at our site. Not so much orthopedic surgeons, because they're going to know all the material, but internists and pediatricians and doctors and other specialties who wants some basic orthopedic information, kind of an interesting phenomenon.

Dr. Jimenez: Yes. I'm sure that a lot of physicians who may not be so familiar with the orthopedics as such, may use it as a primer. Bringing it back to disparities a little bit, I am involved in education and I found that in certain cities, there are disparate groups and their ability to get information. They may not have access to the internet. I know in San Jose, which is a very large city, 10th largest in the United States, in East San Jose where, I'm involved with three charter high schools and then, we went to remote learning and we found that 50% of our students did not have internet at home, or the ability to get internet. We were able to facilitate this. Can you tell us a little bit of how you might look at that?

Dr. Fischer: Well, it's an interesting thing because we have looked at that and we thought about it as we present information. The pure research

organization looked at some of these numbers and in some minority communities, particularly Black and Latino communities, not everyone has access to internet, but many more people have access to internet by smartphone. So, they may not have a desktop computer at home, but just about everybody, these days has a phone. And most of the people who have phones have smartphones. One of the things that we do, and we did when we redesigned our site three years ago, was to make it presentable on a smartphone screen. Now, it's kind of an interesting phenomenon, these days the sweet spot is a smartphone with a screen between five and six inches. So, as we redesigned our site, we thought about that. In other words, the average user may have internet at home, but maybe in a place maybe riding on a bus, maybe walking down the street or maybe in work where they don't have internet readily available, but people can get this information on their smartphone. So, we tried to make our site adaptable to smartphones and similar devices and I think it's worked.

Dr. Jimenez: I agree with you. And I really think the Academy needs to be applauded for that effort directly, to reach this target audience. And just to emphasize that the Latino community does have a much greater increased reliance on the cell phones and use it quite a bit. Can you tell me the number of hits as they call it, that OrthoInfo enjoys?

Dr. Fischer: We get about 3 million viewers a month and that's from all across the globe. So, we're pretty proud and happy about that. And, about 70 to 80% of them are unique viewers. That is to say, first time viewers. You would expect that because as I say, people don't come to the site unless they have a particular condition, but our numbers are about 3 million a month.

Dr. Jimenez: How do you know what information might be of greatest interest to the visitor of your website?

Dr. Fischer: Well, we try to cover the whole spectrum of orthopedics, but then follow which articles are the most viewed. And it's a surprising group of articles. So, we follow that and we pay particular attention to those articles. As orthopedic surgeons, we have some idea of the information that our patients would be looking for. Sometimes we're surprised. We do have surveys, which we run periodically at the end of every article, was this information helpful? Could we have provided something else? But we do track which articles are the most viewed. And it's surprising. It's compression of the ulnar nerve at the elbow. You wouldn't think that would be, as widely searched, but it is. Surprisingly, we get over a million viewers on that article alone. We get a lot of viewers on ganglions of the hand and wrist; we get a lot on carpal tunnel. We get a lot on sprained ankles and a lot on stress fractures. Believe it or not, those articles get

more views than things like hip fractures or shoulder fractures or total hip or total knee. It's surprising, but that's the way it is.

Dr. Jimenez: I would think as a member of the board, when I see these article retrievals and how they, hone in on these articles, I was very surprised by that, one of the ulnar nerves at the elbow, because I think for total knees and total hips, there's a commercial aspect to that. And the industry itself puts out an awful lot of information regarding that you see, direct to patient ads were about knee replacement, about a hip replacement, but you don't see that about compression neuritis of your elbow or something.

Dr. Fischer: I think there's another reason for that. And it's because ulnar nerve compression is not easily understood. Typically, you go to your doctor and you might have elbow pain, or you might have numbness in the fourth and fifth fingers of your hand or some constellation of symptoms like that. And your doctor explains it to you. And you say, "What ulnar nerve, what is that?" I don't really understand that. Of course, your doctor runs through it and a 10- or 12-minute visit you're out the door. Then, you come home and say, he said something about the ulnar nerve and something about the elbow. I've got to find out more about that. And I think that's the genesis of our viewership there. As you say, there are a large number, of commercial interests that are putting out information on hips and knees and things like that. So, viewers have a wider range of choices.

