

University of Louisville Hospital
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OTA Specialty Day had record attendance at the AAOS Annual Meeting this year.

OTA Specialty Day in Washington, D.C. was one of the best ever. Approximately 500 people attended a program composed of twenty talks organized into 6 sections plus the 12 winning highlight papers from the October meeting. The Presidential guest speaker was Rear Admiral Cristina Beato, MD, FAFP, Acting Assistant Secretary of Health to the US Department of Health and Human Services.

Congratulations to the Bovill Award and OTA Best Award winners. The Bovill Award was given for the best podium presentation of the 2004 OTA meeting for the study, **“The Gold Standard in Tibial Plateau Fractures? A Prospective Multicenter Randomized Study of AIBG vs. Alpha-BSM.”** This study was co-authored by Thomas A. Russell, MD, Sam Agnew, MD, B.H. Berry, MD, Robert W. Bucholz, MD, Charles N. Cornell, MD, Brian Davison, MD, James A. Goulet, MD, Thomas Gruen, MS, Alan L. Jones, MD, Ross K. Leighton, MD, Peter O’Brien, MD, Robert Ostrum, MD, Andrew Pollak, MD, Paul Tornetta, III, MD, Thomas Varecka, MD, and Mark S. Vrahas, MD. The best poster of the 2004 OTA Annual Meeting was, **“Prospective, Randomized Comparison of rhBMP-2/ACS in Combination with Allograft Versus Autogenous Bone Graft in Healing Diaphyseal Fractures with Traumatic Bone Loss.”** This study was co-authored by Michael J. Bosse, MD, Robert W. Bucholz, MD, Jane Davis Golden, PT, MHP, Alan L. Jones, MD, Thomas R. Lyon, MD, Sohail K. Mirza, MD, Andrew Pollak, MD, Alexandre Valentin-Opran, MD, and Larry X. Webb, MD.

There was a changing of the guard at the OTA. Dr. Paul Tornetta, III, became the 21st president of the OTA. The other 2005 OTA officers are Michael J. Bosse, MD (President-elect), Roy Sanders, MD (Immediate Past President), Robert Probe, MD (Secretary), Alan L. Jones, MD (Chief Financial Officer), Richard E. Buckley, MD (member-at-large), Melvin P. Rosenwasser, MD (member-at-large), James P. Stannard, MD (member-at-large), and Ross Leighton, MD (Annual Meeting Program Chair).

Please have a good look inside this issue for the results of the orthobiologic questionnaire from the orthobiologics committee (please see the answer key as well), the latest questionnaire on humerus fractures and radial nerve palsy – to explore or not to explore?, a report from the 5th Annual ORS/OREF/AAOS Grant Writing Seminar, and a description of the Masters Coding Course at the Annual Meeting.

Watch the OTA website in late May for the program plans for the October 19-22, 2005 Annual Meeting in Ottawa, Ontario, Canada! www.ota.org



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The Editor's Pen



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The passing of the gavel and the changing of the guard took place at the 2005 OTA Specialty Day as Paul Tornetta, III, MD became the 21st president of the OTA, and Roy Sanders, MD became the immediate past president.

OTA Offers Masters Coding Course at the Annual Meeting at Special Rate

by Brad Henley, MD, MBA

OTA will sponsor a full day master's level course on coding and reimbursement on Wednesday, October 19th, in Ottawa at the OTA Annual Meeting. This course will be designed specifically for the orthopaedic traumatologist. You will learn to recognize the correct use of ICD-9-CM and CPT codes for trauma specific cases, to use modifiers and unlisted codes accurately, use sophisticated appeals strategies for following up on overdue accounts, and understand how contracts should be negotiated to maximize reimbursement. Margaret Maley, a senior consultant with Karen Zupko and Associates, will provide six hours of training using a syllabus and workbook designed for this course. She is known for her ability to relate to orthopaedic surgeons using "their language". With nine years of management experience,



she has a unique insight into the nuts and bolts of orthopaedic practice management. Her background on the "front line" makes her acutely aware of the importance of correct coding and accurate documentation for maximizing reimbursement. OTA is extremely fortunate in obtaining her services as she is one of the country's best orthopaedic coding consultants.

