



## OTA ON-CALL POSITION STATEMENT

*Updated May 2021*

As part of its stated mission, the Orthopaedic Trauma Association (OTA) is committed to excellence in the treatment of patients with musculoskeletal injuries. The OTA upholds that orthopaedic surgeons are the most appropriate providers of acute musculoskeletal care. The OTA supports the position that orthopaedic surgeons practicing in communities and serving on hospital staff have a responsibility to organize and sustain on-call coverage. Provision of emergency care on trauma call imposes additional, liability risks, financial burden, and disruption of elective practice, family life, sleep and logistic challenges for surgeons taking call. Failure by hospitals, health plans and legislators to recognize the issues and provide adequate support has negatively impacted the willingness of orthopedists to take call. A loss of the availability of qualified orthopaedic trauma surgeons can negatively impact the quality of musculoskeletal trauma care delivered in the United States.

**This document is intended to be used to establish a framework for hospitals, health plans, legislators and orthopaedic surgeons working together to ensure call coverage for the urgent care of trauma patients with musculoskeletal injuries.**

Various factors have resulted in a decrease in the number of orthopaedic surgeons amenable to accepting call. These factors include the increasing sub specialization of orthopaedic surgeons, the growth of practices away from traditional hospitals and the stress of caring for complicated trauma patients. It is noted that some orthopaedic surgeons take call due to monetary incentives regardless of their subspecialty. Finally, 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 initially contributed to an increased willingness by progressive hospital management teams to find creative solutions to orthopaedic trauma problems and a willingness to pay for the implementation of these solutions. It remains unclear however, whether this position has been sustained over time.

It is essential that trauma centers consider the impact that call coverage has on the practices and lives of its orthopaedic surgeons. Their recruitment, development, and retention are essential for ensuring ongoing quality care. The burdens assumed by on-call surgeons are not necessarily similar across organizations. In some trauma centers, institutional support is necessary to provide adequate compensation for call duties, which includes the continuing care of under and uninsured patients. Policies for the reimbursement of orthopaedic surgeons taking call must be developed with appreciation for the impact that the commitment to trauma call coverage has not only on elective orthopaedic practices, but the surgeons' lives in general.

**Call coverage problems are exacerbated by several factors:**

1. Many hospitals do not allocate sufficient resources to facilitate the delivery of quality orthopaedic care to trauma patients; both in the emergency department and the operating room (see OTA position statement on surgical care of the orthopaedic trauma patient). A lack of alignment between the trauma center and the orthopaedic surgeon in these areas can lead to physician burnout and a disinterest in continuing to take call.
2. In the context of overall rising costs and decreasing reimbursement, the financial burdens associated with provision of on-call services have become difficult for many orthopaedic practices to bear.
3. There is a perceived increase in liability associated with the treatment of higher risk injuries (including severe trauma) due to their predisposition of poorer outcomes. This perception has influenced orthopaedic surgeons to avoid involvement in treating these high risk cases. In addition, trauma patients are often handed off to the “orthopaedic trauma team” in the morning, resulting in potential delays in treatment of injuries.

**The OTA supports the following key principles in the development of a solution to this developing health care crisis:**

1. Orthopaedic surgeons are the best caregivers to evaluate and treat patients with complex musculoskeletal injury. Orthopaedic surgeons, in conjunction with medical staff policies, are encouraged to participate in their hospital's on-call pool based on need and proficiencies.
2. Orthopaedic surgeons, hospitals, and legislators share a duty to the community in which they serve. All parties should work to provide timely access for 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, 7 days per week within their communities. If these services cannot be met, appropriate need-based transfer policies should be established, regardless of insurance status or the ability to pay.
4. Trauma patients may present with complex pelvic and acetabular fractures or extremity injuries requiring limb salvage techniques. It is recommended that these types of complex trauma patients are managed by a team of appropriately qualified providers. It is therefore, recommended that trauma fellowship trained orthopaedic surgeons are granted ortho-trauma call responsibilities. Trauma fellowship trained orthopaedic surgeons must be available for consult of complex multiple trauma patient injuries of the pelvis, acetabular fractures and limb salvage cases.
5. 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. The patients best interests should be kept in mind as it pertains to timing of surgical intervention and referral to appropriate orthopedic sub-specialists.
6. All orthopaedic surgeons have been trained in basic musculoskeletal trauma care and should maintain the skills needed to provide an initial assessment and triaging as well as, 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, the OTA encourages the adoption of the following specific guidelines with regard to provision of emergency musculoskeletal trauma services:**

1. Liability reform is necessary to reduce a 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. In providing emergency department coverage, hospitals should not impose an undue burden on orthopaedic surgeons offering such coverage. These surgeons have challenges associated with disruption in medical practice and lifestyle. Therefore, orthopaedic surgeons should be compensated for their on-call services. Payment for such services must reflect the work and liability risk associated with these services.
3. Hospitals are obligated to provide adequate resources both in terms of personnel and facilities, to ensure emergency musculoskeletal trauma care can be provided in a safe and expeditious manner regardless of the time of day care is needed. An overview of these elements may be seen in the OTA created *Optimum Resource Guidelines* as well as, the ACS COT *Resources for the Optimal Care of the Injured Patient*, which highlights the minimum standard. Emergent conditions should be addressed surgically within a medically appropriate timeframe. Non-emergent conditions requiring surgery should be addressed during regular working hours when adequate staffing and ancillary staffing are available (see OTA policy on *Surgical Care of the Orthopaedic Trauma Patient*). The assessment of urgency must be decided by the treating orthopaedic surgeon.
4. Hospitals without continuously available musculoskeletal trauma specialists should develop transfer agreements with centers where such sub-specialists practice. This allows for the appropriate transfer and timely treatment of patients from institutions that lack adequate trauma personnel and/or services. Such transfers should always be based on complexity of injury and in 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 the transferring and receiving orthopaedic surgeons.
5. Hospitals and orthopaedic surgeons need to remain flexible while adjusting their care practices to align with the *Affordable Care Act* and shifting reimbursement policies.
6. The OTA calls on orthopedic specialty societies and governing entities to work toward developing compatible positions to encourage sufficient numbers of their membership to participate in on-call panels at their institutions in order to ensure adequacy of coverage.

