The Community Orthopaedic Traumatologist

Members and guests, it is one of my greatest honors to serve as the 26th President of the Orthopaedic Trauma Association (OTA). It is a humbling privilege to be addressing you this morning and I sincerely thank you for the opportunity. I would like to borrow a few minutes of your time to discuss the state of your organization, the progress your board has made this year, and most importantly, I would like to share a few thoughts regarding my passion for the practice of community orthopaedic trauma.

THE STATE OF YOUR ORGANIZATION

I am proud to report, on behalf of the Board of Directors, that your Association is financially healthy, expanding its membership both here and abroad, and continues to fully support its mission of research, education, and our vision statement. All of this is made possible by the large numbers of member volunteers, who serve creatively and professionally.

Internationally, the Haitian relief effort continues to appropriately demand our attention. Although not as active as earlier this year, your organization continues its commitment to aid in the care and rebuilding programs of this devastated nation. For this, we owe thanks to Chris Born, Lew Zirkle, and the members of the combined OTA/American Association of Orthopaedic Surgeons Haitian Relief Preparedness Committee for their efforts in managing this disaster. Many of you sitting in this room volunteered and we would like to recognize your efforts, “thank you.” We should all be very proud to know that you, and your organization, in coordination with the US military, played a crucial role in this massive international effort.

This year, after an exhaustive personnel search and organizational due diligence, Kathleen Caswell has been advanced to the Executive Director position. It was the perfect fit for the most qualified applicant. After many years of committed service from our Executive Director, Nancy Franzen, she has retired and is now spending much deserved time on herself and with her family. She is still active as a consultant to the Center for Orthopaedic Trauma Advancement (COTA), a 501(c)3 foundation designed under the direction of Tracy Watson for the purpose of OTA fellowship funding. Currently chaired by past president Mike Chapman, COTA is proud to report that they were able to distribute $857,345 for fellowship education this fiscal year.

Education and research is the core mission of your organization. Your chair of the education committee, David Teague, needs to be individually recognized for his mammoth effort in designing a new, long-term educational program known as the New Residents Comprehensive Fracture Course, Version 2.0. It will be a very interactive, small group based modular course that can be produced several times per year to increase access of junior trainees to our expert faculty panels.

Ted Miclau continues to lead the basic science focus forum and Larry Marsh has done an outstanding job with the demands of the fracture classification debate. Past President Paul Tornetta has once again successfully chaired the ever popular fellow’s course. I would encourage all fellowship program directors to take note and remind fellowship graduates to consider attending.

Moving to research, Joe Borelli handed over the reigns to our friend and Canadian colleague, Ed Harvey, to carry on the task of coordinating our research efforts. Not only are they charged with the monumental effort of fairly identifying appropriate projects to fund, but they will be faced with continuing debate related to management of potential conflicts of interest. The OTA this year fully funded $598,823 in various research projects thanks to the
continued commitment of our industrial partners, donors, and friends. New this year, the presidential line pledged a yearly personal $1000 commitment to the research fund. We are confident that the entire board and all of you will consider a similar level of commitment.

Lisa Cannada has finished her outstanding tenure as fellowship chairperson; thankfully, she continues to edit our newsletter, “Fracture Lines.” The committee is now under the watchful eye of Mark Lee, the fellowship director at the University of California–Davis. This important committee will be working on fellowship curriculum standards as well as program development. We are all keenly aware of the quantum leap in the numbers of both fellowship candidates and the interest in developing quality programs. We anticipate recommendations to control growth of the fellowship programs while maintaining the high quality of our fellow graduates.

A special thanks to Craig Roberts and Jeff Smith for the “OMG” campaign and their recruitment efforts to spread the word…texting while driving is a deadly distraction. Finally, I would like to recognize the Presidential Line, the executive committee if you will, of your organization. These are leaders of immense integrity, thoughtful problem-solvers, and the financial stewards of the OTA. It goes without saying that your organization is in good hands for many years to come.

MEMBER SERVICES

This year, one of the major themes of the current presidential line has been the development of member services. Based on member survey data from 2009, we appointed a working committee with several project teams to review and produce recommendations for “added value” of membership in the OTA. The question to be answered was: “How can we improve the service we provide our members?” I would like to review the progress we have made over the past few months and share with you our anticipated product, services that are easily accessible and of practical help to the working traumatologist.

Bruce Ziran began work on a program to improve coding services for our members. In the near future with improved web access, and the assistance of our practice management committee, our members should be able to obtain better assistance with difficult coding problems. Rafi Neiman has been working on the community trauma development program for members in search of information regarding all aspects of contracting and community program development. Soon, a central reference library will be available to all of you online, and, if needed, an OTA member contact list for more personal discussions.

Bob Probe has been negotiating with several software companies in an attempt to provide online access to preoperative planning programs. The cost has been prohibitive currently; however, Bob is committed to find a way, even in a limited fashion, to make this available to our members. Our Canadian friends Ross Leighton and Rick Buckley have convinced us to schedule another annual meeting in the provinces; Vancouver and Calgary seem to have surfaced as likely locations for the near future. We hope you will join us in beautiful Canada for this upcoming offering.

