Summer is officially upon us and with that comes “trauma season”, where increased travel, outdoor activity, and warmer weather lead to more musculoskeletal trauma (at least for those in the Northern Hemisphere). The OTA membership and trauma centers worldwide provide an invaluable service to restore function and limit disability after unexpected and life-changing accidents.

As usual, OTA is working to enhance our organization and further our mission. There have been a tremendous amount of behind-the-scenes efforts to further OTA’s position with regard to our online presence and particularly our online educational offerings. I’d like to take this opportunity to describe the goals and the process of this priority initiative.

First, the easy part, goals: Essentially from OTA’s inception, a key part of the OTA’s mission is to be a premier provider of educational content in our field. Over the years, this has matured from a single Resident Fracture Course to the current multitude of course offerings targeted to all levels of interested parties from junior residents, to senior residents and fellows, to practitioners (physicians as well as PA’s and NP’s). These courses have expanded and recently evolved from traditional didactics to case based formats. The pace of change with regard to the preferred delivery methods and formats of educational content is faster now than ever. Online offerings, video, living texts, blogs, chats, etc. are now in high demand. The OTA has the collective resources to provide the needed content, but it quickly became clear that a partner was required to present and deliver the content.

CONTINUED ON PAGE 6

Summer is officially upon us and with that comes “trauma season”, where increased travel, outdoor activity, and warmer weather lead to more musculoskeletal trauma (at least for those in the Northern Hemisphere). The OTA membership and trauma centers worldwide provide an invaluable service to restore function and limit disability after unexpected and life-changing accidents.

While little has changed in healthcare policy in the United States, the elections of 2016 have created uncertainty with regards to the future of the Affordable Care Act and federal health care policy in general. The U.S. House of Representatives has passed the American Health Care Act; however, it’s fate is far from certain in the U.S. Senate and a clearer picture of future directions should come forward by the end of the 2017. Doug Lundy provides an update on page 10 and the AAOS Presidential Line Report following the 2017 National Orthopaedic Leadership Conference (NOLS) is on page 17.

CONTINUED ON PAGE 7

Registration is Now Open and Preliminary Program is available online. Please visit the 2017 OTA Annual Meeting page for more information.
The OTA Program Committee invites you to attend the Annual Meeting of the Orthopaedic Trauma Association that will be held this fall in beautiful Vancouver, British Columbia, on October 11 to 14. The program committee reviewed a record 950 abstracts and 60 symposia submissions this year in order to present a program that will be truly “cutting-edge” for those interested in learning innovative new techniques, confirming established ones, or networking with friends and colleagues. The paper presentations will begin with a “High Impact” session of a dozen original studies (primarily randomized controlled trials) presented for the first time, a session other sub-specialty meetings would be hard-pressed to duplicate. Multiple break-out sessions (over 35) will enable the attendee to focus on his or her chosen sub-specialty field, reinforce an established practice, or investigate a new one. As always, a priority for the presenters will be to allow sufficient time for a productive interaction with attendees who want to ask questions about a particular difficulty they have had or to clarify a technical point. The extremely popular “Poster Tours” will be back (there will be six), led by experienced OTA members who are not afraid to deliver the tough questions to poster presenters. This venue provides an excellent opportunity for the attendee to participate in a “ground level” discussion that is usually fun and practical. For those with an interest in research, the Basic Science Focus Forum (chaired by Ed Harvey) preceding the meeting will address a number of hot topics in the research realm. Many of the innovations that will be translated into clinical practice in the next few years will be included, and this is an ideal chance to see them in their infancy.

This year’s Guest Nation is the United Kingdom, and many of the trauma leaders of that country will present a symposium on their progress with a national network of Level-1 Trauma Centres, including attempts to improve the care of isolated complex open fractures. This has been accomplished using evidence-based medicine to establish national standards of care, in a resource-scarce and economically challenged environment: an interesting topic to be sure. Other main symposia topics will address the “Infected Fracture” in terms of prevention, detection, and treatment and for those who want to stay up to date with the orthopaedic trauma literature, a “Hot off the Press” session will examine how recent evidence-based fracture research has changed clinical practice. The 2017 Border lecture will be delivered by Roy Sanders, Editor-in Chief of the Journal of Orthopaedic Trauma. A dynamic speaker with tremendous insight into the world of research, publishing, and impact factors, Dr. Sanders’ lecture promises to be a “must-see” part of the meeting.

The meeting will cater to both the body and the mind: in addition to his “Surgeon Wellness” session, Jeff Smith (in coordination with the local hosts) has arranged a number of activities including cycling and yoga for those who are interested. To conclude, this promises to be one of the most dynamic and comprehensive meetings of the year, with 93 podium presentations, 38 breakouts, 3 main symposia, and 180 posters. All this in a spectacular environment and a very favorable exchange rate for the US dollar! I join my Program Committee Co-Chair Michael Gardner and local hosts Pierre Guy, Peter O’Brien, and Kelly Lefaivre in urging you to attend the Annual Meeting in Vancouver!

Annual Meeting Home Page link

Message From Annual Meeting Chair
Michael McKee, MD, Chair
2017 PRE-MEETING EVENTS

E&M and CPT Coding for Trauma Surgeons
October 11

Margaret Maley from KarenZupko & Associates, Inc. is back to address the biggest coding conundrums facing orthopaedic trauma surgeons. Staged procedures, bone grafts, external fixation and fracture care are just a few of the issues addressed in the workshop. Maley will discuss Evaluation & Management coding and documentation including the correct codes to use in the ER, and the documentation required for a consultation. Level of service documentation and medical necessity, currently hot topics for audits and take backs, will also be discussed. You will not want to miss this opportunity to attend a coding course developed strictly for orthopaedic trauma surgeons and their staff. Using concrete examples and practical tools, this course offers a terrific value investment in terms of time and money. Each attendee will receive a copy of KZA’s popular workbook full of specific trauma examples. Attend this course to get the answers to your most confounding coding questions.

