

Looking ahead: from San Francisco to San Diego

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The Editor's Pen

OTA Specialty Day in San Francisco was a blast. It featured an outstanding symposium on "Technological Advances in Trauma Care," Highlight papers from the 2000 OTA meeting, the Edwin G. Bovill award presentation of the best paper and poster from the annual meeting, and sessions on: "Infection following orthopaedic trauma: a matter of choice," "Practice management for orthopaedic traumatologists" with the presidential guest lecture by Robert H. Haralson, III, MD on "The physician as practice manager," "Musculoskeletal trauma state of the art in 2001 – general approach to the trauma patient in 2001," and "Common lower extremity fractures – state of the art in 2001." The members business meeting was well-attended, welcomed new members, and had reports from the committees. An upcoming tribute to Howard Rosen, MD on May 10, 2001, in New York was also announced. The OTA Annual Members' Dinner was spectacular and featured acknowledgments and awards.

In this issue, we get an update on the upcoming annual meeting in San Diego from the Program Chairman, a welcome message from the local host, an update on electronic devices for accurate CPT coding, a review of recent malpractice issues in orthopaedic trauma, the results of a questionnaire on digital radiography, and a new questionnaire on computer guided surgery systems (3D-CT guidance and virtual fluoroscopy).

Please keep promoting the Update Course in Providence, Rhode Island, the Residents Basic Fracture Course, and the 17th Annual OTA Meeting in San Diego. Thanks to some of our members, we heard a good deal of publicity for these OTA courses at the Mid-America Orthopaedic Association in Florida this past April.

Please keep the e-mails and notes coming.



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CHANGING OF THE GUARD AT THE OTA:

*Dr. Donald A. Wiss
became the new
OTA President in March.*

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the San Diego Meeting

Program Preview

FROM THE PROGRAM COMMITTEE CHAIR

Paul Tornetta

The program committee, with the help of expert reviewers, selected 65 abstracts for podium presentation and 100 for poster presentation from the more than 550 submitted. Areas of interest include acetabular fractures in the older patient, knee dislocations, and ankle fractures. Symposia will be presented on soft tissue management and research planning and evaluation. Pre-meeting morning case presentations will be held on a wide variety of topics. Finally, the meeting will devote space and one symposium to the issue of road traffic safety and accident analysis. Dr. Murray McKay from Birmingham, England will be the keynote speaker for this special session. A breakout room will demonstrate car safety engineering and research on auto accidents. The John Border Memorial lecture will be presented by Professor Dr. B. G. (Hardy) Weber. Michael S. Langwarthy, M.D., will discuss the injuries sustained in the attack on the USS Cole.

A Note from the Local Host

Jeffrey M. Smith

The date of the reception will be Thursday October 18th, rather than the usual Friday night. The captain and crew of the USS Mercy Hospital Ship will welcome us aboard for a special evening reception on the flight deck and tours of the ship. The reception will also have a nice view of the Coronado Bridge and downtown San Diego. The ship has 1000 hospital beds, 12 operating rooms, radiology, and physical therapy. Finally, for those interested in checking out some entertainment plans for the annual meeting, the following web sites might be helpful: sdinsider.com, signonsandiego.com, digitalcity.com/sandiego.



The USS Mercy floating hospital ship will be the setting for the Thursday night reception at the San Diego meeting.



The Daimler-Chrysler, AG corporation will be providing a demonstration model of their Mercedes safety features at the San Diego meeting.



Awards for the 2001 Specialty Day OTA Annual Members' Dinner

Research Donors

OTA Research Grant Donors were acknowledged at the 2001 Specialty Day OTA Annual Member Dinner. Plaques will be presented at the OTA Annual Meeting in October.

This list includes donations received as of December 31, 2000. These funds will be applied to awarded 2001 Grants.

PRESIDENT'S AWARD

(\$75,000 and above)
AO North America

PLATINUM AWARD

(\$50,000 – 74, 999)
Aventis Pharmaceuticals
DePuy Orthopaedics, Inc.

GOLD AWARD

(\$25,000 - \$49,999)
Synthes U.S.A.
Zimmer

SILVER AWARD

(\$10,000 – \$24,999)
Smith & Nephew

MEMBERS AWARD

(\$1,000 - \$4,999)
James C. Binski
Vincent M. Santoro
Marc F. Swiontkowski

Outgoing Board Members

M. BRADFORD HENLEY, MD

was presented a Tiffany Crystal in recognition of his outstanding leadership and contributions as OTA President from 2000 – 2001.