OTA invites you and your staff to participate in this master's level course for \$200 per person. This special fee is less than ½ the usual \$475 fee due to OTA's contribution on behalf of our members and their office staff.

Orthopaedic Surgeons Testify before EMTALA Technical Advisory Group Regarding On-Call Emergency

The Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) convened its first meeting on March 30th and 31st. The purpose of the EMTALA TAG is to review regulations affecting hospital and physician responsibilities under EMTALA to individuals who come to a hospital seeking examination or treatment for emergency medical conditions. AAOS, along with the neurosurgeons and the emergency physicians, lobbied for the creation of this group. They believed it was critical for the Secretary of the Department of Health and Human Services (HHS) and the administrator for the Centers for Medicare and Medicaid Services (CMS) to seek advice from an organized group with representation especially from the medical specialties most affected by EMTALA requirements. James V. Nepola, MD, one of 19 appointees to the TAG, is an orthopaedic trauma surgeon from the University of Iowa selected to represent the interests of orthopaedic surgeons.

Among its responsibilities to solicit comments and recommendations from hospitals, physicians, and the public regarding the implementation of EMTALA regulations, the TAG invited and received public testimony from several hospital and physician witnesses during the first meeting. Jason W. Nascone, MD, an orthopaedic trauma surgeon at the University of Maryland in Baltimore, testified on behalf of AAOS and the Orthopaedic Trauma Association (OTA). Also included among the witnesses were representatives from the American Hospital Association (AHA), the Federation of American Hospitals (FAH), the American Association of Neurological Surgeons (AANS), and the American College of Emergency Physicians (ACEP).

Dominating the testimony, as well as the two-day discussion, was the difficulty in meeting requirements to have medical specialists available to cover on-call services, and the increase in volume of transfers to recipient hospitals.

The AHA testified that the ability of community hospitals to provide on-call coverage has weakened as the number of specialists available to provide Emergency Department (ED) coverage has faded. They believe that physicians are using the recently revised emphasis on flexibility in the 2003 regulations as grounds for ending or limiting their ED services. This places hospitals in an untenable position of being held accountable for ensuring on-call physician availability with virtually no control over physicians. The FAH asked the TAG to analyze all possible options to address this issue including requiring physicians to cover on-call services as a condition of participation in Medicare. The FAH also recommended new Hospital Conditions of Participation requirements preventing initial or reappointment of medical staff members who do not accept participation in on-call scheduling, as well as response compliance as a parameter for reappointment and privilege renewal. When questioned by one TAG member on hospital use of Medicaid Disproportionate Share Hospital (DSH) funds that should be used to pay physicians, the FAH representative could not say that these funds were going directly to pay physicians for on-call services.

Dr. Nascone testified that it is unrealistic to expect physicians to work together with hospitals in developing and implementing on-call plans if physicians are not given more authority, oversight, and control in development and implementation of these plans. Mechanisms to force physicians to provide on-call services will only serve to further divide the hospitals and physicians on this issue. The TAG should look for solutions that will

encourage collaborative efforts. Dr. Nascone testified that multiple factors have contributed to problems with on-call services and the availability and willingness of physicians to take call, such as the shortage and maldistribution of some specialists, medical liability risks and costs, physicians' choice to work fewer hours, decreasing Medicare



The EMTALA Technical Advisory Group convened on March 30-31, 2005, and included OTA member Jim Nepola, MD and Jason W. Nascone, MD who has been asked to join.

reimbursement, and more administrative responsibilities.