Basic Science Focus Forum
October 11 – 12

Academic orthopaedic surgeons, community surgeons with an interest in clinically relevant basic science, basic and clinical researchers, residents and fellows will benefit most from the Basic Science Focus Forum.

Orthopaedic Trauma Boot Camp
October 11 – 12

The Orthopaedic Trauma Boot Camp is intended for the practicing orthopaedic surgeon who takes emergency room or trauma call. Current techniques in orthopaedic care will be stressed with attention to appropriate soft tissue management and up-to-date implant selection. Case discussions will be used for interactive learning and audience participation.

Orthopaedic Trauma for PA’s and NP’s
October 11 – 12

Orthopaedic Trauma for PA’s and NP’s is intended for PA’s and NP’s who are earlier in their careers or have experience of treating orthopaedic trauma while practicing in general orthopaedics, taking acute orthopaedic call with inpatient/outpatient or caring for orthopaedic injuries in ER/UC/General Trauma services. Presenters will discuss the foundations of acute care and evaluation of various skeletal injuries, operative positioning and fixation, and postoperative care and course of healing.

Young Practitioners Forum
October 12

The Young Practitioners Forum is designed for orthopaedic residents, fellows and young practitioners to promote career planning and development during residency and selection of best practice environment.
International Orthopaedic Trauma Care Forum
October 11 – 12

OTA’s International Orthopaedic Trauma Care Forum is for the benefit of orthopaedic trauma surgeons and related allied health care professionals with an interest in international trauma healthcare.

OTA Annual Meeting Video Library

The OTA is continuing to pursue the development of a world-class comprehensive trauma video library. We are seeking videos of surgical procedures that range in length from 5 to 15 minutes. Detailed submission guidelines are available on the OTA website. Submissions will be subject to peer-review by the OTA Video Subcommittee and handled similarly to a written manuscript to assure the highest level of quality and practice standards. Accepted videos received by June 30th that meet the criteria for a “peer-reviewed” video presentation will be included in the 2017 OTA Annual Meeting Video Theatre and considered for the new “Video Tours” in Vancouver, Canada. Your video will also be considered for the next Journal of Orthopaedic Trauma (JOT) Video Supplement.

Anyone can submit a video! Award winners are chosen each year from all submissions received. View full submission guidelines here.

List of High Priority Videos to complete the video library.

Annual Meeting Welcome Reception

Vancouver Convention Center – West Ballroom CD
Thursday, October 12, 2017, 6:00 – 8:00 pm

Join your colleagues at the Vancouver Convention Center for cocktails and hors d’oeuvres while enjoying breathtaking floor to ceiling views of the mountains and harbor. The reception will be held Thursday, October 12, 6:00 – 8:00 PM in West Ballroom CD. There is no fee for meeting attendees. There is a fee of $65 for a guest reception ticket.

SAVE THE DATE!
2017 Kathy Cramer, MD Women in Orthopaedic Luncheon

Vancouver Convention Center
Friday, October 13, 2017, 12:10 – 1:10 pm

Going to the OTA Annual Meeting? Be sure to register for this annual luncheon in honor of Dr. Kathy Cramer. Don’t miss out on this delightful opportunity for good conversation, good food and good company.

Guest Nation: United Kingdom
October 11

OTA is honored to welcome the United Kingdom International Forum pre-meeting event on October 11, as well as Guest Nation Speakers Symposium.

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2017 John Border Memorial Lecturer

Observations in Innovation
Roy W. Sanders, MD

OTA is honored to announce Roy W. Sanders, MD as the 2017 John Border Memorial Lecturer. This lectureship was established to honor the memory of John F. Border, MD. John Border was instrumental in the development of modern trauma care and in particular, modern orthopaedic trauma care. He was the pioneer in the concept of total care and the implications of orthopaedic injuries on the total management of the trauma patient. He was also a surgeon scientist, using both his clinical observations and basic science research to further his patient care in orthopaedic trauma.

Dr. Sanders attended medical school at the New York University School of Medicine in New York City, and performed his residency at the Hospital for Joint Diseases Orthopaedic Institute, also in New York City, graduating in 1985. Dr. Sanders received fellowship training in musculoskeletal trauma at Vanderbilt University Medical School, and then went on to obtain the AO/ASIF Jack McDaniels Memorial Trauma Fellowship, which he completed under the tutelage of Thomas Ruedi, M.D., in Chur, Switzerland. Upon his return, he spent several months with Sigvard T. Hansen, Jr., M.D., as a foot and ankle fellow at Harborview Medical Center in Seattle, Washington. His special area of expertise is reconstructive surgery of the lower extremity (complex fractures, mal/non-unions, deformity correction, post-traumatic arthritis, and bone infections).

Dr. Sanders is highly respected both nationally and internationally for his work in orthopaedic trauma, and foot and ankle surgery. He is currently serving as Director of the Orthopaedic Trauma Service, and the Chief of the Department of Orthopaedics at Tampa General Hospital. He has been involved in resident and fellowship training for over twenty (20) years and is presently the Editor-in-Chief of the Journal of Orthopaedic Trauma, the leading international journal in the field.

Missed the last webinar? OTA webinars are archived on the OTA website for free OnDemand viewing. Find them here.