Outgoing Committee Chairs

The following outgoing committee chairs were presented plaques in recognition of their outstanding leadership and contributions to OTA:

MICHAEL R. BAUMGAERTNER, MD

Membership • Chair: 1999 – 2000

MICHAEL J. BOSSE, MD

Research • Chair: 1995 – 2000

JOHN HOWARD WILBER, MD

Annual Meeting Program • Chair: 1999 – 2000

PETER G. TRAFTON, MD

Health Policy & Planning • Chair: 1997 – 2000

Winqvist Cup

Jeffrey O. Anglen, MD, received the 2000 Winqvist Cup Award for the *Tibial Pilon Hybrid External Fix Lab* taught at the 2000 Residents Course. This award is presented to the instructor of the most highly rated OTA Residents Course Lab. Labs are rated by the residents attending the course. The Winqvist Cup will be a traveling award, and each year the new winner's name will be engraved on the cup.

Table instructors for the lab were also gratefully acknowledged for volunteering their time and expertise: Robert J. Brumback, MD, Paul R. Gregory, Jr., MD, Dolfi Herscovici, Jr., DO, Theodore Miclau, MD, Matthew A. Mormino, MD, James V. Nepola, MD, William M. Ricci, MD, Stephen H. Sims, MD, Michael Sirkin, MD.

OTA Members' Business Meeting

San Francisco, California • March 3, 2001

MEETING SUMMARY

1. REPORT OF THE CFO

CFO Pollak reported that the current operations fund balance was approximately \$215,741.00, reflecting a loss of approximately \$80,000.00 over the last fiscal year, which was primarily due to increased management fees from the AAOS. He reported that the research fund assets were about \$1.5 million, up from \$1.3 million this time last year, due to a good year for donations. The Research fund investments suffered less than 2% loss over the year, which was felt to be very good in the face of market performance. The Board is looking at opportunities for increased corporate sponsorship of the annual meeting and specialty day programs, and improved profitability of educational programming. CFO Pollak is confident that the OTA is in a secure position financially.

2. NOMINATING COMMITTEE REPORT

Andrew Burgess Chairman of the Nominating committee, reported the committee's slate of nominees: President-Elect - Thomas Russell; At large Board member - B. Roy Moed; for Membership committee - Paul Dougherty and John Staeheli.

3. BYLAWS COMMITTEE REPORT

Previous chair Tornetta gave the report of the Bylaws committee. Proposed amendments to the Bylaws were presented which would allow orthopaedic traumatologists who have a degree of DO rather than MD to be admitted to active OTA membership, provided they meet the same (or equivalent) requirements, and have completed a year-long fellowship with an OTA member who holds an MD degree. These proposed changes had been previously circulated to the membership by mail within the time period required by the current bylaws. The Bylaws were unanimously approved.

4. ELECTION OF THE 2001-2002 NOMINATING COMMITTEE

President Henley accepted nominations from the floor for the 2001-2002 Nominating Committee. Nominated were: Alan Jones, Chris Born, Ron Lindsey, Andy Schmidt, Phillip

Kregor, Bruce Browner, Larry Marsh, Tim Bonatus and Guy Paimont (alternate). Ballots will be faxed to the voting members from the staff office.

5. MEMBERSHIP COMMITTEE REPORT

Chairman Baumgaertner reported 6 new active members, 13 new associate members, 5 associate to active promotions and 1 new international member.

6. RESEARCH COMMITTEE REPORT

Outgoing chairman Bosse reported on the progress of the OTA's multicenter research project comparing immediate and delayed closure of open tibia fractures. There is still a need for more centers. Any interested members should contact Bill DeLong. Incoming chairman Swiontkowski noted that pre-proposal for research grants will be screened in April and requests for full proposals will go out thereafter.

7. EDUCATION COMMITTEE REPORT

Chairman Kellam noted the upcoming courses for the year - the jointly sponsored course with the AAOS in May and the Providence course in July. He reported on changes in the content and format of the Resident's Basic Fracture Course planned by course director Anglen. He appealed to all OTA members to support and promote all the courses of the OTA.

8. CODING, CLASSIFICATIONS AND OUTCOMES COMMITTEE REPORT

Dr. Schmidt gave the report in the absence of Chairman Webb. The OTA is involved in a dialogue with the AAST and the AAAM regarding coding and incorporating fracture coding into their new codes. It is possible that the OTA code may be inserted into ICD-11, but will not be part of ICD-9. He noted that 30 centers are now using the OTA orthopaedic trauma database. He stated that the committee will start to look at revisions in the classification of fractures and asked that members let the committee know about any deficiencies in the present classification system, which can be found in Volume 10, supplement 1 of the Journal of Orthopaedic Trauma.