ACEP representative, Robert A. Bitterman, MD, JD, who has written extensively on this issue, testified that EMTALA is a limited purpose law attaching a duty to uniformly examine all who present to the emergency department, regardless of insurance status, to determine if an emergency medical condition exists. It was not designed to cover all aspects of medical care provided in emergency departments. He urged CMS to adopt the interpretation that hospitals only have to maintain a list of physicians who have voluntarily or contractually agreed to be on-call, and that hospitals not be required to force physicians to accept on-call duties under threat to terminate the hospital's participation in Medicare and Medicaid.

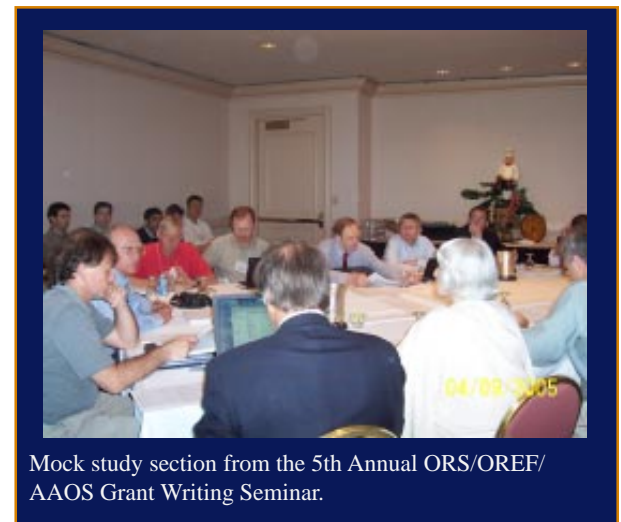
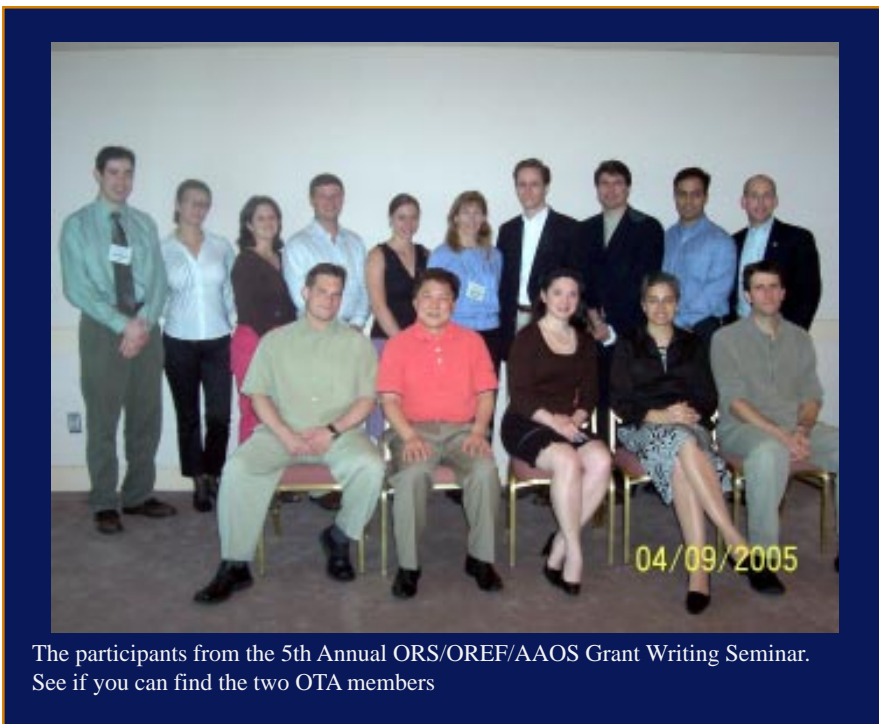
This position marks a change from earlier years when ACEP aligned more closely with hospitals on on-call services.

Dr. Nascone requested that the TAG review the issue of transfers to recipient hospitals and suggested that this is an area that may warrant further guidelines from CMS. Level 1 and level 2 trauma centers are experiencing a growing volume of referrals, in many cases for conditions that were previously treated appropriately at community hospitals.

