

FRACTURE *lines*

The Newsletter of the Orthopaedic Trauma Association

December 2002

18th Annual OTA Meeting

Thanks to the leadership of President Toney Russell, M.D., the 18th Annual OTA meeting held in Toronto October 11-13, 2002, was a tremendous success. Paul Tornetta, III, M.D. (Program Chair), David Templeman, M.D. (Program Co-chair), and Emil Schemitsch, M.D. (local host) brought together 651 attendees, 71 scientific papers, 96 posters, 9 symposia, 6 labs, and 11 case presentations. Meeting highlights included the John Border Memorial Lecture "Thoughts on our Future Progress in Acetabular and Pelvic Fracture Surgery" given by Joel M. Matta, M.D., the Presidential address "Innovation and Invention: Catalyst for Change," and a welcome reception at the Hockey Hall of Fame. Running simultaneously with the annual meeting was the Resident's Basic Fracture Course, chaired by Jeff Anglen, M.D., together with a Course Committee of Michael Baumgaertner, M.D., John France, M.D., David Hak, M.D., M.B.A., Philip Kregor, M.D., Kevin Pugh, M.D., William Ricci, M.D., and David Ruch, M.D., and 70 faculty who kept 118 orthopaedic residents stimulated and interested for four days (no small feat). The course was highly acclaimed.

Another recent OTA event, of equally high quality, but on a slightly smaller scale, was the regional Update Course in the Music City on November 22-24, 2002. Course co-chairman Joseph Borrelli, Jr., M.D. and Robert A. Probe, M.D., organized an intensive, three day update on "Orthopaedic Fracture Management and Orthopaedic Emergencies," a stones throw away from the Vanderbilt campus. Course highlights included an audience response system, 35 lectures, 6 labs, and small group case discussions.

This newsletter marks the first entirely paperless official OTA newsletter. Because of this, we cannot emphasize how important it is to have every member's correct e-mail address. Although no paper versions of this newsletter will be printed, a "text only" file, in addition to a PDF file of the newsletter, is available on the website. Please help us make this environment-saving and cost-saving move a success.

In this issue, please have a good look at the new codes that apply to antibiotic bead usage, information about a proposed, new category of membership for the community-based orthopaedic traumatologist, results of a questionnaire on career burnout, a new survey on the treatment of intertrochanteric hip fractures, highlights from the Toronto EMTALA Symposia, Board of Directors and Members meeting minutes, a note about the fellowship fair, and trauma career development for residents, and much more.

Thank you for your continuing support. Please keep the e-mails coming. Hope to see you at Specialty Day in New Orleans. Happy Holidays!



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The Editor's Pen



The November OTA Regional update course took place in Nashville.

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Career Fair

By J. Tracy Watson, M.D.

The first annual OTA "Career Fair" took place at the 2002 OTA Residents Basic Fracture Course in Toronto. The Career Fair, which took place during one of the Course luncheons, was attended by nearly all of the 118 Residents registered for the course. A total of 13 fellowship programs participated. General feedback from both the Residents and Fellowship Directors was positive. The Career Fair will be held again October 9, 2003 at the 2003 Annual Meeting/Residents Course in Salt Lake City. In addition, Dr. Watson gave a presentation at the Residents Course promoting orthopaedic trauma as a career, and plans to work with the Fellowship Committee to develop a CD promoting trauma as a career, with the goal of having this CD available at all trauma-related courses.



Enthusiastic Orthopaedic Surgery residents hard at work at the Resident's Basic Fracture Course.



OTA Lab Instructor Lisa Cannada, M.D. instructing residents at the Resident's Basic Fracture Course.

Special Invitation from the President

How would you like a great dinner, at a fantastic location in New Orleans with the people you really have the most fun with at AAOS? I'm talking about you! We have selected a great venue for the OTA dinner; not just another catered hotel dinner you stop in to give your regards until you make your 10:00 engagement. We have invited the other members of the OTA (the most intelligent, witty and fun people you can be with out of town). Why not invite your junior partner or senior resident? Why not bring your significant other to meet those guys and gals you keep talking about? Please get your reservation in early at www.ota.org. Let's make this the most memorable OTA dinner yet. Look forward to seeing you there.

Best Wishes for this Holiday season and a safe and Happy New Year!

Toney Russell, M.D.



Dr. Toney Russell giving the Presidential address in Toronto.

