Health and healthcare rank among the highest-priority issues for Americans in the 2020 political and election discourse. Among health and healthcare issues, Americans face particularly severe burden from conditions of the bones, joints, muscles, tendons, and ligaments, or “musculoskeletal” conditions. These conditions broadly impact our nation—from infants born with defects of the spine or limbs, to older adults who suffer debilitating fractures due to osteoporosis. In between, musculoskeletal conditions like arthritis, cancer, infections, back pain, sprain, strains, and other injuries leave no segment of the American population unaffected. Disability, lost work, and rising costs of care due to musculoskeletal health conditions often far outpace the burden of more recognizable conditions like heart and lung diseases.

The United States Bone and Joint Initiative engaged a broad coalition of health experts (orthopedic surgeons, rheumatologists, physiatrists, physical therapists, nurse practitioners, physician assistants, chiropractors, bone and mineral scientists); patient advocates, and the medical device and pharmaceutical industries to identify four priorities for our national health agenda:

- **IMPROVE ACCESS to high-quality, high-value healthcare.** A dramatic increase in the number of Americans seeking access to musculoskeletal healthcare has occurred over recent years. As the demand for care has increased, so too have the financial, bureaucratic, and practical challenges to providing access to the best care, including restricted access to medications and tests physicians recommend for their patients. Thoughtful, patient-centered health policies that improve access to care improve American lives. For example, expanded telemedicine resources in response to the COVID-19 pandemic have provided critical lifelines to millions of Americans who, by the very nature of their musculoskeletal conditions, often suffer from impaired mobility. A 21st century health plan must provide access to the evidence-based care for all Americans.

- **ELIMINATE DISPARITIES in healthcare.** Disparities based on race, ethnicity, gender, sex or sexual orientation, disability, age, immigration status, or other factors are well-documented failures of the American healthcare system. Health disparities are directly attributable to implicit and explicit bias, as well as systemic inequities in healthcare delivery, education, employment, housing, transportation, insurance access, broadband internet access, and other socioeconomic factors. Beyond the human impact of health disparities, inequities in health result in significant burden to the American economy. A widely cited study estimates $54 to $61 billion in excess annual costs due to health inequities in the United States. A high-quality and cost-effective health care system must be an equitable health care system. Evolving policies and health plans must identify and eliminate disparities in health and healthcare.

- **EXPAND RESEARCH funding for musculoskeletal conditions.** While the burden of treating musculoskeletal diseases—which often includes long-term pain and disability—is greater than that of many other common health conditions, research to better diagnose, prevent, and treat musculoskeletal conditions remains significantly underfunded compared to less prevalent, disabling, or costly health conditions. Health reform measures must provide research funding that is commensurate with the burden of musculoskeletal conditions in the United States.

- **IMPROVE EDUCATION programs for musculoskeletal caregivers.** The increased prevalence of musculoskeletal conditions places increased demands on the healthcare system. However, the growth in the healthcare workforce has not kept pace with the growing demand. Barriers to specialization in musculoskeletal health professions, including lengthy training and student debt concerns, threaten America’s readiness to confront this growing demand. Additionally, many primary care providers, including physicians, nurse practitioners, and physician assistants, receive insufficient training in the diagnosis, treatment, and referral of musculoskeletal conditions. Future health policies must improve pipeline programs for musculoskeletal caregivers and encourage collaboration among interdisciplinary teams of physicians, non-physician caregivers, rehabilitation specialists, health care leaders, public health stakeholders, and researchers.

---

Members of the United States Bone and Joint Initiative

**Founding Members**
- American Academy of Orthopaedic Surgeons
- American Academy of Physical Medicine & Rehabilitation
- American Chiropractic Association
- American College of Rheumatology
- American Physical Therapy Association
- American Society for Bone and Mineral Research
- Arthritis Foundation
- National Athletic Trainers’ Association
- National Osteoporosis Foundation
- Orthopaedic Research & Education Foundation
- Orthopaedic Research Society
- Pediatric Orthopaedic Society of North America
- Shriners Hospitals for Children

**Participating Members**
- American Academy of Osteopathy
- American Association of Hip & Knee Surgeons
- American Board of Orthopaedic Surgery
- American Bone Health
- American College of Foot & Ankle Surgeons
- American College of Sports Medicine
- American Medical Society for Sports Medicine
- American Orthopaedic Association
- American Orthopaedic Foot & Ankle Society
- American Orthopaedic Society for Sports Medicine
- American Osteopathic Academy of Orthopedics
- American Shoulder & Elbow Surgeons
- American Society for Surgery of the Hand
- Arthroscopy Association of North America
- Hip Society
- Knee Society
- Limb Lengthening & Reconstruction Society
- MTF Biologics
- National Association of Orthopaedic Nurses
- National Spine Health Foundation
- Orthopaedic Trauma Association
- Osteogenesis Imperfecta Foundation
- Palmer College of Chiropractic
- Rush University Medical Center - Orthopaedic Department
- Scoliosis Research Society
- TMJ Association
- University of Iowa Roy J. & Lucille A. Carver College of Medicine of Medicine - Orthopaedics
- University of Rochester School of Medicine & Dentistry – Orthopaedics
- Washington University School of Medicine
- West Hartford Group, Inc.

**Associate Members**
- Bristol-Myers Squibb
- DePuy Synthes
- DJO Global
- Flexion, Inc.
- gWell
- MD Orthopaedics
- Pfizer, Inc.
- Radius Health
- Regeneron - Sanofi-Genzyme

**MSK2020 Contact**
Daryll C. Dykes, PhD, MD, JD
Department of Orthopedic Surgery
SUNY Upstate Medical University
dykesd@upstate.edu

**United States Bone and Joint Initiative, NFP**
usbji@usbji.org
www.usbji.org

[Logo: Bone and Joint Initiative USA]