He requested that CMS discourage hospitals from relying on a state's trauma system as an EMTALA back-up transfer agreement for cases that do not require specialized trauma care. The TAG requested that Dr. Nascone produce data illustrating the types of transfers being received at his trauma center, and the TAG will be reaching out in a formal request to AAOS and others for similar data to the extent it is available. For more information on the TAG, go to <http://www.cms.hhs.gov/faca/emtalatag>.

5th Annual ORS/OREF/AAOS Grant Writing Seminar by Craig S. Roberts, M.D.

The Tampa Bay Grand Hyatt was the site of the ORS/OREF/AAOS 5th Annual Grant Writing Workshop on April 9th and 10th. Thirty-six clinician researchers including two current OTA members, and basic scientists attended the day and a half long seminar organized by Dr. Dick Brand, assisted by 15 NIH funded faculty. The highlight of the course was the mock study section in which attendees observe the dynamics of the grant review process in action. OTA attendees have included Michael Archdeacon, MD, Ted Miclau, MD, and Wade Smith, MD.








Survey Results




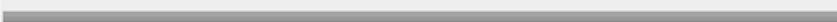

By: OTA Orthobiologics Committee William DeLong MD Chair

1. By: OTA Orthobiologics Committee, William DeLong MD Chair

1. Which of the following materials have been shown to be effective in randomized controlled trials for the treatment of nonunions?

		Response Percent	Response Total
Demineralized bone matrix		6.1%	5
Platelet gel		0%	0
Bone marrow cells		3.7%	3
BMP-7 (OP-1)		62.2%	51
BMP-2		28%	23
Total Respondents			82
(skipped this question)			2




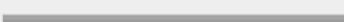

2. Which of the following statements regarding bone morphogenetic proteins (BMP's) is false?

		Response Percent	Response Total
BMP's aid bony union through promoting the differentiation of primitive mesenchymal cells to bone-forming cells (osteinduction)		3.6%	3
MBP's need a population of responder cells to be effective		6%	5
Level I evidence (randomized prospective clinical trials) support the use of BMP's in open tibia shaft fractures and tibial nonunion treatment		6%	5
BMP's are so effective that their application to a nonunion or fracture eliminates the need for adherence to sound orthopaedic principles		84.3%	70
BMP's for clinical use are typically produced using a human recombinant technique		0%	0
Total Respondents			83
(skipped this question)			1






Survey Results

By: OTA Orthobiologics Committee
William DeLong MD Chair







3. Currently, before an osteoconductive graft substitute can enter the market place for general use it requires:

		Response Percent	Response Total
FDA approval		29.8%	25
Randomized prospective trial data (Level I)		1.2%	1
Uncontrolled retrospective series demonstrating efficacy and safety (Level 4)		7.1%	6
510k approval demonstrating safety but not efficacy for the specific product		35.7%	30
All of the above		26.2%	22
Total Respondents			84
(skipped this question)			0

4. Bone marrow aspirates contain Mesencymal Stem Cells (MCSs) and Connective Tissue Progenitor Cells (CTPs) that can provide a transplantable source of osteoblastic progenitors. By limiting iliac aspiration volume from any given needle site, the concentration of bone marrow derived cells that are capable of osteogenesis can be enhanced by limiting dilution with peripheral blood. What is the maximum amount of aspirate that should be obtained from each individual site?

		Response Percent	Response Total
3 cc's		30.5%	25
5 cc's		30.5%	25
10 cc's		20.7%	17
15 cc's		6.1%	5
No minimum...the more you can get from each site the better.		12.2%	10
Total Respondents			82
(skipped this question)			2

5. Addition of bone marrow to a specific bone grafting material has been shown in extensive literature to significantly enhance the performance of that grafting material, even in young healthy animals, in which one would not expect the population of stem cells or progenitors to be deficient. What is the graft material that has been shown to respond so well to marrow aspirates?