Coding Hint:

Antibiotic Bead Implantation

by Brad Henley, MD, MBA

CPT codes were added in 2002 that can be used for procedures involving antibiotic beads.

It seems that many are either aware of the new CPT codes that were added in 2002 which permit you to charge for antibiotic bead implantation. The RVUs are not large, but it's still worth reporting these services. The RVUs below are "facility" total RVUs.

There are 3 NEW CODES:

- 11981 Insertion, non-biodegradable drug delivery implant -2.21
- 11982 Removal, non biodegradable drug delivery implant -2.66
- 11983 Removal with reinsertion, non-biodegradable drug delivery implant -4.99

Remember, documentation is important; use CPT Nomenclature when dictating and include the CPT code with the procedure description.

Another Path to Associate Membership?

By Robert Probe, M.D.

A recurring question before the OTA has been striking a balance between inclusiveness and maintaining high standards for membership. Softening of publication requirements has repeatedly been considered in order to make more Orthopaedists eligible. There is consistent unanimity among the membership with regard to preserving the present standards for active membership.

The Membership Committee and Board of Directors concur in this opinion, but also realize that this ostracizes an important group of orthopaedic trauma surgeons: the non-academic community orthopaedic trauma surgeon. The reality is that this group of individuals provide a large proportion of the orthopaedic trauma care delivered in North America, and therefore have interests common to our organization. Over the summer, the Board has been discussing methods of reaching out to this group. At the Toronto board meeting, a proposal was made to expand the pathways available for associate membership to include this group.

Traditionally, associate membership has been available for those individuals who had completed publication requirements but had not yet satisfied requirements for active membership in either the AAOS or the Canadian Orthopaedic Society. The proposed Bylaw change would allow Associate membership for ABOS-Certified Orthopaedic Traumatologists who did not meet publication requirements. Consistent with existing associate member privileges, these members would not have voting rights or the ability to hold office within the organization.

Enacting this new form of membership will require Bylaw changes. Look for this topic on the agenda at the Members meeting in New Orleans. Assuming this measure passes, our first group of "Community Associate Members" could be inducted at the 2004 AAOS Meeting. In order to expand our sphere of influence, grow our revenue base, and deliver premier Orthopaedic Trauma care to North America, the Membership committee heartily endorses this concept. The Membership Committee looks forward to hearing your thoughts in New Orleans.



Attendees having a good time at the Tampa Fellows Dinner.

Orthopaedic Trauma Association Board of Directors Meeting Abbreviated Minutes

Westin Harbour Castle Hotel, Toronto, Ontario
10 October 2002

Actions Taken

1. Minutes of the Dallas meeting on 13 February 2002, and of the Board Conference call on 22 August 2002 were approved unanimously with corrections.
 2. The Board voted unanimously to accept the CFO report.
 3. The Board agreed by consensus to fund all 7 studies recommended by the Research committee.
 4. It was moved, seconded and passed to not grant Dr. Weinstein's request for Research membership, but nonetheless to agree to supply him with the OTA database program for his department, with the condition that his trauma faculty apply for candidate or associate membership.
 5. The Board agreed by majority vote to increase the guideline for upper level of funding for a 1 year research project to \$25K.
 6. The Board voted unanimously to appoint Dr. Obremsky as chairman of the Membership committee.
 7. The Board unanimously approved proposed ByLaws revisions of Section X, creating 2 categories of associate member, candidate and community. These changes were sent to the Bylaws committee for review.
 8. The Board requested the Bylaws committee to review the procedures for amending the ByLaws.
 9. The Board agreed with recommendation of membership committee to add Brazilian Journal of Orthopaedic Surgery and Annals of Thoracic Surgery to the approved list, and directed the membership committee chairman to make an annual review of the approved journal list and recommend any needed changes.
 10. The Board agreed to allow Mr. Gene Wurth of OREF to address the OTA membership during the business meeting with a reminder about individual donation options to OTA, through OREF.
 11. The Board voted to join USBJD as a participating member and contribute the required \$1,000.
 12. The Board voted to accept the Coding, Classifications and Outcomes committee recommendation to pursue negotiations with Data Harbor for development and support of a web-based trauma registry program. Drs. Pollak and Webb were authorized to negotiate the contract, but instructed not to spend over \$40,000 on it.
 - A. President
 - B. President Elect
Dr. Swiontkowski will produce a proposal for the Board regarding costs, funding source and feasibility of producing a compendium of outcomes measures as a supplement to JOT.
 - C. Past President
Dr. Wiss will convene or coordinate the ad hoc committee to decide on a Howard Rosen award.
 - D. CFO
Dr. Pollak agreed to investigate and set the membership dues level for candidate membership at a revenue neutral rate.
Dr. Pollak and Dr. Webb will negotiate a web-based trauma registry program with Data Harbor (limit \$40,000)
2. Staff Assignments
 - A. Executive Director.
Ms. Franzon will investigate placing the fracture classification compendium on the web page in some form. Target date for web availability is January 1, 2003.
Ms. Garrett-Heim will send out a copy of the Nashville Update course promotion slide by Email to all OTA members to encourage them to actively promote the course over the next few weeks.
 3. Committee Chair Assignments
Membership Chairman Probe will draft a letter to Dr. Weinstein.
Nominations Chairman Wiss will handle nominations for election to fill the 2 vacancies on membership committee.
ByLaws committee chair McAndrew will have his committee review the procedures for amending the ByLaws of the OTA and propose changes as necessary to make these procedures clear and straightforward.
Membership committee chairman will perform an annual review of the approved list of qualifying publications and recommend necessary changes to the Board.
AD Hoc committee for awards was asked to come up with a clear proposal for the Howard Rosen award, as well as a comprehensive award structure, and policy for handling future award proposals and present to the Board. Members are Wiss, Russell, Sanders, Moed, Nepola, Anglen. Dr. Wiss to convene the group.
 4. Other
All officers will attempt to promote the Nashville Update course vigorously in their areas in the next few weeks and encourage all OTA members to do so.

