Trauma System Stabilization Proposal

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Definitive Trauma Care - A Scarce Resource

- This caught most of the trauma community off guard
- The impact of the loss of a level I trauma facility impacts the entire state and region
- The long-term financial and staffing commitment required makes it unlikely that we will be able to add an additional level I or II trauma center
- If it was easy, another center would have stepped up by now...



Trauma Center Retention Challenges

Trauma Centers Withdrawing from the GA Trauma System

- Oconee Regional Hospital (LIII)
- Hutcheson Medical Center (LIII)
- Columbia Barrow Medical Center (LIII)
- DeKalb Medical Center (LIII)
- Lower Oconee Community Hospital (LIV)
- Trinity Hospital of Augusta (LIII)
- Wills Memorial Hospital (LIV)
- Taylor Regional Hospital (LIV)
- Appling Healthcare (LIV)
- WellStar Atlanta Medical Center (LI)

Trauma Centers Downgrading Trauma Center Level

- Archbold Memorial Hospital (LII to LIII)
- Hamilton Medical Center (LII to LIII)
- Taylor Regional Hospital (LIII to LIV)*

Trauma Centers Withdrawing & Returning to the GA Trauma System

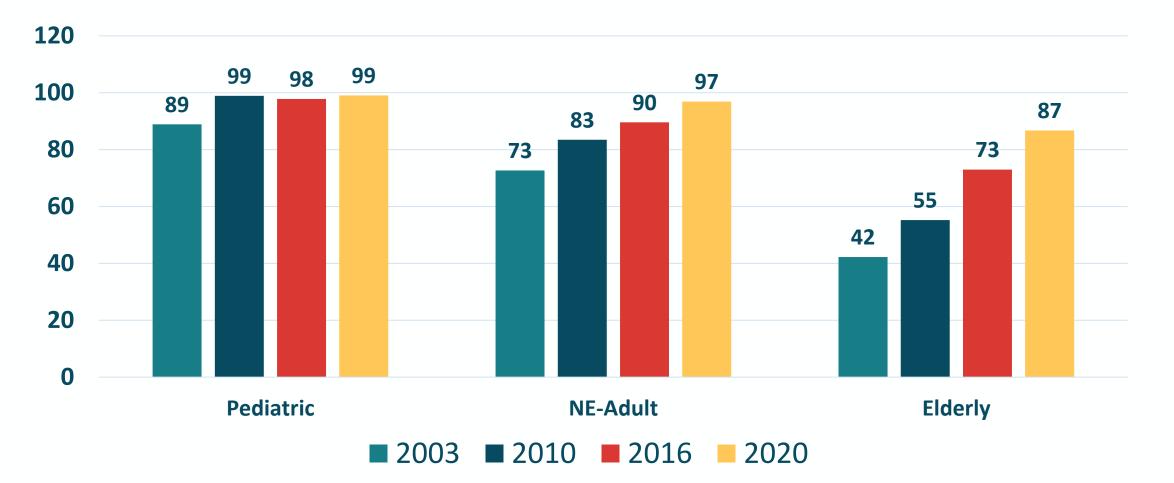
- WellStar Cobb Medical Center (LIII)
- Piedmont Henry (LIII)



Percent Severely Injured Patients Treated at a DTC 2003 - 2020



Percent Severely Injured Patients Treated at a DTC Select Years



Trauma Center Financial Drivers:

1. Trauma Center Readiness

2. Uncompensated Care



1. Trauma Center Readiness

Readiness Costs Validation, Funding & Performance Based Payment Program



What Are Trauma Center Readiness Costs?

Costs incurred by the trauma center to be ready to provide trauma care 24/7/365

THE COMMITTEE ON TRAUMA

Costs to maintain essential infrastructure in compliance with the ACS's 2022 Resources for **Optimal Care of the Injured** Patient





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Resources for Optimal Care

of the Injured Patient



How much green does it take to be orange? Determining the cost associated with trauma center readiness

Trauma Center	Average annual readiness cost	Most significant cost	Lowest Cost
Level I	\$10,078,506	Clinical Medical Staff	Education and Outreach
Level II	\$4,925,103	Clinical Medical Staff	Education and Outreach

The significant cost of trauma center readiness highlights the need for additional trauma center funding

KEY WORDS: Readiness costs; trauma center; survey.