One area that the Board agreed needed urgently upgrading was our member media services. It is generally felt that most members of the OTA are unaware of the service offerings as a member of our organization. Thus, Kathleen Caswell has committed to assist in this newly committed OTA media campaign. With her capable staff, Kathleen has agreed to update our “online” access and web page while incorporating the various recommendations of the member services project teams. They are also hard at work developing the social web sites to better spread the word to our younger OTA members.

To prevent our Past Presidents from wandering too far from our organization, the Presidential Line agreed to support a web offering from this experienced group. Past President Peter Trafton has generously offered to edit the new web page and Journal of Orthopaedic Trauma addition known as the “OTA Tip of the Month.” This will be a monthly online contribution by OTA Past Presidents in all areas of trauma care, including, clinical, research, personal, and business issues. Hopefully, the wisdom and experience of this distinguished group will provide you with valuable information and practical help.

Finally, the Presidential Line has been hard at work debating a change in the organizational governance of the OTA, an area that has not been reviewed for 25 years. Our goal was to make board meetings more timely, productive, and interactive yet continue to encourage and endorse leadership recruitment from our new members. With this in mind, the Board continues to debate a possible change in its composition by the addition of Council Chairs. These chaired positions of research, education, membership, and management will be appointed to senior OTA members who will function as directors of several prior working committees, now known as subcommittees. This should make the board leaner, more engaged, and create more time to discuss and debate important organizational issues. The goal is to diminish the administrative load of the Board, thus allowing leadership members to be more available for access both professionally and socially at our annual meeting and specialty day.

THE COMMUNITY ORTHOPAEDIC TRAUMATOLOGIST

Please allow me to focus your attention to an area of orthopaedic trauma that is near and dear to my heart: the practice of community orthopaedic trauma. I would like to preface these remarks by saying that community traumatologists cannot, and do not, function in a vacuum; we must all work together with our university, military, HMO, and industrial partners to care for our injured patients. The focus, this afternoon, is to honor and acknowledge your clinical contributions and care of injured patients in all the small towns across this country and the world.

Personally, my journey began as a young resident at the University of California–San Francisco and San Francisco General Hospital in the early days of our organization. I was afforded the golden opportunity to learn from several of the founding members of the OTA, including Ted Bovill, Mike
Chapman, Peter Trafton, and Lorraine Day. The colorful diversity and San Francisco lifestyle of the 1970s created a ripe environment to train a generation of orthopaedic traumatologists.

As the first trauma fellow at the University of California–Davis, I eventually became Chief of Service as a full-time academic traumatologist. Like most trauma services around the country, we were very busy, and I missed several years’ activities with my family and thought that there must be an opportunity out there, in some form, for a private practice trauma model with better personal time control and improved working conditions. As a result, I moved my family to a rather underserved trauma community in northern Nevada and begin work on a novel, community-based solution for referral orthopaedic trauma care. Now, 25 years later, with great working conditions, capable colleagues, and better pay, these types of private trauma programs are equally as desirable as large institutional trauma center positions.

Each summer, the OTA Presidential Line meets in Chicago for an organizational planning session. As we reviewed the membership survey data from December 2009, I was disappointed to read a comment from one of our colleagues that simply said “...community membership is demeaning.” I believed this was in reference to a discrepancy in the membership classification denying the community member a vote in the organization. I have always shared a concern regarding this standard, especially for our fellowship-trained colleagues. To address this, your Board, under the leadership of Tracy Watson, has agreed to acknowledge a change in membership status for all OTA members. Going forward, we will all be classified as “active members,” including community traumatologists, with full voting rights in the organization. The differences, like other subspecialty societies, will be in practice and publication requirements for Board and Committee Chair positions.

Our community numbers are growing (currently 16%) and it goes without saying that with voting comes the responsibility of participation and commitment. I challenge our community colleagues to not only do the work, but publish your results, present your data, and join a working OTA committee. Demonstrate to your OTA colleagues that transferring patients is a rarity in your vocabulary and that your clinical outcomes are equally valid.

As an example of community commitment to orthopaedic trauma, allow me to share a story with you about a friend of mine at home. It is a story that truly exemplifies the humanitarian spirit and the values of our profession. Allow me the privilege of introducing Dr. William and Kris Krisshoff and their two sons, Nathan and Austin.

Like those of you in smaller communities, you become very familiar with your colleagues’ family and friends. Nathan became close to our family; a great swimmer, smart, polite, an excellent pianist, and, like his dad, an elite level kayaker. He graduated from Williams College and was horrified by the events of 9/11 and he felt a need to contribute to our nation’s security. Although he attempted to join the CIA, he was denied and told he needed “intelligence experience.” He soon joined the US Marine Corps assigned to a reconnaissance unit. His dad was dubious to say the least when his son assured him that he was out of harm’s way despite being on military patrol in Iraq.