Upcoming 2017 Webinars (Schedule coming soon)
July 20: Current Concepts in Nonunion Treatment
Moderator: Gerald Lang, MD

August: MACRA and MIPS for Dummies
Moderator: Doug Lundy, MD

December: Fixing the Humerus: From Proximal to Distal
Moderator: Andy Choo, MD

Date TBD: Extensile vs. Limited Approach to Calcaneal Fracture Fixation
Moderator: Cory Collinge, MD
Second, the Partnership Process: After substantial discussion, deliberation, and consideration of various pathways forward, guided by the engagement of consultants, the OTA Board of Directors (BOD) decided to seek a partner in the publishing industry. Such a partner would have the necessary infrastructure, resources, and experience to accomplish our goals. A Negotiations Project Team was formed and tasked with creating an RFP and negotiating the partnership. Again, with the aid of consultants, and after innumerable calls and meetings, Wolters Kluwer (W-K), was selected as our publishing partner.

Third, the Partnership Scope: Although some of the final contractual details remain pending, we are proceeding in good faith with W-K toward the following initiatives: Living Textbook based on Rockwood and Green’s: Fractures in Adults and Fractures in Children; a monograph book series; a Video Library; a new OTA owned open access journal “OTA International: The Open Access Journal of Orthopaedic Trauma” (a parallel and equally complex process that will be the subject of a future message); and critically an Online Knowledge Portal. The Knowledge Portal, with a target launch of OTA Annual Meeting 2018 (a lofty goal) will provide the most user friendly interface for the most comprehensive peer-reviewed content source of its kind.

Fourth, the Players and Leadership: With an initiative of this scope, the number of individuals involved has been extensive. Apologies in advance for not mentioning all who have touched this, but I am compelled to recognize several who, without their leadership, organizational skills, time and dedication, this would not be possible. The past and future Presidential Line (names you know) got this off the ground and, I trust, will see it to completion and beyond. Brendan Patterson, Chair of the Negotiation Project Team, has been absolutely instrumental in every aspect of this process. A separate Search Committee, reporting to our BOD, selected the following leadership positions: Heather Vallier will serve as Chair of the newly chartered Publications Committee (more on this committee charge and scope in a future message as well); Emil Schemitsch is the inaugural Editor in Chief of OTA International; Bob Ostrum is new OTA representative to the Rockwood and Green’s Adult Editorial team (a second OTA representative to be named for a subsequent edition); Jack Flynn is OTA representative to Rockwood and Green’s Children’s edition; Ken Egol is Video Library Chair; and Heather Vallier and myself are new OTA Deputy Editors of JOT. Brian Brown, Ginny Pittman, and Eric Banger from Wolters Kluwer, and of course Kathleen Caswell and her staff have been instrumental. Many thanks to all!

Finally, the ASK: Our membership, perhaps more than any other subspecialty society, continues to be committed and engaged in furthering our organizational missions. This is baseline and what sets OTA apart. My new asks are simpler, require less effort, less time, and are free!! Stay up-to-date and support OTA through this process by following OTA on Social Media and be excited and passionate about the OTA Education Portal! Promote it, use it (interim updated video library coming soon and will be announced via social media), direct your trainees to it, and, at every opportunity encourage our industry partners to support the Knowledge Portal. Industry “Channels” will be available to these partners to publish and promote content of mutual interest. And of course, contributions to the Research and Education Fund are always welcome.

It is an honor to write you quarterly in Fracture Lines.

Sincerely,
William M. Ricci, MD, OTA President

OTA is a 501(c)3 organization; all contributions are tax-deductible to the extent permitted by law.

MARK LEE AND THE PUBLIC RELATIONS COMMITTEE HAS PARTNERED WITH THE AAOS TO CREATE AN ADVERTISING CAMPAIGN REGARDING THE DANGERS OF PRESCRIPTION OPIOID ABUSE AND ADDICTION. BE ON THE LOOKOUT FOR PRINT, BILLBOARD, AND RADIO MEDIA IN THE COMING MONTHS FOR THIS NATIONWIDE CAMPAIGN.


BILL RICCI ASSUMED THE TITLE OF OTA PRESIDENT FROM STEVE OLSON AT THE CONCLUSION OF SPECIALTY DAY AT THE AAOS ANNUAL MEETING IN SAN DIEGO, CA. GOING FORWARD, THE OTA MEMBERSHIP HAS DECIDED TO CHANGE THE TIMING OF TRANSITIONS FOR ELECTED AND APPOINTED POSITIONS TO THE FALL ANNUAL OTA MEETING, EXTENDING THE TERMS OF CURRENT APPOINTEES BY SEVEN MONTHS. MANY THANKS TO ALL OF THE VOLUNTEERS WHO HAVE RECENTLY COMPLETED THEIR TERMS IN LEADERSHIP FOR THE OTA.


THANKS AGAIN TO EVERYONE FOR THE SUPPORT AND DEDICATION TO IMPROVING THE TREATMENT AND MANAGEMENT OF MUSCULOSKELETAL INJURY. WE LOOK FORWARD TO SEEING EVERYONE IN VANCOUVER THIS FALL.
**Classification and Outcomes Committee, continued from pg. 7**

Additionally, several members of the Classification Committee have been actively engaged in a major initiative to update the OTA/AO Fracture Compendium. This was accepted and presented in a scientific exhibit at the 2017 AAOS Annual Meeting in San Diego. This project has been a joint effort on the part of the Orthopedic Trauma Association and the AO to modernize the classification system integrating several commonly accepted schemes. The finalization of this compendium update is scheduled for this coming fall. Please stay tuned for the roll-out of this most important endeavor.

This coming year is sure to be exciting, we will be actively promoting the 2017 fracture compendium update, the OTA-OFC system as well as modernizing the OTA database capabilities.

**Education**
*Robert F. Ostrum, MD*

**AAOS 2018 - BOS Society ICL Branding**

The OTA Education Committee recently reviewed and ranked trauma ICLs submitted to the AAOS for co-branding by the OTA. Only submissions submitted by OTA members qualify for co-branding. Submitters will be notified of acceptance by AAOS in late June.