Lb

AAST PODIUM 2022

Assessing trauma readiness costs in level III and level IV trauma centers

	Trauma Center	Average annual readiness cost	Most significant cost	Lowest Cost
2016	Level I	\$10,078,506	Clinical Medical Staff	Education and Outreach
20	Level II	\$4,925,103	Clinical Medical Staff	Education and Outreach
2019	Level III	\$ 1,715,025	Trauma Surgeon Staff	Education and Outreach
70	Level IV	\$ 81,620	Trauma Director	TMD Participation Costs

Percent of Trauma Center Readiness Costs Reimbursed Level I and II Centers FY 2008 – FY 2016

Fiscal Year	Budget	# Level Is	# Level IIs	Level I & II Combined Readiness Costs	Level I & II Combined Readiness Funding	% Readiness Costs Funded for Level I & II Trauma Centers
2008/2009	\$58,902,769	4	9	\$40,835,201	\$23,851,385	58%
2010	\$20,340,888	4	9	\$40,835,201	\$7,456,990	18%
2011	\$10,543,460	4	9	\$55,103,337	\$2,228,670	4%
2012	\$17,303,758	5	9	\$55,103,337	\$5,665,390	10%
2013	\$15,159,097	6	9	\$55,103,337	\$4,553,837	8%
2014	\$15,345,972	6	9	\$55,103,337	\$4,383,231	8%
2015	\$16,360,468	6	10	\$55,103,337	\$4,773,784	9%
2016	\$16,372,494	6	11	\$55,103,337	\$4,686,185	9%

Percent of Trauma Center Readiness Costs Reimbursed Level I and II Centers FY 2017 – FY 2023

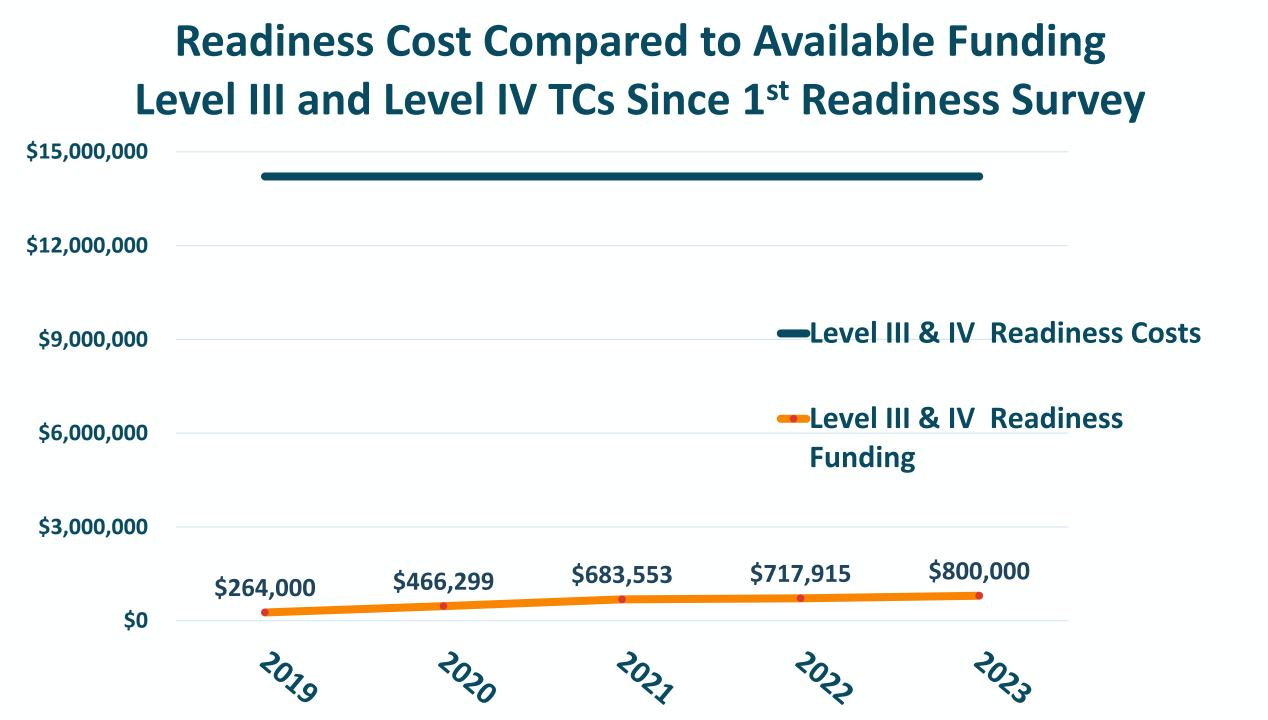
Fiscal Year	Budget	# Level Is	# Level IIs	Level I & II Combined Readiness Costs	Level I & II Combined Readiness Funding	% Readiness Costs Funded for Level I & II Trauma Centers
2017	\$17,475,377	6	10	\$109,722,061	\$4,828,481	4%
2018	\$21,760,160	6	10	\$109,722,061	\$5,964,578	5%
2019	\$22,565,420	6	10	\$109,722,061	\$6,589,598	6%
2020	\$22,510,137	6	9	\$109,722,061	\$7,989,828	7%
2021	\$23,557,846	6	8	\$109,722,061	\$8,326,300	8%
2022	\$22,966,934	6	8	\$109,722,061	\$8,754,806	8%
2023	\$22,942,155	5	8	\$109,722,061	\$7,743,475	7%

