



**ORTHOPAEDIC  
— TRAUMA —  
ASSOCIATION**

## **OTA ON-CALL POSITION STATEMENT**

*October 2013*

As part of its stated mission, the Orthopaedic Trauma Association (OTA) is committed to excellence in the treatment of patients with musculoskeletal injuries. Recent reports indicate that emergency departments and hospitals are experiencing difficulty finding specialty surgeons including orthopaedic surgeons to provide on-call services. This document is intended to be used to establish a framework for hospitals and orthopaedic surgeons interested in working together to solve these problems.

Factors changing the delivery of orthopaedic emergency care have included increasing subspecialization of orthopaedic surgeons, with a decrease in the number of generalists taking call. The phenomenon is coupled with a proliferation of ambulatory surgical care centers that have split many orthopaedic surgeons away from large hospital settings where most urgent and emergent care is administered. While the potential to “practice-build” by taking call still exists in some communities, many insured patients are directed away from large institutions to other care providers by managed care organizations, taking away another incentive for surgeons to take call. Finally, recent clarifications in the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) law have put the responsibility for care of patients seen in hospital emergency departments squarely on the hospitals themselves, rather than on the physicians who have privileges at those hospitals. The changes to EMTALA have contributed to an increased willingness by progressive hospital management teams to find creative solutions to orthopaedic trauma problems and a willingness to pay for implementation of these solutions.

It is essential that a trauma center consider the impact that it has on the practices and lives of its orthopaedic trauma surgeons. Their recruitment, development, and retention are essential for ensuring quality care. The burdens assumed by on-call surgeons are not necessarily equally divided. In some trauma centers, institutional support may be required to provide adequate compensation for call duties, including the continuing care of uninsured patients which may in large part be carried out in the surgeon's private office, after the patient is discharged from the trauma center. Policies for reimbursement of orthopaedic traumatologists must be developed with awareness of the impact that commitment to orthopaedic traumatology has on an elective orthopaedic practice.

The OTA believes that Orthopaedic Surgeons are the most appropriate provider of acute Musculoskeletal Care. A loss of the availability of this resource in Emergency Departments will negatively impact the quality of musculoskeletal trauma care delivered in the United States.

This access problem is exacerbated by several factors:

Many hospitals do not apply sufficient resources to allow quality care delivery to the trauma patients. Working within such a compromised system provides disincentive to surgeons who attempt to provide such care. In the context of overall rising cost and decreasing reimbursement, the financial burdens associated with provision of on-call services have become difficult for orthopaedic practices to bear. Many uninsured and underinsured patients now use Emergency Departments as a primary source of health care leaving those covering these facilities with a disproportionate burden of providing uncompensated service.

There is a perceived increase in liability associated with the treatment of higher risk problems such as severe trauma which is predisposed toward poorer outcome. This has influenced orthopaedic surgeons to avoid such activity.

The combined effect of these factors as well as others has resulted in decreasing access to orthopaedic surgeons for patients with musculoskeletal injuries. Analysis of these issues suggests that such access is likely to further decrease in the future without changes in the emergency healthcare environment.

**The Orthopaedic Trauma Association believes that the following principles are paramount in the development of a solution to this developing health care crisis:**

1. Orthopaedic surgeons are the best trained caregivers to evaluate and treat patients with significant musculoskeletal injuries. All orthopaedic surgeons should make themselves available to their hospital's on-call list during the active years of their practice at that institution.
2. Orthopaedic surgeons, hospitals and legislators share a duty to the community in which they serve to provide timely services to patients with musculoskeletal injury.
3. Musculoskeletal trauma care from a qualified orthopaedic surgeon should be available to individuals with significant injuries 24 hours per day and 7 days per week within their communities. If these responsibilities cannot be met, appropriate need based transfer policies should be established.
4. Access to specialized high-level care from orthopaedic trauma specialists should be available on a primary or referral basis for those patients with severe injuries to the musculoskeletal system that cannot be adequately managed by a non-trauma specialist orthopaedic surgeon.
5. Orthopaedic surgeons have been trained in basic musculoskeletal trauma care and should maintain the skills needed to provide basic musculoskeletal trauma care services (i.e. splinting, fasciotomies, debridement of open wounds and basic internal and external fixation application).

**In support of these principles, we support adoption of the following specific guidelines with regard to provision of emergency musculoskeletal trauma services:**

1. Meaningful liability reform is necessary to reduce physicians risk associated with the delivery of emergent care and prevent attendant insurance costs from driving orthopaedic surgeons away from providing necessary emergency musculoskeletal care.
2. The financial burden for provision of emergency musculoskeletal services on-call should be borne jointly by hospitals, the public and physicians. In providing emergency department coverage, hospitals should not impose an undue burden on orthopaedic surgeons offering such coverage; the challenges associated with disruption in medical practice and lifestyle are borne by the physicians alone. Therefore orthopaedic surgeons must be compensated for their on-call services. Payment for such services should reflect the work and liability risk associated with these services.
3. Hospitals need to provide adequate resources both in terms of personnel and facilities to ensure that provision of emergency musculoskeletal trauma care can be accomplished in a safe and timely fashion regardless of the time of the day at which that care is needed. A general scheme of these elements may be seen in the OTA created optimum resource guidelines, which are the minimum standard. Emergency conditions should be addressed surgically within a medically appropriate timeframe. Non-emergent conditions requiring surgery should be addressed during regular working hours when regular staffing and ancillary help is available. The assessment of urgency must rest with the treating orthopaedic surgeon.
4. Hospitals without continuously available musculoskeletal trauma specialists should develop transfer agreements with centers where such specialists practice. This will allow for the appropriate transfer and timely treatment of patients from institutions that lack adequate trauma facilities. Such transfers should always be based on complexity of injury and the best interest of the injured patient, not on the patient's ability (or lack thereof) to pay for such services. Transfers other than those prearranged by standing hospital agreements should be communicated between transferring and receiving orthopaedists.
5. Hospitals and orthopaedists need to remain flexible while adjusting their care practices to align with the Affordable Care Act and shifting population demographics.
6. The AAOS and the ABOS must monitor the orthopaedic workforce to insure availability and distribution of orthopaedic surgeons to meet the needs of the nation's Emergency Departments. The Orthopaedic Trauma Association calls on the American Academy of Orthopaedic Surgeons (AAOS), the American Board of Orthopaedic Surgeons (ABOS), the American Orthopaedic Association (AOA), and all specialty societies to work toward mechanisms to assure the sufficient participation of their membership on-call lists at their institutions including evidence of such participation as a qualification for membership and certification.