To Do

1. Officer Assignments

Orthopaedic Trauma Association Business Meeting Abbreviated Minutes

Toronto, Ontario, Canada
12 October 2002

I. New Business

A. Nominating Committee. Dr. Wiss gave the report of the nominating committee. The committee recommended Dr. John Gorczyca and Dr. Andrew Schmidt for open positions on the membership committee, Dr. Michael McKee for Board of Directors member at large, Dr. Robert Probe for Secretary, and Dr. Roy Sanders for President-elect. *A motion was made, seconded and passed to close nominations.*

B. Election. *The Slate was elected by acclamation.*

C. Bylaws. Dr. McAndrew presented the proposed changes to the bylaws adding a category of membership called "candidate" for those still in training. This change had previously been announced and distributed. The vote was unanimously in favor of accepting the Bylaws committee's recommendation to amend the Bylaws to create a candidate member category. The amended and new sections of the Bylaws in Article V (Members) are:

"Section I. Classes of Members

There shall be ten classes of members in the Corporation: active, associate, senior, emeritus, research, candidate, honorary, international active and international research members. Only active, senior, and research members shall be statutory members of the Corporation under Section 5056 of the California Corporations Code, having the right to vote and hold office in the Corporation.

Section XI. Candidate Membership.

A candidate member must be a US or Canadian citizen and participating in an American or Canadian accredited orthopaedic surgery residency, or in a fellowship following the completion of such a residency. He or she will apply using the same method as for active membership with these exceptions: only one sponsor is necessary, an OTA member or the residency program chairman, who shall send a letter of recommendation to the secretary. No publications will be required. Dues and benefits of candidate membership will be set at the discretion of the Board of Directors."

D. President's Report. Dr. Russell informed membership about the strategic planning process being led by Dr. Henley, that may lead to some organizational changes, such as expansion of the Presidential line and revision of the committee system. The Specialty Day program is set for February 8 in New Orleans, and the OTA member dinner at that meeting will be at Broussard's in the Quarter. The AAOS ICL committee is looking for volunteers from the Specialty Societies to review ICLs – if you agree to be a reviewer, admission to the lecture is free.

II. Committee Reports.

A. Membership Committee. Dr. Probe noted that the committee has recommended and the Board has agreed, to create an additional category of associate membership for community orthopaedic surgeons who do a lot of trauma but don't meet

the publication requirement. This will require a bylaws change and will be voted on at the next business meeting in New Orleans. The new chairman of the committee will be Dr. William Obremsky.

B. Bylaws Committee Report. See above.

C. Coding, Classification and Outcomes Committee. Dr. Webb noted that the Board had received 3 bids from different companies to develop a web based trauma database, and had selected a 1st, 2nd and 3rd choice. Work continues on incorporating OTA codes into the revised AIS code system of AAAM. The compendium containing the OTA fracture code system will be placed on the OTA website.