**OTA Educational Resource Hub (OTTER) Work Group**

Acting on a proposal from Bill Ricci to start a reading reference list, the OTTER work group is busy assembling lists for inclusion in the online bibliography. The idea is to make this bibliography of both classic and recent articles part of the OTTER hub and from this hub link to webinars, the core curriculum, videos, etc. The website is being redone next year so this is the ideal time for production of this project.

**EBQVS**
*William T. Obremskey, MD, MPH*

The EBQVS Committee has been working on the following projects:

1. Position statements on:
   A. “State your plan” - encouraging surgeons to put their post op plan in a standardized part of a patient’s medical record
   B. Covering surgeons – statement on OTA’s position on recent attention to overlapping surgery

2. PRO’s in orthopedic trauma – The AAOS made recommendations for Patient Reported Outcomes (PROs), but made no specific Trauma recommendations. We are developing recommendations for clinical practice and research

3. Compartment syndrome manuscript on current clinical practice and recommendations has been submitted for publication similar to publications on open fractures, bone defects and DVT prophylaxis.

4. Quality and safety projects. We were asked by the AAOS BOS to develop a Quality or Safety project. We proposed a Clinical Practice Guideline (CPG) on distal femur fractures in the elderly. This is a topic that has similar impact as proximal femur fractures in the elderly and is nearly as common. We submitted a proposal by the June 1 deadline to the AAOS for consideration.

5. Members - Peter Krause and Clay Spitler have joined the committee. Paul Tornetta founded the EBQVS Committee in 2006 as President of the OTA and has served on it faithfully and is rotating off as a committee member. We are grateful for his vision and leadership to start and participate in this committee.
2017 was a successful Orthopaedic Trauma Fellowship match, 53 programs participated and 73 positions filled, 84 positions were offered. 93 applicants submitted rank lists this year, which was down from 94 in 2016. The majority of the unmatched individuals were international applicants. For information about the vacant 2018-19 trauma positions, please visit the SF Match website.

OTA would like to welcome Yale as a newly accredited orthopaedic trauma fellowship program. Yale joins the other 53 OTA recognized fellowships already participating in the accreditation and match process. For the complete list of OTA approved fellowships and a list of the nine ACGME accredited fellowships please click on the links.

2018 Match Information

SF Match Registration opened June 5, 2017 (For the match in 2018 with the fellowship training in 2019/2020). Please remember that all programs participating in the Match need to update your program information clicking on the link below. Fellowship Match & Resources Fellowship Match Calendar

Please contact: SFMatch at (415)447-0350 or the OTA business office at (847)698-1631 if you have any questions regarding the Fellowship Match.

2016-17 Trauma Fellows

Reminder to all 2016-17 trauma fellows attending the Annual Meeting in Vancouver October 12-14, 2017 we will be celebrating your fellowship graduation at a lunch reception on Saturday, October 14 and we hope to see you there.

Humanitarian

R. Richard Coughlin, MD

OTA member Todd Mailly, MD, continues his support of OTA humanitarian efforts. Through a generous offer, Dr. Mailly is planning to donate $5,000 per year through his retirement to OTA humanitarian efforts. These funds will be used to grow the OTA efforts that truly have an impact where the need is the greatest. Thank you, Dr. Mailly for your support.

Annual Meeting-Speed Mentoring Session

--Calling all Active and Clinical Member Volunteers--

This event is geared towards residents and young practitioners; an open forum discussion about:

- Contract negotiations
- Building a clinical practice
- Research
- Organization/Time
- How to allocate your time-clinical
- Being a Boss
- Work / Life Balance

If you would like to volunteer, please take this Speed Mentoring Survey below by July 7, 2017. This event will take place on Friday, October 13th from 4:30 -6:00 PM.
What the Repeal of Obamacare Might Mean for the Next Election!

The political environment in Washington seems to change so quickly that I was concerned that this column would be out of date by the time it’s published in Fracture Lines! Therefore, I decided to write about governmental issues that are percolating slowly and likely to be relevant for a longer period of time! The issues described below are on a longer timeline, and all orthopaedic trauma surgeons should be aware of these issues – regardless of practice profile. These issues greatly affect the private practice, hospital-employed and academic orthopaedic surgeons alike. So please read this through and stay on top of what is coming out of Washington that will affect our ability to care for injured patients.

Let’s briefly consider some of the policy decisions that are likely to emerge from Washington during this Congress. One of the loudest promises that the Republicans made to their constituency was to repeal the Affordable Care Act (ACA). After President Trump and the new Congress was sworn into office, they immediately went to work trying to craft legislation that would accomplish this goal. Due to factions within the Republican party, Speaker Ryan had a difficult time passing a bill that would satisfy both the conservative and moderate caucuses. The bill the Republican Congress finally decided to support was the American Health Care Act of 2017 (AHCA).

The AHCA was first introduced in the House of Representatives in March 2017. One of the largest challenges facing the Republicans is that they do not have a filibuster-proof majority in the Senate, so if the House of Representatives passed legislation that would accomplish this goal. Due to factions within the Republican party, Speaker Ryan had a difficult time passing a bill that would satisfy both the conservative and moderate caucuses. The bill the Republican Congress finally decided to support was the American Health Care Act of 2017 (AHCA).

The AHCA was first introduced in the House of Representatives in March 2017. One of the largest challenges facing the Republicans is that they do not have a filibuster-proof majority in the Senate, so if the House of Representatives passed legislation that would be debated on the floor of the Senate, the Senate Democrats would probably tie-up the bill in a prolonged filibuster that would arrest any productivity. The Republicans did the same thing when they were in the minority, and this is the tradition of the Senate. As a result, the House Republicans sought to pass a bill that would be considered under the process of “budget reconciliation” which bypasses debate (and the filibuster) and could not be stalled by the Democrats.