Percent of Trauma Center Readiness Costs Reimbursed Level III and IV Centers FY 2019 – FY 2023

Fiscal Year	Budget	# Level IIIs	# Level IVs	Level III & IV Combined Readiness Costs	Level III & IV Combined Readiness Funding	% Readiness Costs Funded Level III & IV Trauma Centers
2019	\$22,565,420	4	4	\$14,209,929	\$264,000	2%
2020	\$22,510,137	5	4	\$14,209,929	\$466,299	3%
2021	\$23,557,846	5	5	\$14,209,929	\$683,553	5%
2022	\$22,966,934	5	5	\$14,209,929	\$717,915	5%
2023	\$22,942,155	5	5	\$14,209,929	\$800,000	6%

Readiness Cost Compared to Available Funding Level I and Level II TCs Since Inception





Percent of Trauma Center Readiness Costs Reimbursed All Trauma Center Levels FY 2019 – FY 2023

Fiscal Year	Budget	Total # All TC Levels	Readiness Costs All TC Levels	Readiness Funding Available All TC Levels	% Readiness Costs Funded All Level Trauma Centers
2019	\$22,565,420	24	\$123,931,990	\$6,853,598	6%
2020	\$22,510,137	24	\$123,931,990	\$8,456,127	7%
2021	\$23,557,846	24	\$123,931,990	\$9,009,853	7%
2022	\$22,966,934	24	\$123,931,990	\$9,472,721	8%
2023	\$22,942,155	23	\$123,931,990	\$8,543,475	7%

Performance Based Payment Program



Trauma Center Performance-Based Payment Program (PBP)

- Accountability mechanism
- Three domains:
 - 1. System participation
 - 2. ACS Optimal Resources "Gray Book" criteria
 - 3. GQIP engagement & participation
- Each criterion assigned a percent
- Annual report card submission
- Final payment based on PBP performance

			II PBP CRITERIA	
Domain	Criteria for All Centers	% Risk	Level I & II Center Specific Criteria	% Risk
	1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	5	8. Participation by trauma program staff member in ONE GCTE official subcommittee	5
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.	5	9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	5
System Participation	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV <u>AND</u> TPM (and/or Designee)	5		
Participation	4. Spring 2022 (Chateau Elan or alt location) meeting attendance by <u>BOTH</u> TMD (or designee)/Physician Leader (or designee for Level IV) <u>AND</u> Trauma Program Manager (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	5		
	5. Peer Review Committee attendance 50% *	5	11. Surgeon response time *	5
ACS Optimal Resources	6. Timely quarterly NTDS data submissions*	10	12. In Level I and II trauma centers, the TPM must be full- time and dedicated to the trauma program (CD 5-23)	5
Document Criteria			13. One full-time equivalent employee for NTDS data set for each 500–750 admitted patients annually (CD 15–9)	10
			14. Achieve & maintain ACS Verification by 6.30.2023	0
			15. Participation in external data validation visit	0
			16. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings	5
GQIP			17. National TQIP meeting attendance by TPM (or designee), TMD (or designee) with strong consideration to TPIC & Registar attendance/involvement	5
				5
То	otal at Risk % Criteria for All Centers	40	Total at Risk % Level I & II specific criteria	45
10	otal at Risk % Criteria for All Centers Total at Risk % Level			4

Performance Based Payment Program Increase in Number of Criteria Since Inception



Fiscal Year

Performance Based Payment Program Increase in At-Risk Dollars Since Inception



Fiscal Year

2. Uncompensated Care (UCC)

Uncompensated Care Costs and Funding Methodology



Percent of Uncompensated Care Claims Reimbursed Level I and II Centers FY 2008 – 2015