D. Education committee. Dr. Anglen reported on the Resident's Basic Fracture Course (RBFC) and the Nashville update course scheduled for November 22-24. The Resident's Course is organized and produced by a committee consisting of Drs. Ricci, Pugh, Baumgaertner, Hak, Ruch, France, and Kregor. All OTA members are reminded to promote these programs to their local referring docs and colleagues. Details on the OTA website.

E. Program Committee. Dr. Tornetta thanked the members of the committee for their hard work. Paper application deadline for next year's program is 2-19-03, and they can be submitted on line. The committee is interested in topics on Prevention. The program next year in Salt Lake City will begin on Thursday at noon, and end 6:00 PM Saturday.

F. Research. Dr. Miclau reported that the committee requested 19 and received 18 full grants, recommended funding 7 projects, which the Board has agreed to do. The OTA open fracture study has been funded with an OREF grant, and an application to the NIH is pending.

G. Health Policy and Planning. Dr. Nepola reported that he is working with Dr. Born on a government mass casualty response team. All members were encouraged to contact their Senator or Representative regarding Medicare payment legislation, based on information he handed out.

H. Newsletter. Dr. Roberts requested that everyone get their e-mail addresses in to the OTA staff in order to move toward a paperless newsletter.

I. Website. Dr. Anglen briefly reviewed the recent statistics on web site utilization and noted that there is increasing traffic on our educational offerings, lead by the lectures of the RBFC. Many thanks are due to Dr. Bill Burman for his hard work and leadership in this arena.

J. Fellowship and Career Choices. Dr. Watson reported on the committee's efforts to stimulate interest in orthopaedic trauma as a career. He has organized a career fair at the RBFC for representatives of the fellowships to meet with interested residents, and he will also give a formal presentation to the residents at the course. They are developing a CD-ROM about trauma as a career, showcasing successful senior trauma surgeons.

III. Other Dr. Henley discussed the RUC process and the year review, and the importance of wide participation to collect enough survey data. There is an opportunity to influence the revaluation of the practice expense component of the total RVUs – which makes up 42%. Surveys to evaluate this expense component will be distributed, probably at Specialty Day. He noted that the RUC process favors Specialty Societies that are active participants. There are plans to examine about 37 codes.

EMTALA Symposium

By Jim Goulet, M.D.

An educational/political symposium focussed on the delivery of orthopaedic trauma care in rural and community hospitals was held in Toronto on October 12, 2002, at the OTA annual meeting. The symposium reviewed the recent history of emergency orthopaedic care, and attempted to project the role of the orthopaedic trauma specialist in the delivery of community orthopaedic trauma care in the future. Traditionally, orthopaedic surgeons with hospital staff privileges have provided emergency care to community hospitals without compensation beyond professional fees generated by the emergency services provided. In the past, provision of care through the emergency room helped general orthopaedic surgeons to establish referral practices, and provided an income while their referral practices grew. This model remains functional in some centers today, but economic and legal developments have forced changes in this model in many hospitals. Patient “steering” by health maintenance organizations has diminished the likelihood that insured patients and their families seen in emergency departments would be permitted to pursue care from the orthopaedic surgeon assigned to care for them in the emergency room. Similarly, uninsured patients with non-emergent orthopaedic problems increasingly seek care through emergency departments. The rise of independent ambulatory surgery centers has shifted much of orthopaedic surgical care away from hospital operating rooms to independent ASU’s, leaving fewer hospital affiliated orthopaedic surgeons to care for orthopaedic trauma patients brought to hospital emergency rooms and to provide “on-call” coverage. The continued emergence of orthopaedic sub-specialties has furthermore left fewer orthopaedic surgeons with updated knowledge or desire to provide orthopaedic trauma care.

In addition to changes in the economics of emergency orthopaedic care delivery, expanded legal interpretations and extensions of EMTALA have affected the capacity of community hospital to address orthopaedic emergency care. The forum reviewed the history of EMTALA, as well as recent legal interpretations that have clarified hospital and physician responsibilities related to emergency care. The Emergency Medical Treatment and Active Labor Act is a statute which governs when and how a patient may be (1) refused treatment or (2) transferred from one hospital to another when he is in an unstable medical condition. EMTALA was passed as part of the Consolidated Omnibus Budget Reconciliation Act of 1986, and it is sometimes referred to as “the COBRA law”. EMTALA is also known as Section 1867(a) of the Social Security Act. It is included as part of the section of the U.S. Code which governs Medicare. EMTALA applies only to “participating hospitals” — i.e., to hospitals which have entered into “provider agreements” under which they will accept payment from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) under the Medicare program for services provided to beneficiaries of that program. In practical terms, this means that it applies to virtually all hospitals in the U.S., with the exception of the Shriners’ Hospitals for Crippled Children and many military hospitals. Its provisions apply to all patients, and not just to Medicare patients.