Under the process of budget reconciliation, the AHCA is limited in that the only policy it can affect is that related to the federal budget. Fortunately for the Republicans this covers a fair amount of the ACA. If passed into law, the ACHA would repeal the individual and employer mandates and modifications in the federal Medicaid program through budget reconciliation. Though not completely what the Republicans wanted to accomplish, this bill could be the start to eventual repeal of the ACA. The AHCA is the first of the so-called “buckets”; that is the repeal that can be passed under budget reconciliation. The second bucket is by executive order of the President and under the power of Dr. Tom Price, Secretary of HHS. The third bucket is the remaining policy changes that Congress would enact.

The first attempt at passing the AHCA seemed doomed to failure, and President Trump urged Congress to withdraw the legislation before it was defeated in the House. The leaders of Congress moved on to other issues, and it seemed as if the AHCA would never see the light of day. Many of us (me included) foresaw a brutal midterm election for the Republicans in 2018. The Republican’s promise of repealing Obamacare was not going to occur, and their grassroots base would be furious at the polls.

Low and behold, they were working the bill behind the scenes, and when the AAOS attended the National Orthopaedic Leadership Conference (NOLC) in late April this year, we heard many excited Republicans saying that they thought they had the votes to get the AHCA through the House. On 4 May 2017, the House narrowly passed the bill 217 to 213. The bill is now in the Senate, and the Republican Senators believe that their version of the bill is better. Stay tuned for the next step in this saga because the AHCA (or some version of it) might actually become law after all!

The nonpartisan Congressional Budget Office (CBO) is tasked with examining legislation and determining how it will affect the finances of the country. The CBO determined that the AHCA would reduce the federal deficit by $119 billion from now through 2026, but this would result in an increase of 23 million more uninsured Americans than if the ACA was left alone. On a brighter note, the CBO believes that the individual insurance markets across the United States would be relatively stable under the AHCA, and they also believed that consumer premiums would start to decrease staring in 2020.

In terms of national politics, the ability of the Republican-dominated Congress and Executive Branch...
to influence healthcare reform may significantly affect their ability to maintain majority after the midterm elections in 2018. The special election to fill the 6th Congressional District of Georgia (Dr. Tom Price’s former seat) will be decided on 20 June 2017. Many pundits are watching this race between Democrat Jon Ossoff and Republican Karen Handel to predict what may happen across the country in 2018. Remember, political wisdom presumes that the dominant party will lose seats in the midterm election. Every two years, all of the 435 Members of the House of Representatives are up for election, and the Republican majority of forty-six Members could be at risk.

What about the Senate? Recalling your civics class, you will remember that Senators serve for six year terms, and that they are staggered so that only one-third of the US Senate is up for election every two years. Currently, the Republicans enjoy a narrow margin of 52 Senators (with 46 Democratic Senators and 2 Independent Senators that caucus with the Democrats). Charlie Cook brought up a fascinating insight at the NOLC this year. To predict what will happen in the senatorial elections in 2018, one must look back six years ago to the elections in 2012 that put those Senators in office. That was the year that Barack Obama was reelected as President, and the Democrats won handily. During that election, there were twenty-one Democratic and ten Republican Senators up for election. The Democrats gained two seats resulting in twenty-three Democrats, eight Republicans and two Independents winning their elections that year. So with only eight Republican Senators up for election in 2018, the elections in the Senate may not be predictive of the attitude of the country toward current policy – an interesting peculiarity of American politics!

Exciting news for all residents applying for the SF Match! Your SF Match application can now be used as your OTA Candidate membership application. Just mark the check box at the start of your SF Match application when asked about applying also for OTA Membership. The $50 application fee will be waived and your SF Match application will be reviewed by the Membership Committee. If accepted, OTA Membership would begin in January 2018.

The OTA currently has 2065 members and continues to grow.

The OTA Membership Committee, Kyle Jeray, Emily Benson, Gilbert Ortega, George Russell, and Milan Sen reviewed 94 completed applications submitted for the May 2017 deadline.

The Research Committee reviewed 6 of the Research applications. After the OTA Membership and BOD approve of the Membership Committee’s recommendations; all applicants will be contacted. New July members will pay the 2017 Annual Meeting Member Registration of $250; rather than the $750 non-member cost and will also receive member reduced fees for the pre-meeting events.

There will be a New Member Luncheon in Vancouver on Friday, October 13th at 12:10 pm. All new and interested OTA members are invited!

CONTINUED ON PAGE 12
2017 OTA Membership Counts
Active: ........................................ 637
Allied Health: .............................. 18
Advanced Practice Professionals (APP): ................................. 61
(13 NP’s/48 PA’s)
Associate: ..................................... 107
Clinical: ................................. 322
Emeritus: ..................................... 97
International: ................................ 229
Research: ....................................... 14
Candidate: ..................................... 580
(Candidate 145 & Post Candidate 435)
Total: ........................................... 2065

All 2017 new and transitioning OTA members are welcome to attend the New Member lunch on Friday, October 13, from 12:10-1:10 pm at the Vancouver Convention Center. The Board of Directors and membership committee invite prospective members to also attend this popular annual OTA luncheon. Come hear Dr. Kyle Jeray, Chair of the Membership Committee speak on the benefits of OTA membership. OTA leaders will be on hand to sponsor new applicants and answer questions attendees may have.

Did you know that OTA Members can post a job position on the OTA website for no charge? Many non-members pay the $350 posting fee for 3 months. Just one more member benefit!

OTA Members – Are you looking to register for the 2017 Annual Meeting, a webinar or to change your mailing address? Have you logged in yet to your OTA Member menu? If you need help with your log-on, follow the website prompts or contact the OTA office. You will then be able to register for the 2017 Annual Meeting and also explore your new member menu (below).
Committee Updates

Membership Committee,
CONTINUED FROM PG. 12

JOT Subscribers need to notify the JOT of a change or update in an address. Your subscription delivery and billing addresses are managed by Lippincott Williams & Wilkins, the journal publisher. To change or update an address, visit LWW’s online store.