Fiscal Year	Number of UCC Submitted	Total Costs of UCC Submitted	Amount Available for UCC Program	Percent of UCC Costs Reimbursed
FY 2008/2009	3,029	\$38,787,061	\$23,851,385	61%
FY 2010	3,286	\$52,918,230	\$6,696,610	13%
FY 2011	2,674	\$36,862,099	\$2,262,100	6%
FY 2012	2,451	\$36,596,176	\$5,828,814	18%
FY 2013	2,279	\$29,555,083	\$5,192,331	18%
FY 2014	2,580	\$32,525,025	\$5,092,725	16%
FY 2015	3,008	\$35,759,766	\$5,431,599	15%

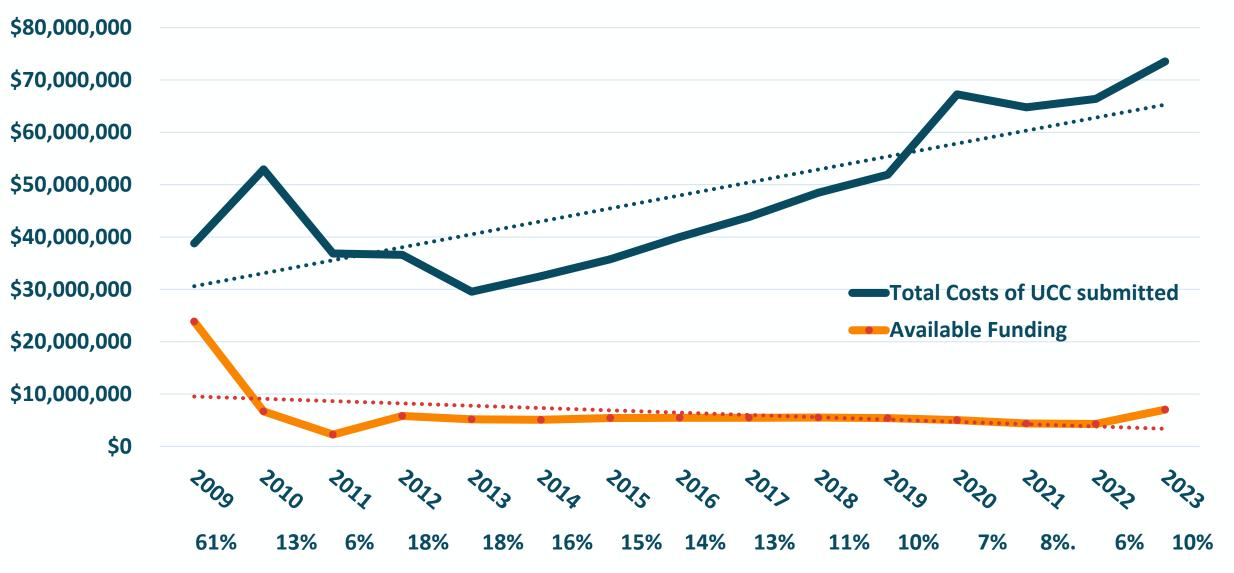
Percent of Uncompensated Care Claims Reimbursed Level I and II Centers FY 2008 – 2015

Fiscal Year	Number of UCC Submitted	Total Costs of UCC Submitted	Amount Available for UCC Program	Percent of UCC Costs Reimbursed
FY 2016	3381	\$39,995,073	\$5,484,005	14%
FY 2017	3506	\$43,829,505	\$5,480,851	13%
FY 2018	3866	\$48,468,249	\$5,518,852	11%
FY 2019	4138	\$51,899,783	\$5,419,638	10%
FY 2020	5581	\$67,242,437	\$5,039,868	7%
FY 2021	5278	\$64,772,646	\$4,388,850	8%
FY 2022	5414	\$66,377,091	\$4,297,324	6%
FY 2023	5594	\$73,520,821	\$7,031,547	10%