Board of Directors Meeting

San Francisco, California • February 28, 2001

Summary of Actions Taken

9. PROGRAM COMMITTEE REPORT

Chairman Tornetta expressed thanks to outgoing chairman Wilber for a job well done. Any abstracts submitted by committee members will be reviewed and rated by a group of past program committee chairs. Some abstracts in certain areas (spine, pediatrics, basic science) will be reviewed by expert OTA members outside of the committee. Committee members will be limited to having their name on no more than 3 accepted presentations at the meeting. Dr. Templeman, associate chairman, will be in charge of breakout sessions. The focus of the meeting will be on road traffic accidents and auto safety.

10. NEWSLETTER

New editor Roberts expressed thanks to Anglen for founding and producing the OTA newsletter for 5 years. He noted the new look in layout, and discussed the possibility of going to 3 issues per year. He encouraged everyone to contribute to the newsletter.

11. WEBSITE

Dr. Anglen noted the website's new look and encouraged members to visit it at www.ota.org. Abstract and grant proposal submission is available now online, and online meeting registration is planned in the near future.

12. HEALTH POLICY & PLANNING COMMITTEE REPORT

Chairman Anglen noted that the OTA Board had approved the policy statement on Orthopaedic Trauma Service organization, which is available on the website. The OTA will continue to participate in AAOS, ACS, Coalition on American Trauma Care, and other policy forums. The failure of our effort to collect enough evidence to increase the relative value of fracture care CPT codes through the RUC process was reviewed.

13. MASS CASUALTY PREPAREDNESS

Chairman Born noted that planning had begun to form an OTA volunteer response team for mass casualty situations, and to obtain training for the team and some official status with national and international disaster response agencies. Volunteers should send a CV to him.

1. Unanimously approved the minutes of the October 11, 2000 meeting.
2. Approved the HWB request for \$15,000 to continue development of an orthopaedic trauma database was passed unanimously.
3. Directed to identify and contract with an appropriate party to provide maintenance of the current OTA database.
4. Approved purchase of liability insurance covering the content of our Web site, through an arrangement with the AAOS for COMSS affiliated societies.
5. Decided by consensus that orthopaedic industry or product representatives should be allowed to register and participate in OTA educational programs with the exception of labs, and with restriction of access to microphones during open discussion.
6. Accepted the report of the Ad Hoc committee on vendor policy, and adopted the policies suggested by the committee.
7. Decided to add a "virtual exhibit hall" to the OTA website and offer vendors the option of having a live link to their own web sites for one year in return for a donation of \$5,000.00 to the research/education fund.
8. Reviewed and adopted unanimously the policy on Orthopaedic Trauma Service organization.
9. Unanimously endorsed the draft document on Care of the Spine Injured Athlete
10. Decided that OTA would not be able to officially participate in the European Trauma Congress in May, 2002, but would promote the meeting to our members.
11. Decided to convene a committee of past presidents of OTA to consider changing the length of the presidential term or making other alterations of the organizational structure.
12. Voted by majority to present the bylaws changes to the members at the Business meeting as planned rather than a vote by mail or fax.
13. Voted unanimously to accept Dr. Jory Richman as an active member.
14. Unanimously approved a 4 month, no cost extension to the budget previously approved for the multicenter study on immediate vs. delayed closure of grade II and IIIA open tibia fractures, extending the project through 8-31-01.
15. Decided that the official OTA representatives to COMSS should be the President and the CFO.

CPT Coding and Classification Update:

ELECTRONIC DEVICES & THE OTA FRACTURE CLASSIFICATION

Larry Webb

The Coding, Classification, and Outcomes Committee is involved in multiple projects, including a dialogue with the AAST and the AAAM regarding incorporating fracture codes into their new codes, reassessing and revising the present OTA fracture classification, and making recommendations for improving the accuracy of coding. As for the latter, the committee currently urges the membership to consider the following aids to accurate coding: ORTHOCoderMD at www.orthocodermd.com, The Electronic Medical record from Aristar by Ian Alexander, M.D. which runs in the Windows CE (a Compaq Pocket PC), and Pocket Doc by Robert Patek which runs on the Palm OS. The committee solicits your input particularly about any other products that you have found to be helpful. In addition, the committee needs your comments about deficiencies in the OTA fracture classification system (*Journal of Orthopaedic Trauma*, vol 10, supplement, 1996). Any recommendations on how to improve this classification system would also be appreciated. Please e-mail your comments to Larry Webb at lxwebb@wfubmc.edu.