Dr. Jimenez: They sure do. And that is interesting too. And so, I know that industry sees industrial injuries or work injuries, repetitive injuries, cumulative trauma type injuries in which upper extremities are involved. Even things like keyboarding or repetitive pushing, pulling, grasping, and gripping and, these might be the level of workers that get affected and they want to know more about, these issues and go forward with their treatment or not go forward with their treatment.

Dr. Fischer: A woman brought her 13-year-old daughter into the office with a painful knee and I felt a lump just above the knee and I told her, I thought that she had a particular type of benign tumor that affects adolescents called an osteochondroma. I said, let's do an x-ray and that'll show it. And she looked at me and said, "Osteochondroma. Well, how do you spell that?" So, her daughter went in to get an x-ray and I spelled it out and she immediately took out her tablet. And while her daughter was getting an x-ray was looking up osteochondroma. She came back, the daughter came back, we looked at the x-ray, put it up on the board and I pointed out the tumor to them. And the mother said, "This is painful. She's going to need surgery. Isn't she?" And I said, "Yes." She says, "I understand now exactly what it is." Kind of an interesting phenomenon. People are looking for information, however, they can get it. And not only before a visit or after a visit, but actually during an office visit.

Dr. Jimenez: That is a quick response. So, bringing the surgeon into it in a sense, would you like to see more surgeons themselves sending their patients to orthoinfo.org?

Dr. Fischer: Yeah, sure. We like to do that, and we encourage surgeons who are Academy members to do that because we provide what we think is patient information at a good level that patients can understand. We also provide good illustrations, some videos, some animations, but beyond that, it's unbiased information. In other words, we're not promoting one procedure or one treatment versus another. A surgeon knows when he sends a patient to our site, they're going to get very level information that just about all orthopedic surgeons would agree with. So yes, we want physicians to send their patients to us, and I think they're doing it.

Dr. Jimenez: And who writes these articles?

Dr. Fischer: Well, as you know, we have an editorial board of 13 people. Then each of the editors solicits contributors. So, we have a wide range of contributors anywhere from 50 to 100 people have contributed articles to the site, perhaps even more. So, what happens is the editor seeks a writer who is qualified to talk about that particular topic. The topic is written, the section editor reviews, passes it on for staff review, I look at it as editor-in-chief,

but by the time it gets posted, multiple eyes have looked at this article, evaluated it for content readability and accuracy.

Dr. Jimenez: I'm proud to tell my patients when I refer them to this site, that it is non-biased, if you would, it is not self-aggrandizement. In other words, they're not doing it for their own gain or good the surgeons, and, that it is evidence-based and, I explained that to them. If I see a patient and they have not heard about orthoinfo.org, and they have a problem with an ankle sprain let us say, I will, in front of them say, this is how you approach this, and I'll browse it on the computer. And then it says, print this article. I print it out. My medical assistant brings it into them. Here it is in vivid in living color. They're very impressed with that. And then I assign them homework that the next visit when they come back in, I expect that to be read and adjusted. So, I think I'm informing my patient. I really feel good about doing that.

Dr. Fischer: That's a good thing. Of course, if you tell them it's homework, they may or may not do it. I never did mine.

Dr. Jimenez: Tell me, how have we addressed diversity and culture sensitivity on orthoinfo.org.

Dr. Fischer: That's a great question. And we've addressed it in several ways. Firstly, on our homepage for the longest time, we don't have it now because of the COVID crisis, we highlighted the Academy's faces in orthopedics program. So, we devoted a full panel with multiple links to that, so that patients could understand how committed the Academy is to diversity. The way that we've addressed it on OrtholInfo is to translate, some of our most viewed articles, which you've done so nicely for us into Spanish and Portuguese and we think that this has been a big thing, Spanish in particular. When you look at it, when you look at things across the globe, Spanish is the fourth, most spoken language on the planet. And there are between 400 and 500 million people who speak Spanish. So, that's a huge number and we want to be able to reach them all. In our illustrations, we have a lot of doctor, patient pictures. And one of the things that we've tried to do is to present pictures of both doctors and patients who model diversity. We have male and female doctors. We have White patients, patients of color. We have doctors with white hair, we have doctors with a full head of hair and we have doctors with no hair. And that's our clue to diversity.