All members not receiving the JOT inclusive with dues are able to subscribe via their OTA member menu.

Military Membership

The OTA continues to honor and welcome all military orthopaedic trauma specialists. In gratitude for one’s commitment to the USA Military and trauma, active military members do not pay dues, or the $50 membership application fee. The membership committee invites all military to apply for OTA membership and to begin participating in the many OTA member benefits.

If you’re planning on attending the 2017 OTA Annual Meeting in Vancouver, there will be a Military Reception on Friday, Oct. 13th from 5:30 pm-6:30 pm. All Military OTA Members are invited.

Military
MAJ Daniel J. Stinner, MD

The OTA Military Committee will be undertaking several projects in an effort to ensure that military orthopaedic trauma care remains at the quality levels achieved during the recent conflicts. Fortunately, the number of casualties returning to the states for definitive care from across the globe has reached its lowest numbers since the start of combat operations following 9/11. However, you may not know that Brooke Army Medical Center in San Antonio, TX is the DoD’s only Level 1 trauma center that accepts civilian trauma patients from the region in addition to the local military and beneficiary population. This means that many military orthopaedic trauma surgeons stationed at bases throughout the US and abroad are not getting the consistent high acuity trauma exposure necessary to maintain a high level of trauma care provided during the recent conflicts. Our efforts will be focused on evaluating the varied experiences and developing ways to ensure we maintain a high standard in the trauma care we provide. The first effort is being led by committee members James Blair and Eric Verwiebe, which will be the establishment of a SOMOS/OTA military mini fellowship program serving as a reciprocal program to the Landstuhl Visiting Scholars Program. The second effort, which is being led by members Chris Lebrun and Michelle Gosselin, will involve a critical evaluation of current military orthopaedic trauma experiences across the DoD to identify opportunities for improvement. Finally, the military committee is partnering with the classifications committee to assess the application of the OTA OFC to military injuries.

As always, the members of the military committee would like to thank the OTA leadership for their continued support.

Hiring an Orthopaedic Traumatologist?

Do you have an open position at your institution for an orthopaedic traumatologist? Consider the OTA as a resource to publicize your posting.

Member Benefit: No charge to post a position!

Please contact Darlene Meyer in the OTA office.
The committee has been working on making changes to the upcoming coding course at the OTA in Vancouver based on feedback from last year’s course. This year, we will focus on E &M level of service in addition to CPT codes and ways to avoid denials.

We are also in the process of updating our ICD-10 and CPT code cheat sheets that are available to members on the website. The Practice Management section of the OTA website was reviewed and is heavily used by members as a resource for coding.

The committee is planning on polling membership before the next OTA meeting to gain insight into undervalued CPT codes to determine if it is worth appealing any codes to the RVU’s update committee (RUC) in the upcoming year.

Members of the committee will also be holding a breakout session at the OTA meeting this Fall to discuss multiple areas of practice management/coding in a seminar.

Please feel free to contact us with any practice management concerns.

AAOS and OTA Public Service Campaign

To highlight the potential dangers of opioids, the American Academy of Orthopaedic Surgeons created a multimedia public service campaign, including display and radio ads, urging doctors and patients to exercise caution in prescribing and taking opioids.

Radio Ads:

The 30- and 60-second radio ads, produced in partnership with the Orthopaedic Trauma Association, emphasize the importance of moderation in prescribing opioids. Both radio ads feature a patient asking for additional prescription painkillers to combat knee pain. Her orthopaedic surgeon responds: “We’re being very careful with prescription painkillers. Let’s continue with therapy and off-the-shelf anti-inflammatories for now.”

The campaign was distributed to hundreds of outdoor media signs and displays and radio stations across the U.S. in an effort to attract attention and awareness for this epidemic.

- 30 second radio ad
- 60 second radio ad

As of May 1, 2017, the PSA has aired more than 6,600 times. This includes airtime in Philadelphia, Nashville, Des Moines, New York, Los Angeles, Dallas, Boston, and Minneapolis. The :30 second version continues to receive the most coverage.

For more information on the PSA and the prescription safety campaign, please visit:

The OTA Research Committee welcomed the following new members effective with Specialty Day 2017: Michael Archdeacon (Chair), Frank Avilucea and Anna Miller as we bid farewell and thank the following members for their hard work and dedication: Brett Crist (Chair), Michael Gardner and David Ring.

The OTA Research Committee met on March 3, 2017. Grants were awarded in the following categories: $78,649 in Resident Grants (28 proposals reviewed); $49,500 in OTA Directed Topic: Hip Fracture patients treated with EXPAREL vs. the standard of care will have better outcomes. (5 proposals reviewed).

2017 marks the inaugural offering of a co-branded OREF/OTA Grant Award focusing on Orthopaedic Trauma. Fifty two proposals were received in response to the RFP. After OREF/OTA joint committee deliberation grant was awarded on May 2, 2017 to Philipp Leucht, MD, NYU Langone Medical Center for a project topic: The Role of Aging and Inflammation on the Skeletal Stem Cell Function in the amount of $236,150.