		Response Percent	Response Total
Allograft cancellous chips		16.9%	14
Macro porous hydroxyapatite void filler		7.2%	6
DBM preparations		24.1%	20
Calcium sulfate void filler		7.2%	6
All of the above		26.5%	22
None of the above		18.1%	15
Total Respondents			83
(skipped this question)			0

Fogarty Announces Global Network for Research Training on Trauma and Injury From the CATC May Newsletter

The Fogarty International Center (FIC), at the National Institutes of Health (NIH), announced seven new awardees for the International Collaborative Trauma and Injury Research Training Program (ICTIRT).

Supported by FIC, seven other NIH components, the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the Pan American Health Organization (PAHO), this program covers research training in basic science and applied science, the epidemiology of risk factors, acute care and survival, rehabilitation, and long-term mental health consequences of trauma and injury.

“Most trauma and injury here at home and worldwide are completely preventable,” said U.S. Surgeon General Richard Carmona, M.D., M.P.H., FACS. “To reduce traumas and their heartbreaking results, we need answers that come from relevant and timely research. As a trauma nurse, a surgeon, and as Surgeon General, I look forward to the results of this important collaborative effort.”

The program funds collaboration between an institution in a high-income country and one in a low- or middle-income country. It involves training researchers at the master’s, doctoral, and post-doctoral levels to tackle the increasing global burden of trauma and injury.

“Often overlooked, trauma and injury are leading causes of death and disability worldwide,” said Sharon H. Hrynkow, Ph.D., FIC Acting Director. “This program allows us to train researchers from resource-poor settings to develop low-cost, locally-relevant interventions in emergency care, appropriate triage of critical patients, and injury prevention programs. The outcomes of this program will benefit partners abroad and U.S. communities.”

According to WHO, 6 of the 15 leading causes of death in people aged 15 to 44 are connected to trauma. Each year, more than five million deaths — and countless disabilities — result from intentional and unintentional injury.

“The network of researchers and trainees started through this program is the first of its kind,” said Aron Primack, M.D., FIC Program Officer.

Training may also focus on relatively low-cost technologies such as x-ray and ultrasound, ventilators, optimal resuscitation fluids, blood substitutes, and materials to cover wounds in burn victims.

The program provides up to \$150,000 per year in direct costs for up to five years. FIC and its partners committed \$4.2 million for the first five years of this program.

Humeral Shaft Fractures and Radial Nerve Palsy: To Explore or Not to Explore?...That Is the Question

by Brent Bamberger, MD

1. What type of orthopaedic practice do you have?
 1. Resident/Fellow
 2. General Orthopaedic Surgery
 3. Hand and Upper Extremity
 4. Orthopaedic Trauma
2. When considering surgical fixation of a closed neurovascularly intact midshaft humeral diaphysis fracture in an adult, what is your implant of choice?
 1. Plate and screws
 2. IM nail
 3. Flexible nails
 4. External fixation
 5. Other
3. “Open humeral shaft fractures with radial nerve palsy should be explored.” Do you:
 1. Strongly agree
 2. Agree
 3. Neutral
 4. Disagree
 5. Strongly disagree
4. “The closed “Holstein-Lewis” fracture, distal third/spiral with a radial nerve palsy should be explored.” Do you:
 1. Strongly agree
 2. Agree
 3. Neutral
 4. Disagree
 5. Strongly disagree
5. “Secondary palsies, palsy after reduction or casting, of the radial nerve should be explored.” Do you:
 1. Strongly agree
 2. Agree
 3. Neutral
 4. Disagree
 5. Strongly disagree

Please respond either to <http://www.surveymonkey.com/s.asp?u=11277811206> or:

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

Announcements

- Tom Coffman has decided to leave OREF. Duke University made Tom an offer he couldn't refuse (warm weather, year round golf, hanging out with Coach K). He is now the Director of Athletic Development at Duke. You know that Tom was a great ambassador for OREF and for orthopaedic specialty societies, so he will be missed. The search for a successor for Tom is ongoing.
- "The Orthopaedic Trauma as a Career" DVD for OTA members to share with medical students and residents is now available upon request. OTA members should send an e-mail to ota@aaos.org for their free copy.
- OTA Electronic Discussion List (Listserve). The OTA discussion list, set-up in 1996, has been moved to an AAOS headquarters server. Many thanks to Dr. Anglen for establishing this great means of communication between OTA trauma surgeons, and for housing the list at the University of Missouri for the past 9 years! You may join the new list on the OTA website by clicking on the "Discussion Forums" menu tab, and then clicking on "subscribe". Please note that members of the original discussion list will not automatically be transferred to the new list - you must subscribe (Note: If you re-subscribed by e-mail in January, February, or March 2005, you have been added to the new list.). If you've never participated in the electronic discussion list, consider joining! It's a great way to: 1) Submit cases for consultation or teaching, learn from cases submitted by colleagues, and share your clinical experience with others. 2) Distribute OTA announcements, educational offerings, meeting schedules, and deadlines. 3) Disseminate social, political, and scientific information of interest to members and medical professionals involved in the care of orthopaedic trauma patients. How does it work? Simply "subscribe" according to the instructions above. Once you have subscribed, you can send cases/messages to: ORT-L@www2.aaos.org. Both messages and replies to messages are sent to all members subscribed to the discussion list. To review cases already archived and under discussion, go to the "Discussion Forums" page of the OTA website and click the "Case Discussion Forum" link. Please contact the OTA office with any questions.
- Please see the following updates to four important initiatives of the Public Education and Media Relations Department. Please review and take this opportunity to support orthopaedics! WOUNDED IN ACTION comes to PBS! The Legacy of Heroes program is a celebration honoring the heroism, dedication and sacrifice of the 600,000 military medical men and women who served in WWII, and highlights the contributions orthopaedic surgeons have made to advancements in care for trauma-related injuries. Over the next several months, PBS will be airing the documentary film developed as part of this initiative, Wounded in Action, which is a moving testimonial to our veterans' involvement in the WWII. The film features some of our WWII veteran Academy members, taken back to the beaches at Normandy and Pearl Harbor where they served, to reflect both on tragic memories, heroic moments, and the impact these experiences had on their lives. A tentative schedule for public television stations across the country is available at <<<http://legacyofheroes.aaos.org>>>, and is updated weekly, but be sure to check your local PBS listings for confirmed airings. Wounded in Action on PBS has been made possible through educational grants provided by Pfizer, Inc., and the George M. Boswell, Jr., MD Fund for Orthopaedic Surgery, of the Wichita Falls Area Community Foundation. If you have any questions, please contact Addy M. Kujawa, kujawa@aaos.org, 847-384-4033. Copies of the Legacy of Heroes book and Wounded in Action DVD are also available through AAOS Customer Service at 800-626-6726.
- Orthopaedic PAC set to launch new website. During this year's AAOS National Orthopaedic Leadership Conference (NOLC), the Orthopaedic PAC will be unveiling its new and improved PAC website. The goal is to create a more professional and robust website that better reflects the increased growth and strength of the Orthopaedic PAC. The PAC grew more than 125% between the 2002 and 2004 election cycles.
- The answer key for the Orthobiologic Questionnaire is as follows: 1) 4; 2) 4; 3) 4; 4) 1; 5) 5.
- Please take a few minutes and fill out the OTA survey from Michael J. Bosse, MD for the 2005 AOA Symposium entitled "Resuscitating Orthopaedic Trauma/Emergency Care" that was e-mailed to all OTA members. You may also access the survey at: <http://www.surveymonkey.com/s.asp?u=14915968230>.
- Nominations for the United States Bone and Joint Decade Board of Directors are now being solicited. Please contact Dr. Edward Puzas, secretary USBJD, at usbj@usbjd.org.
- Congratulations to Dr. Ellen J. MacKenzie for her Fogarty Award to train researchers at the Aga Khan University in Pakistan.

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