Recent changes have clarified some aspects of EMTALA, most importantly placing a large portion of responsibility for emergent patient care on participating hospitals rather than on the physicians on hospital staffs. Clarification of EMTALA rules have been aggressively sought by the AAOS and particularly by the AAOS Board of Councilors, leading to several important developments over the past year. In May 2002, HHS published proposed EMTALA rules, which addressed, among other issues, physician on-call problems. AAOS submitted comments to these rules addressing a range of issues including clarifying follow-up care obligations and scope of practice expectations. The final rule is expected to be published in early 2003. This year the AAOS also succeeded in obtaining clarifications allowing physicians to take simultaneous call in more than one hospital and perform elective surgery during call, as long as there is a “back-up” plan in place. The Secretary’s Advisory Committee on Regulatory Reform has also proposed several recommendations with regard to on-call obligations. The AAOS is continuing to pursue support for achieving reasonable payment mechanisms for EMTALA-mandated services, providing uniform enforcement that includes peer review for the imposition of any penalties for EMTALA violations, implementing well defined safe harbors and exceptions for hospitals and on-call physicians, and creating an EMTALA technical advisory group. Further information about these changes is available through the AAOS on line at <http://dc.aaos.org>

The net effect of the EMTALA rule clarifications has been to place increasing responsibility for emergency orthopaedic care on community hospitals. The changes in emergency health care economics detailed above have also increased the responsibilities related to orthopaedic emergency care for community hospital emergency rooms. Consequently, several models for delivery of orthopaedic trauma care at community hospitals have been developed, along with potential promising new roles for orthopaedic trauma specialists at these hospitals. Two of these models were presented at the October OTA symposium by Tim Bray and Sam Agnew. Both models are based on a private practice model with hospital support for night call, with provisions for financial support and facilities for the delivery of orthopaedic trauma care. Substantial opportunity for development of well supported orthopaedic trauma services at community hospitals has clearly developed in hospital systems that have developed good working relationships with the orthopaedic traumatologists providing emergent orthopaedic care. Details of the Northern Nevada Orthopaedic Trauma Panel, developed by Dr. Bray and used as a template for many community hospitals, have been published in the *Journal of Bone and Joint Surgery* (83-A, February 2001).

Jim Goulet chaired the symposium. Symposium participants included Sam Agnew, Jeff Anglen, Tim Bray, Mark Brinker, Mitch Harris, and Jim Nepola. At the conclusion of the symposium, Dr Marc Swiontkowski charged the panel with drafting a set of recommendations for the “optimum relationship between hospital administration and orthopaedic trauma services” for review and approval by the OTA Board at the AAOS meeting in 2003. We look forward to the combined efforts of the OTA Board and the AAOS Board of Councilors supporting much-needed services for orthopaedic trauma patients at community hospitals, and for the orthopaedic trauma specialists providing their care.

Here are the results of the last survey:

Career Longevity in Orthopaedic Traumatology: Is “Burnout” a Real issue?

Jeffery M. Smith, M.D. and Craig S. Roberts, M.D.

How many years post-residency are you in your career?

- 1-5 • 6-10 (41%) • 11-15 (18%) • 16-20 (18%) • 21-25 (12%)
• >25(11%)

Did you do fellowship training in orthopaedic trauma?

- Yes (76%) • No (24%)

For how many years have you regularly taken level I or Level II orthopaedic trauma call?

- 0 • 1-5 (12%) • 6-10 (24%) • 11-15 (24%) • 16-20 (18%) • 21-25 (4%) • >25 (18%)

What percentage of your practice is orthopaedic trauma?

- <25% (5%) • 26-50% (18%) • 51-74% (12%) • >75% (65%)

How many years has your practice included:

Academics (teaching and/or research)? Average: 12.3 Range (2.5-26)

Private practice? Average: 3.8 years Range: (0-25)

Other? Average: 1.5 years Range: (0-24)

When do you plan to retire from clinical practice? (in years)

- 41-45 (0%) • 46-50 (0%) • 51-55 (0%) • 56-60 (12%) • 61-65 (70%) • >65 (18%)

What factors contributed most to a decline in your participation in orthopaedic trauma?