Kathy Cramer Young Clinician Memorial Scholarship Award
Under the banner of the Kathy Cramer Young Clinician Memorial Scholarship Award, the following received OTA sponsorships to attend 2017 programs:

2017 ORS/OREF/AAOS Young Investigators Workshop OTA Sponsorships:
Mark Gage, MD, University of Maryland, Baltimore, MD and Carmen Quatman, MD, University of Minnesota, Saint Paul, MN

2017 AAOS/OREF/ORS Clinician Scholars Career Development Program OTA Sponsorships:
Mikhail Bekarev, MD, Montefiore Medical Center, Bronx, NY and Justin Haller, MD, University of Utah, Salt Lake City, UT

Research Surveys
HELP Your Colleagues

Please consider participating in the following surveys:

Analysis of Surgeons Practice In Terms of Follow-Up Duration After Surgical Fixation of Femoral Neck Fractures in North America
Survey Close Date: July 31, 2017
Survey Author: Ross Leighton, MD
Description: The goal is to assess the OTA members practice in term of follow up duration after surgical fixation of femoral neck.
Target Audience: all OTA practicing members

MRI versus CT for Classification, Evaluation and Preoperative Planning
Survey Close Date: July 31, 2017
Survey Authors: Russell Goode MD, Brett Crist MD, James Cook DVM, PhD
Description: Given the significant amount of information MRI provides in terms of ligamentous injuries and their profound effect on knee stability, we propose a retrospective evaluation comparing MRI to CT scans and their role in preoperative planning, classification and identification of associated injuries.

Wound Closure Methods in Ankle Fracture Survey
Survey Close Date: September 30, 2017
Survey Authors: Peter Krause, MD and Jack McKay, MD
Description: The results of this survey will give us an idea of the relative usage of wound closure techniques. This survey could potentially suggest which methods of closure are preferred, possibly because they are quicker or produce fewer wound complications.
Target Audience: all domestic members

More surveys available on the OTA website.

Click here before time runs out!
OTA Members and liaisons to your local trauma service:

As many of you know, the American College of Surgeons relies on the “Resources for Optimal Care of the Injured Patient” (aka the orange book) as a guide for ACS trauma center verification. We are working on the revision of the orthopedic chapter and are seeking member input to the public forum. Please visit the following website or contact one of us with any questions, issues, concerns, or if you would be interested in participating in the revision process.

The overall goal of the ACS COT in establishing standards is to improve patient care and trauma programs.

Please click link to provide candid and constructive information aimed at improving patient care and outcomes.

OTA Governance Update
Ross Leighton, MD
2nd Past President, OTA Governance Council Chair

The following governance changes were approved in 2016, following approval of the OTA Membership at 2016 business meetings.

- The maximum time to transition from candidate membership was extended from 5 years post residency, to 7 years post residency.
- OTA elected and appointed governance positions shall transition at the OTA Annual Meeting, rather than at the AAOS Annual Meeting. This change will go into effect beginning March 18, 2017, such that outgoing positions will rotate off on March 18, 2017 as scheduled, and incoming positions slated to conclude in March 2018, March 2019, or March 2020 will be extended by 7 months, based on the following temporary bylaws amendment timeline:

<table>
<thead>
<tr>
<th>Current Term End Date</th>
<th>New Term End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2018</td>
<td>October 2018</td>
</tr>
<tr>
<td>March 2019</td>
<td>October 2019</td>
</tr>
<tr>
<td>March 2020</td>
<td>October 2020</td>
</tr>
</tbody>
</table>

As a result of this shift in timing for term begin/end dates, nominations for the OTA Nominating Committee will be taken at the October Annual Meeting business meeting, rather than the spring OTA Specialty Day business meeting. The next business meeting to include a call for nominations from the floor for the Nominating Committee will be the October 5, 2017 business meeting. And the next slate of candidates will be announced at the October 2018 Annual Meeting.

- A bylaws amendment was passed which reduces the number of sponsors required for International Members from two (2) to one (1). (The applicant must be sponsored by one active or research member from a community and institution other than the applicant.)
- The Chief Financial Officer shall serve for one, three (3) year term of office, and may not be re-elected to the same office for a second term. This 3-year position will be preceded by a one (1) year CFO-Elect term, during which time he/she shall serve as an ex-officio member of the Board of Directors without vote. This change provides for the addition of a 1-year CFO-Elect position to strengthen the transition; and reduces the term from a possible 6-year term, to a 4-year term (with the first year being an ex-officio member of the BOD).

Stop the Bleed Campaign

The OTA is partnering with many trauma associations to address domestic preparedness, spread the word on the Stop the Bleed campaign, train trainers and take the message back to our many home cities.

We are looking for a few volunteers at the Annual Meeting on Friday and Saturday to assist with the training. Please take the survey below if you are interested in helping out.

https://www.surveymonkey.com/r/QUIKCLOT

Contact ota@ota.org with any questions.
AAOS Presidential Line Report

William Maloney, MD, AAOS President
David A. Halsey, MD, AAOS First Vice President
Kristy Weber, MD, AAOS Second Vice President

Dr. Maloney, Dr. Halsey, and Dr. Weber gave the AAOS Presidential Line (PL) Report. Dr. Maloney introduced Thomas E. Arend, Jr., Esq., CAE, as the new AAOS Chief Executive Officer. The PL Report included the following updates:

The recent BOD Workshop focused on advocacy, and how the AAOS can enhance its future by optimizing its advocacy efforts. The AAOS has been effective in the advocacy arena; however, there is opportunity for improvement by breaking down silos and reaching out to all stakeholders. A second topic of the Workshop focused on registries and how the data can be used for quality initiatives. The PL acknowledged the AAOS support of quality initiatives, which has expanded over the years. They reported that the BOD will receive an overview in June of the AAOS efforts with Clinical Practice Guidelines (CPGs), Appropriate Use Criteria (AUCs), and Performance Measures (PMs) and how registries may impact these initiatives.

The PL provided a status report on the AAOS’s latest efforts with Maintenance of Certification (MOC), including the work of the AAOS MOC Alternative Pathway Project Team. The BOD will receive the Project Team’s final report, along with its recommendations, during its June meeting. The work of the MOC Alternative Pathway Project Team also ties in with the recent work of the AAOS Fellowship Accreditation Task Force. The PL commented on the importance of maintaining ongoing relationships with the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Orthopaedic Surgery (ABOS) for these initiatives.