On December 9, 2006, Dr. and Mrs. Krisshoff heard the dreaded knock on their door, and outside stood a chaplain and four Marines. The Krisshoffs’ lives had changed forever. As a result of this tragedy, Bill, the community orthopaedic surgeon, convinced the then-President George W. Bush that he should be part of the military combat mission in Iraq with his son Austin, a Marine in the same unit as his brother. At age 61 years, he was accepted into the Navy Medical Reserves and has served proudly in the Middle East caring for our wounded warriors with his son Austin. As a tribute to Marine First Lt. Nathan Krisshoff and the entire Krisshoff family, please join me in welcoming my friend and your colleague, Lt. Commander William Krisshoff, US Navy!

Both here and abroad, practicing community orthopaedic trauma surgery is a noble calling. Remember this story and be proud of what you do! We care for our neighbors, we support our communities, we run businesses that create jobs, and support economic growth that help provide opportunities for families to grow and pursue their dreams. In fact, the United States has 6.0 million small business employers that bring innovative products and services to the marketplace on a daily basis. Small businesses, including your orthopaedic trauma practice, are the heart and soul of America’s economy.

Interestingly, a recent OTA postgraduate fellowship survey attempting to identify areas of educational opportunity in the orthopaedic trauma fellowship programs found that the most desired curriculum improvement was equally divided among more experience in pelvic, acetabular, and calcaneal surgery followed closely by a desire for a better understanding of the business of orthopaedic trauma. It is my opinion that the survival of community trauma programs will depend on innovative relationships to deal with the cuts in reimbursement. As such, the private community trauma model may be best positioned to provide additional business training to our fellows and help develop valid business curriculums.

The fellowship committee has approved a new trauma fellowship, under my direction, that not only emphasizes learning core surgical skills, but core business skills as well. The Reno Orthopaedic Trauma Program will incorporate faculty executives from our orthopaedic trauma hospitals as well as executives from the private practice trauma models in our community. Our business administration and leadership rotations include, among others, healthcare financing, medical staff services, contracting, rural health, supply chain management, and human resources. The fellow graduating from this program will be prepared to enter not only private trauma practices, but should be able to bring strong leadership and business skills to any trauma system nationally or globally.

THE FUTURE OF THE ORTHOPAEDIC TRAUMA ASSOCIATION

On March 23, 2010, Barack Obama signed the “Patient Protection and Affordable Care Act.” In its current form, this newly passed healthcare legislation will expand access to health care. It is generally believed that this will be a positive for most aspects of acute trauma care, yet the final version of PPACA (aka the Affordable Care Act) is still to be determined, because some provisions will most likely be repealed before they take
effect. In addition, the Medicare side of trauma care will be negatively affected with slower, lower, and more cumbersome reimbursement. It is unclear what overall effect these changes will have on the quality of care you will receive or be able to provide. The majority of Americans really do not understand this bill and do not know how we intend to pay for it.

In the political community, the OTA is a small organization with roughly 1000 members and as a group we do not have the political power to weigh heavily in most Washington debates. Therefore, we have tried to support the position statements of the American Association of Orthopaedic Surgeons throughout the legislative period as they have represented most of the time our greater needs as orthopaedic surgeons and the safety and well-being of our patients.

Sociologist Robert Merton coined the phrase “unintended consequences.” Certainly this legislation has one glaring potential of concern for all of us in this room. Orthopaedic traumatologists, and most surgical specialists for that matter, are in training until the age of 32 years and will have spent over $200,000 on their education. As a result, recruitment and retention of bright, motivated young intellects will become problematic. This is of critical importance not only to our organization, but to the global mission of orthopaedic trauma care as well. Identify these young men and women early in their residency, spend time with them and demonstrate, by example, just how great our profession really is and help them understand that their life’s investment is well worthwhile.

Finally, hospital physician alignments are coming. We must understand what they are and how they affect the orthopaedic traumatologist. The bottom line is that you can anticipate more hospital employment of our colleagues. Here is the difficulty: young surgeons should be more interested today in partnering with hospitals to grow business opportunities, but not necessarily as an employee. Orthopaedists have to learn the business, understand accounting, and obtain legal advice. We all have worked too hard to sign a contract as an orthopaedic surgeon to later be demoted to a provider of emergency services at a discounted rate by a hospital system. You will be hearing more about the so-called “baskets of care,” bundling of a single payment for an episode of care that will be divided among hospital and service providers. We must all be proactive and identify ways to be part of the decision-making process in your hospital. Participate in staff committee meetings and represent your profession fairly and aggressively. There are only a few who can do your job, so you must never undervalue your services.

In closing, it has been an honor to address you and share with you my thoughts regarding your global organization, our commitment to its members, and to recognize all of you gifted physicians who have the incredible privilege of getting up at night to do the right thing. Like many of you, without the support of my wife Kathy, my family, my practice partners, and our trauma community who have supported this trauma mission for so many years, none of this could have been possible.

Timothy J. Bray, MD
26th President
Orthopaedic Trauma Association