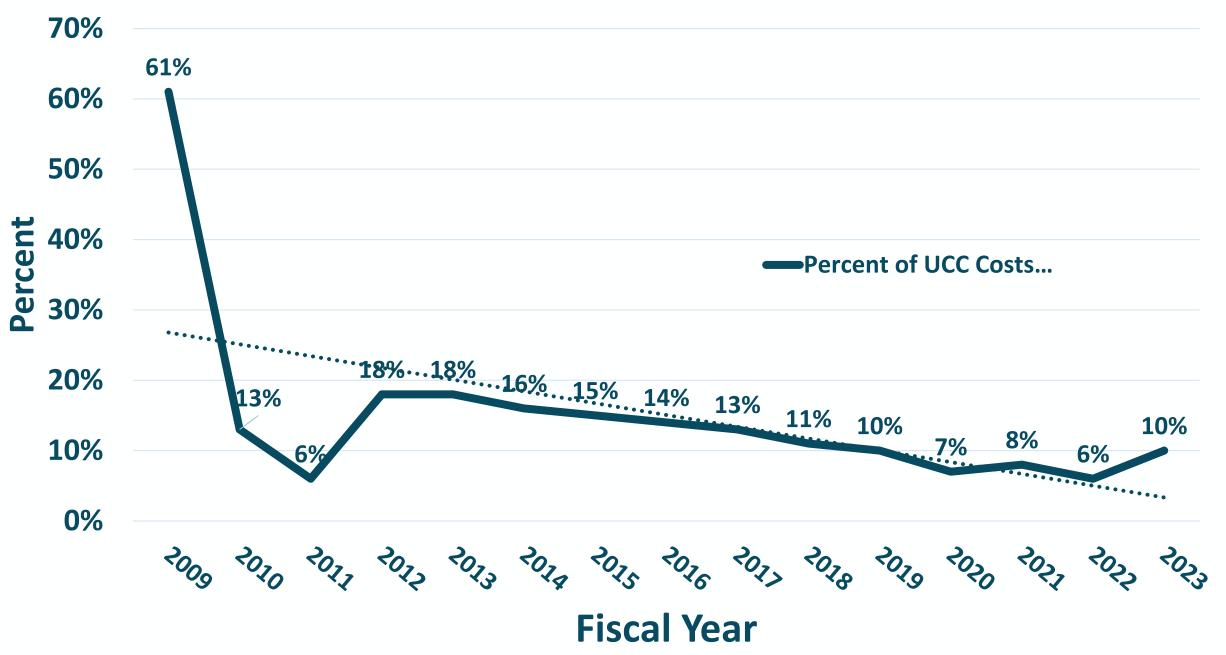
Percent of Uncompensated Care Funded Level I and II Centers FY 2023 – 2024 *Allowable vs. Actual Charges*

Fiscal Year	Number of UCC Submitted	Actual UCC Charges Submitted	Total Allowable Charges of UCC Submitted	Amount Available for UCC Program	Percent of UCC Allowable Charges	Percent of Actual UCC Charges to Funding
FY 2023	5594	\$592,123,190	\$73,520,821	\$7,031,547	10%	1.2%
FY 2024	5376	\$659,152,758	\$70,869,171	\$6,751,270	10%	1%

Uncompensated Care Allowable Costs Submitted Compared to Available Funding



Percent of UCC Costs Funded



Total Trauma Center Costs

Readiness Costs

- Levels I & II = \$109,722,061
- Levels III & IV = \$14,209,929
- Total Readiness Costs (L1, LII, LIII, LIV) = \$123,931,990

Uncompensated Care Costs (Level I & II)

- Submitted Charges (Total) = \$659,152,758
- 10% Allowable on Total Submitted Charges = \$70,869,171

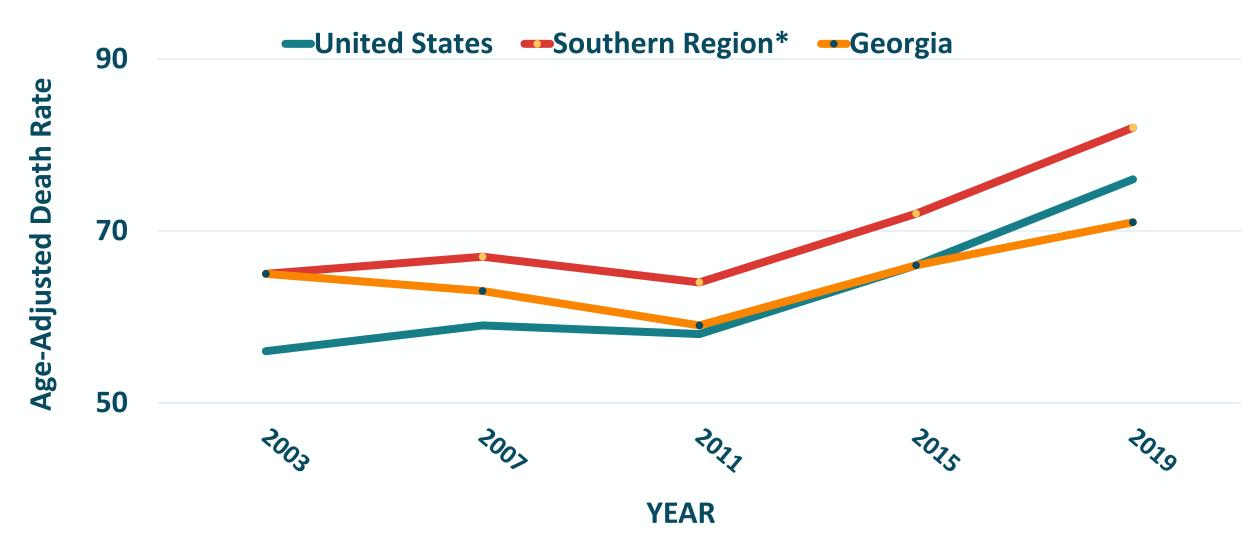
Total Trauma Center Costs (Readiness Costs + UCC) = \$194,801,161