- Decreased reimbursement(55%) • Litigation (24%) • Managed care(6%) • Bad hours (53%) • Lifestyle (47%)

Others:___ (18%)

No Decline: (29%)

What factors have contributed most to the maintenance of your participation in orthopaedic trauma?

Career interest

Others: _____

Please fill out the following questionnaire:

Which of the following best describe your practice in the treatment of intertrochanteric femur fractures?

1) If I have a routine intertrochanteric femur fracture, my implant of choice is:

- a) compression or dynamic hip screw device
b) intramedullary hip screw device
c) fixed angle device
d) other _____

2) If I use this device or technique, the primary factor in my decision is:

- a) saves me time
b) easier or simpler technique
c) better reimbursement
d) lower cost implant
e) better personal clinical outcomes
f) better research outcomes or support
g) other _____

3) If I have a comminuted intertroch fracture, my implant of choice is:

- a) compression hip screw device
b) intramedullary hip screw device
c) fixed angle device
d) other _____

4) If I use this device or technique, the primary factor in my decision is:

- a) saves me time
b) easier or simpler technique
c) better reimbursement
d) lower cost implant
e) better personal clinical outcomes
f) better research outcomes or support
g) other _____

5) If I have a reverse obliquity intertroch fracture, my implant of choice:

- a) compression hip screw device
b) intramedullary hip screw device
c) fixed angle device
d) other _____

6) If I use this device or technique, the primary factor in my decision is:

- a) saves me time
b) easier or simpler technique
c) better reimbursement
d) lower cost implant
e) better personal clinical outcomes
f) better research outcomes or support
g) other _____

Please respond to:

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“The OTA does not endorse these technical points and formally disclaims any responsibility for their use.”

Announcements

Deadline for abstracts for the 19th OTA meeting in Salt Lake City is February 24, 2003. Abstract applications are available on the OTA website.

OTA Research Grant pre-proposal deadline is April 1, 2003.

Congratulations to:

Michael J. Bosse, MD; Ellen J. MacKenzie, PhD; James F. Kellam, MD; Andrew R. Burgess, MD; Marc F. Swiontkowski, MD; Alan L. Jones, MD; Mark P. McAndrew, MD; Brendan M. Patterson, MD; Roy Sanders, MD; Melissa McCarthy, ScD; Renan C. Castillo, MS; Thomas G. Trivison, PhD; Lawrence Webb, MD. They received the The Ann Doner Vaughan Award for their paper, "Limb Salvage or Amputation Following Severe Lower Extremity Trauma: The LEAP Study."

Berton R. Moed, M.D. has been named Professor and Chairman of the Department of Orthopedics at St. Louis University as of March 1, 2003.

Resident Membership available—encourage your residents to apply for membership. The application is on the OTA website.

Trauma Registry Outcomes database soon to be available to members only via the OTA website

Member Dinner at the AAOS meeting in New Orleans will be held at Broussards. Reserve your place to attend on-line or send a fax reservation. New Officers to be Inducted at the Member Dinner... Jim Nepola, MD, Chair of the Health Policy committee will be acknowledging OTA members and their willingness to provide surgical or academic support in times of crisis when he visits various Washington DC members of the Cabinet, the House and the Senate. Toney Russell, MD, has asked for OTA members to add their names to the following lists:

- 1) Volunteers Needed for Mass Casualty Preparedness
- 2) Academic Faculty to support Military Academic Medical Centers during times of military deployment of existing medical staff and faculty.

Reply by e-mail if you are willing to offer volunteer support in times of national crisis—you will be contacted with the details prior to the February Business Meeting in New Orleans. The travel and per diem will have to be worked out through the local commands. More information will be available via e-mail to the membership.

- OTA Specialty Day: "ER Concerns and Current Treatment Options", Saturday, February 8, 2003, New Orleans.
- The 3rd Annual OTA/AAOS Trauma Course, "Current Concepts and Practical Solutions," will be held April 24-27, 2003 in Orlando, Florida.
- The next Resident's Basic Fracture Course will be held October 8-11, 2003 in Salt Lake City, Utah.
- 19th Annual OTA Meeting will be held October 9-11, 2003 in Salt Lake City, Utah.

OTA Executive Committee

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