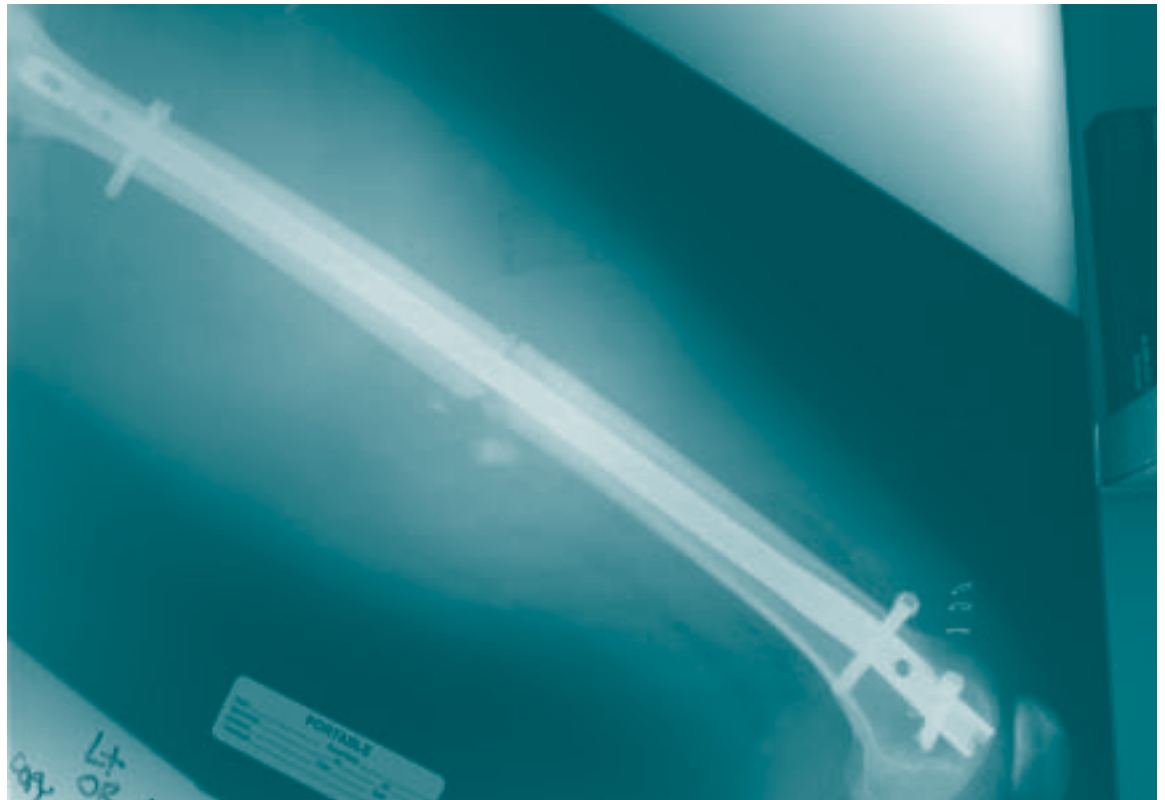
Femur fractures are number one on the list of most-litigated fractures.

Current Medical Malpractice Issues in Orthopaedic Trauma:

FEMUR FRACTURES INCREASINGLY LITIGATED

Phil Wolinsky and Craig Roberts

The AAOS publication, "Managing Orthopaedic Malpractice Risk," prepared in 2000 by the AAOS Committee on Professional Liability reports some interesting data on litigation associated with femur fractures. Femur fractures ranked first on the list of the most expensive suits by claims of the ten most prevalent patient conditions. The average indemnity was \$113,147 from the years 1985-1998. Femur fractures appear to have replaced fractures of the tibia as the most litigated fractures. The average indemnity for femur fractures also appears to be increasing. In 1998, the average indemnity for femur fractures increased to \$217,094. The most common complications associated with femur fractures were poor technique (inappropriate fixation, early hardware removal, malrotation), infection (especially delayed diagnosis and lack of infectious disease consultation), wrong site surgery, fat and/or pulmonary embolism, and delay in diagnosis or treatment. Additional complications included the use of plates and screws for subtrochanteric fractures despite package insert warnings to the contrary and undersized intramedullary rods. Recommendations from the committee included thorough pre-operative discussions (including complications) with the patient, selection of implants in accordance with manufacturer's printed specifications and published literature, postoperative monitoring of open fractures for infection, early infectious disease consultation when necessary, establishment of complete bony union prior to implant removal, and early primary care physician consultation for the elderly patient with a femur fracture. This information was excerpted recently in the AAOS Bulletin (Vol 49:1, February 2000) and inspired letters to the editor. For more information, see the AAOS publication, "Managing Orthopaedic Malpractice Risk" or the AAOS Bulletin.