Lastly, efforts continue in developing content for the AAOS Learning Management System (LMS), which will interface many AAOS assets and bring together the best orthopaedic content. The AAOS recently rolled out learn.aaos.org and will continue to develop the System to provide access to digital content in mobile, bite-size pieces.

Awards

The NOLC provided a forum to recognize several individuals and organizations for their contributions to the orthopaedic community.

The Orthopaedic PAC supports the Stuart L. Weinstein Awards which recognize states’ and resident programs’ participation in the Orthopaedic PAC. The Delaware Society of Orthopaedic Surgeons and the Puerto Rico Orthopaedic Society received an award for the state with the highest PAC participation – both coming in at 60% participation. The South Dakota Orthopaedic Society had the most improved PAC participation, with a 19% increase from 2015 to 2016.

The PAC also unveiled its newest donor recognition program: The “Orthopaedic Hall O’Fame”. The “Orthopaedic Hall O’Fame” allows the PAC to recognize leaders and stewards of the PAC. Inductees’ pictures will decorate the Hall O’Fame in the Office of Government Relations. The first inductee class consisted of five (5) individuals and one (1) group practice and were recognized by lifetime achievement (dollars raised), peer to peer (dollars raised), resident involvement, and group practice engagement. The inductees included Drs. Pete Mandell, Chad Krueger, Larry Halperin, Douglas Lundy, and Ronald Delanois, along with the Rothman Institute.

The BOC State Orthopaedic Societies Committee gave the State Society of the Year Award to the New York State Orthopaedic Society (NYSOS) for its maintenance of certification self-assessment preparation, medical liability insurance offerings, key legislative victories, and strengthened governance infrastructure. Babette Grey, the Executive Director for NYSOS, received the Executive Director of the Year Award for her efforts to maintain the Society as a healthy and viable orthopaedic organization.

In addition, the AAOS recognized and honored five (5) journalists from top media outlets across the country during the 12th Annual MORE Awards Program. The award recipients included reporters from the Los Angeles Times, the Kansas City Star, NBC Baltimore, CNN International, and Healthline News. Featured special guests at the event were orthopaedic surgeon and humanitarian Dr. Samer Attar, who has dedicated many years to treating patients who were injured during catastrophic bombings in war-torn Syria, and Gabi Shull, who was diagnosed with osteosarcoma at the age of 9 and was able to return to dancing because of her orthopaedic care.

#OTA2017
OTA Business Meeting

The following individuals were recognized at the March OTA business meeting. The OTA acknowledges the following individuals completing their leadership term.

Retiring Board Members

- Bob O'Toole, MD
  Annual Meeting Program Chair

- Mike Archdeacon, MD
  Member-at-Large

Retiring Committee Chairs

- Brett Crist, MD
  Research Chair

- Craig Roberts, MD
  Classification Committee Chair

- Steve Morgan, MD
  Fund Development Committee Chair

- Saqib Rehman, MD
  Humanitarian Committee Chair

- Chris Born, MD
  Disaster Management Committee Chair

- Jeff Smith, MD
  Public Relations Committee Chair

- Hassan Mir, MD
  Fracture Lines Newsletter Editor

OTA 2017 Specialty Day Meeting Highlights

Sincere thanks to the Specialty Day Planning Committee, Presenters & Industry Partners. For those who missed the meeting, handouts are available on the OTA Website.

Course Chairs

The OTA acknowledges the following chairs completing their leadership term.

- Toni McLaurin, MD
  Fall Comprehensive Fracture Course Chair

- Brian Mullis, MD
  Spring Comprehensive Fracture Course Chair

- Philip Wolinsky, MD
  Residents Advanced Trauma Techniques Course Chair

Incoming Board Members and Committee Chairs were welcomed

New Board Members

- Mike McKee, MD
  2nd President

- Chad Coles
  Member-at-Large

New 2017 Committee Chairs

- Mike McKee, MD
  Annual Meeting Program Chair

- Mike Archdeacon, MD
  Research Committee Chair
New Committee Chairs, continued

Matt Karam, MD
Classification Committee Chair

Dan Horwitz, MD
Fund Development Committee Chair

Richard Coughlin, MD
Humanitarian Committee Chair

Roman Hayda
Disaster Management Committee Chair

Mark Lee, MD
Public Relations Committee Chair

Passing of the Gavel

Steve Olson, MD passes the presidential gavel to Bill Ricci, MD, who will serve as OTA President from March 2017 – October 2018.

The OTA Board also extends sincere appreciation to Ross Leighton, MD, for completing his 5-year OTA Presidential Line term.

OTA 2017 Boston Fellows Course
Course Chair: Paul Tornetta III, MD

2017 marked the 11th year for the OTA Boston Fellows’ Course. Paul Tornetta developed this course with the goal of bringing the current year’s orthopaedic trauma fellows together with the leaders of the OTA. This course provides a tremendous platform to initiate interaction between faculty and fellows. The course includes lectures, cadaveric lab exercises and case-based learning. This year 44 fellows participated in the course. Next year’s course will be from April 26-29, 2018.

Faculty Pictured (L to R): David Templeman, MD; Bob Ostrum, MD and Ross Leighton, MD

Fellows Pictured (L to R): David Swanson, MD; Nirav Patel, MD; Matthew Avery, MD and Eddie Hasty, MD
Join us in Vancouver for the Orthopaedic Trauma Association 2017 Annual Meeting

October 11-14 | Vancouver Convention Centre

Don’t miss this opportunity to learn about the latest clinical and research advances in orthopaedic trauma, connect with your peers, educate yourself on new industry products and technology, and experience all that Vancouver has to offer. A modern city on the edge of a spectacular natural playground, Vancouver leaves conference attendees with a feeling of inspiration and renewed energy.

Please visit www.ota.org for full OTA Annual Meeting program details.

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