Dr. Jimenez: Well, I've noticed that too on those articles and patients like that. And, I know I'm involved with the Spanish articles themselves and they are directly targeted to the Latinx population and they enjoy that. They enjoy the fact that they're being told, and they read and very readable Spanish

for them. And it's not highfalutin Spanish, so that it goes above their head. I believe the level is just like in English, in English at the level for OrthoInfo, is at seventh grade, something like that.

Dr. Fischer: Well, we try to keep it at eighth grade, of course, bear in mind that a reading level score is just a computer formula. What makes an article readable is how it's written, how it's presented and how it's illustrated. And in particular, I like to say that the illustrations are important. So, I have a slogan when I'm doing an article, is that when it comes to explaining things to patients a picture's worth a thousand surgeons.

Dr. Jimenez: Exactly right, Stuart. And, it reminds me of my time with patients that I would draw on the examination table a sheet. And patients started asking me, can they tear out that drawing and take it home with them? And so, I've started doing that with them and it hits home for them and they understand it, quite well.

Tell us a bit about your work for AAOS Now. And, I know that, either through the Academy or through AAOS Now you've been able to enjoy interviewing individuals like Ben Carson and Steve Forbes. And can you tell us what were the highlights of meeting those guests and what'd you learn or what did we learn?

Dr. Fischer: Well, I've been very lucky to be able to do those things. Steve Forbes is a charming individual. We talked a lot about non-orthopedic things such as flat tax and a gold standard and, some things related to healthcare. Perhaps his most memorable line was to say that, we put patients in a hospital two to a room, but no cheap motel would do that. Food for thought. Dr. Ben Carson at that time was just about to announce his run for the presidency. Again, a wonderful man to sit down and talk to, somewhat low on specifics. He spoke more in terms of general political platitudes and slogans than he really did in terms of getting to specifics. Nonetheless, interesting, man. I think my favorite interview was with Steve and Cokie Roberts. Cokie Roberts, as you know, has passed on. She was the ABC journalist, but a charming and pleasant lady, chock full of information, and just an enjoyable person to spend some time with. Her husband, Steve Roberts is also a well-known journalist and as a professor at George Washington University, ironically, he was my daughter's college advisor. So, we spent a good amount of time together and they were absolutely charming. It was fun.

Dr. Jimenez: Oh, it's great. Great. And looking more at Steve Forbes in depth, I personally learned that on some of his publications, big on diversity and inclusion and on COVID and addresses those issues with very good knowledge and articulate it very well.

Dr. Fischer: Well, Steve Forbes is interesting because yes, he is very big on diversity, but more than that, he made the transition from print to digital seamlessly. As you know, his father started Forbes magazine, which was a print empire, but when Steve came in, he saw the future coming and we spoke about his transition to an all-digital world, and he was able to do it very successfully, interesting in that regard. And by the way, his son-in-law's an orthopedic surgeon.

Dr. Jimenez: Is there anything else that you may want to add or give us a take home message on the part of orthoinfo.org?

Dr. Fischer: Yes. A couple of things. Firstly, I need to thank you personally, for all you've done to provide translation and reach out to our Latino communities and help them get patient information. So, I really need to express my personal thanks and gratitude to you. Secondly, I think that a patient who is educated is a better patient. So that the more information about a problem or about a physician's care or hospital care that patients have the better they'll do. The more that you can get patients involved with their treatment, the better results you'll have. So, our goal at OrthoInfo is to provide information and get patients involved.

Dr. Jimenez: I think orthoinfo.org has an excellent editor-in-chief.

Dr. Fischer: Thank you.

Dr. Jimenez: Thank you very much for joining us today. We wish you continued success and impact with all your initiatives at orthoinfo.org. And, hopefully we'll see you at the Movement is Life Caucus in November if things come to pass as they should. And that's going to be in Washington DC again.

Thank you, our listeners, wherever you are. See our podcast page on our website for resources mentioned in this podcast, be safe, be strong, be well, and join us again.

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