Age-Adjusted Injury Mortality



Age-Adjusted Injury-Related Death Rate GA Compared to National

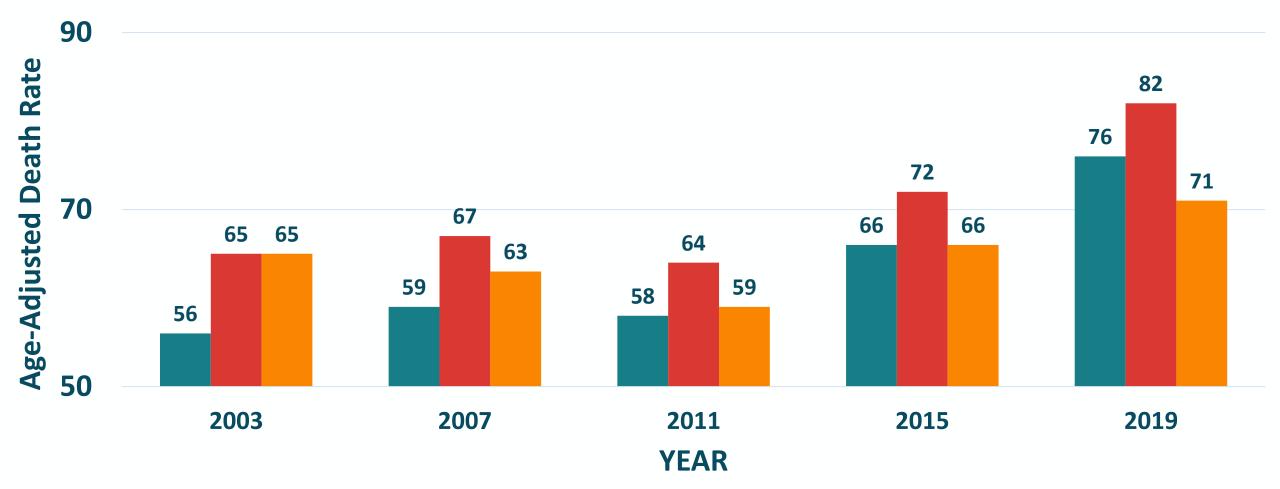


CDC Web-based Injury Statistics Query and Reporting System (WISQARS)

*AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

Age-Adjusted Injury-Related Death Rate GA Compared to National

United States
Southern Region*
Georgia



CDC Web-based Injury Statistics Query and Reporting System (WISQARS)

*AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

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Stabilization Proposal

Using Validated Readiness Model For Trauma Center Retention



System Stabilization Proposal

TC Level	# of Centers	Average Readiness Cost By Center Level	Total Readiness Costs	Proposed 50% of Readiness Per Center Levels I - III	Proposed 100% of Readiness Per Center Level IV	Proposed 50% of Readiness Total
I.	6	\$10,078,506	\$60,471,036	\$5,039,253		\$30,235,518
П	9	\$4,925,103	\$44,325,927	\$2,462,551		\$22,162,959
Ш	10	\$1,715,025	\$17,150,250	\$857,512		\$8,575,120
IV	9	\$81,620	\$734,580	-	\$81,620	\$734,580
Total	34	-	\$122,681,793	-	-	\$61,708,177



What the Stabilization Plan Offers

- A predictable readiness cost offset that allows the trauma centers to better plan for fiscal challenges
- Allows for system expansion through start-up grants for candidate trauma centers without threatening the viability of the existing trauma centers

• Increase in funding for rural centers (recommended by ACS) while minimizing the impact on the level I and II trauma centers

