



**OTA Business Meeting Minutes**  
**October 13, 2011**  
**San Antonio, TX**

- I. Meeting called to order by A. Pollak
- II. **A motion was made, seconded and approved** to pass the minutes from the last business meeting
- III. D. Hak presented the CFO report. He noted our financial situation is good, but could be better. \$300,000 was transferred to the research fund. It was noted that the annual meeting revenue continues to grow and that these funds are critical to supporting the mission of the OTA, especially given the decline in revenue from other sources such as industry. Specialty Day and other education courses do not generate revenue, and in fact lose money. These educational offerings are felt to be mission-critical and are therefore supported by funds from other areas. The research fund balance continues to grow and is at 4.4 million dollars. There is a great deal of pressure on corporations regarding continuing support, so we are encouraging member donations as well.
- IV. J. Smith provided the PR Committee report. He credited the committee members for their hard work. They have worked hard in a subcommittee model to get their work done. He presented the subcommittee structure and the projects that each one is working on.
- V. T. Bray presented for the nominating committee. The slate of candidates are: President Elect: Ross Leighton, Secretary: Heather Vallier, Member at Large: Doug Lundy; Membership Committee: Rick Buckley, Membership committee: David Sanders. **A motion was made, seconded and passed to close the nominations.** An invitation was given to give additional nominations. There were none. **A motion was made, seconded, and passed to elect the full slate of candidates.**
- VI. W. Creevey presented for the Practice Management Committee. He presented information regarding the RUC. There is a move to increase pay to primary care providers and decrease pay to specialists. The code for debriding open fractures now applies to only one injury, so it is appropriate to bill for each such injury separately. You can also now bill for closing the wound. ICD 10 goes into effect in October, 2013. It is

highly likely to be implemented, and it is extremely complex.

- VII. T. McKinley presented the Research Committee Report. They recommended funding 11 member proposals and 10 resident proposals. He noted that the review process was very vigorous. There will be a grant writing workshop put forth due to the high level of interest in similar courses in the past. The OTA has a published manuscript for every \$15,000 of OTA grant funding spent. The specific grants were announced.
  
- VIII. C. Born presented for the Disaster Committee. This committee has moved from a subcommittee of the Education Committee to a full committee. They have substantially increased their activity. They are looking at having people credentialed for disaster preparedness with two separate credentialing pathways. SOMOS has developed a disaster response course designed for civilians. It is a 1 ½ day course. The first will be in San Diego at the SOMOS meeting and it will be offered again at the AAOS meeting in San Francisco.
  
- IX. W. Ricci provided the Education Committee report. He thanked the committee members as well as sub-committee members. He presented the number of attendee's at various courses. Numbers have held steady. The Fellows Course had approximately half of all fellows attend. The AAOS/OTA Joint Course continues to rise in popularity. T. Higgins has gotten the core curriculum version 3 now available online for download, and CD's are also available on request. There were 13 co-branded ICL's accepted for the 2012 AAOS meeting. Dr. Ricci also presented on PIMs, or performance improvement modules, which were discussed at length at a conference he attended with members of several other societies. PIMS will be something that can be used as part of the MOC process as well as some state licensing processes. A suggested goal is for the OTA to design 2 – 4 PIMs for approval first by the OTA Board and then to the ABOS Board. The OTA would own the PIM, while the ABOS will support the IT infrastructure. OKU Trauma 4 is now available. Finally the committee is working with the AAOS on online educational opportunities.
  
- X. New Business
  - a. BOD update report
    - i. Governance issues were discussed by A. Pollak. He noted that as we grow it becomes more important to have adequate governance. The BOD recently engaged a consultant to evaluate our governance and how to make it more effective. There was a vote to make some organizational changes that would create four councils. These will be chaired by BOD members. The 4 councils are Education, Research, Governance, and Membership services. The chair will be a member of the presidential line, with a co-chair from the BOD. The BOD will

continue to have four yearly meetings. There will also be a strategic plan developed starting with a meeting in December, 2011 in San Diego.

- ii. Dr. Pollak also reported on the dialogue regarding membership structure. It was noted that many new members are in non-voting categories, and that this issue has been robustly discussed. One change proposed will be to rename the community membership category to clinical members. This would not change the voting status. The BOD is proposing that the business meetings be opened to all members, with no change in the voting status which can be done electronically.

- XI. Bylaws Revision was presented by L. Webb. The change in bylaws would allow fellows as well as residents to be candidate members. The exact change in wording to the motion was sent to the membership in advance, and is noted below (it also includes a requirement for participation in a North American or Canadian Residency). **A motion was made, seconded and the motion was approved** to revise the bylaws.

Article V.

Section XII. Candidate Membership

- a. Applicants for candidate membership can be participating in residency training emphasizing orthopaedic surgery or fellowship training in musculoskeletal trauma. **A candidate member resident applicant must be participating in an American or Canadian Board approved Orthopaedic Surgery Residency Program at the time of application.** He or she will apply using the same application form as for active membership. No publications are required for membership in this category. Only one sponsor form or recommendation letter is required, from the residency program director, who will forward the form or letter of recommendation to the OTA Staff. Candidate resident members will have a maximum five (5) years from completion of residency training to transition into another membership category (Active, Associate, International Active, or Community membership). **Trauma fellows must be participating in an American OTA fellowship match program or a Canadian fellowship program. Trauma fellows may apply for candidate membership concurrently or within 18 months after completing their fellowship. Fellows have up to (3) years from completion of fellowship training to transition to another membership category.** Dues will be set by the Board of Directors. Candidate members are not Statutory members of the Corporation under Section 5056 of the California Corporations Code and have none of the rights, privileges and responsibilities, including voting rights, granted to active, senior, and research members, but may be appointed to non-

elected committee positions

- XII. B. Patterson presented the COTA report. He explained the function of COTA. He noted that they funded 21 fellowships. Most were at a level of \$75,000 and a few were at a level of \$50,000.
- XIII. A. Pollak accepted a motion to adjourn. **It was made, seconded, and passed.**