Pointers and Pitfalls in Orthopaedic Traumatology

Here are the results from the last survey.

Digital Radiography

Does your hospital use digital radiography for imaging fractures?

Yes (83%) No (17%)

Do you think digital radiography provides adequate resolution for the preoperative planning of fracture treatment?

Yes (70%) No (30%)

Do you think digital radiography provides adequate access to the images in the operating room?

Yes (22%) No (74%)
Abstain (4%)

Is digital radiography worth the capital expenditure?

Yes (52%) No (35%)
Abstain (13%)

Is your institution contemplating a change to digital radiography?

Yes (61%) No (13%)
Abstain (26%)

RELATED REFERENCES OF INTEREST:

Raikin SM, Bley LA, Leb RB: "Emerging Technology: Remote Analysis Of Traumatic Musculoskeletal Radiographs Transmitted By Electronic Mail", *Journal of Orthopaedic Trauma*, vol. 13, no. 7, pp. 516-519.
"Malpractice Risks Related to Telemedicine," In: *Managing Orthopaedic Risk*, AAOS Committee on Professional Liability, AAOS: Rosemont, pp. 35-36, 2000.

New Questionnaire:

Computer Guided Surgery Systems

(3D-CT GUIDANCE OR VIRTUAL FLUOROSCOPY)

Are you currently utilizing a computer guided surgery system (3D-CT guidance or virtual fluoroscopy) for fracture surgery?

YES • NO

Does anyone else at your institution (another orthopaedic surgeon, neurosurgeon, otolaryngologist, etc.) use a computer guided surgery system?

YES • NO

Are you or your institution contemplating the purchase of a computer guided surgery system?

YES • NO

Do computer guided surgery systems improve the accuracy of fracture surgery (e.g., iliosacral screw placement, etc.)?

YES • NO

Do computer guided surgery systems decrease surgical time?

YES • NO

Do the cost and learning curve of computer guided surgery systems outweigh any potential benefits?

YES • NO

Are you concerned that computer guided surgery systems may lead surgeons to attempt procedures which they would not otherwise perform?

YES • NO

Please send completed questionnaires by mail/e-mail to:

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Craig Roberts, MD
and David Kahler, MD

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



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Announcements

- The OTA Providence course now has an on-line registration form at www.ota.org.
- Don't forget to preregister for the Thursday night reception at the OTA meeting in San Diego aboard the USS Mercy. Security will be tight. Only those preregistered for the reception will be allowed to attend.
- The European Trauma Congress will take place in Vienna, Austria, on May 4-8, 2002. Please e-mail Christian Gaebler, MD, at christian.gaebler@akh-wien.ac.at if you need more information.
- Brad Henley and Andrew Pollak attended the National Orthopaedic Leadership conference at the COMSS meeting in Washington, D.C., on April 25-28; they met with members of congress and discussed health care issues.
- Mark Swiontkowski (for the AAOS Research Committee) and Andrew Pollak (for the OTA) recently went to Capitol Hill to lobby for increased funding for musculoskeletal research.
- The Kuntscher society annual meeting Ostesynthese International will be in Maastricht, Netherlands, September 13-15. Contact Jon Stapert (www.conferenceagency.com) for a brochure. Conference in English.
- Anyone interested in being a lab instructor at the Resident's Basic Fracture course should contact Jeff Anglen at AnglenJ@health.missouri.edu or Kathleen Caswell at caswell@aaos.org.

REMINDER TO ALL FELLOWSHIP PROGRAM DIRECTORS

If you have not received our fellowship information for the 2001-2002 OTA Fellowship Directory, please contact the OTA as soon as possible via fax (847-823-0536) or e-mail (caswell@aaos.org). Current information can also be found on the OTA Website www.ota.org under the Fellowship and Residency page. If you are working with a Fellowship program not currently included, please let me know. The information will be updated on the OTA website, and printed in a booklet to be distributed at the 2001 OTA Resident's Basic Fracture Course.

Mark Your Calendar

- **Membership Application deadline: July 1, 2001.**
- Recommendation forms for new members are due July 1, 2001, and are available on the website.
- **Annual Meeting Hotel Reservation Deadline: September 14, 2001** – Sheraton Harbor Island, phone (619) 291-2900 or (800) 325-3535 and mention OTA to get the discounted rate.
- **OTA Resident's Basic Fracture Course: October 17-20, 2001, San Diego, California.**
- **OTA 17th Annual Meeting: October 18-20, 2001, San Diego, California.**



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