

Trauma System Stabilization Proposal

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Trauma Centers Save Lives

- 18-year-old on a motorcycle, weeks away from his HS graduation
- 911 ambulance transports to level II trauma center
- In O.R. within 32 minutes of arrival
- The patient not only survived his injuries but attended UGA orientation a few months after discharge



What is a Trauma Center?



What's the Difference?

Emergency Room

Possible Broken Limbs
Loss of Consciousness
Fainting
Signs of a Heart Attack
Signs of a Stroke
Severe Stomach Pains
Shortness of Breath



Trauma Center

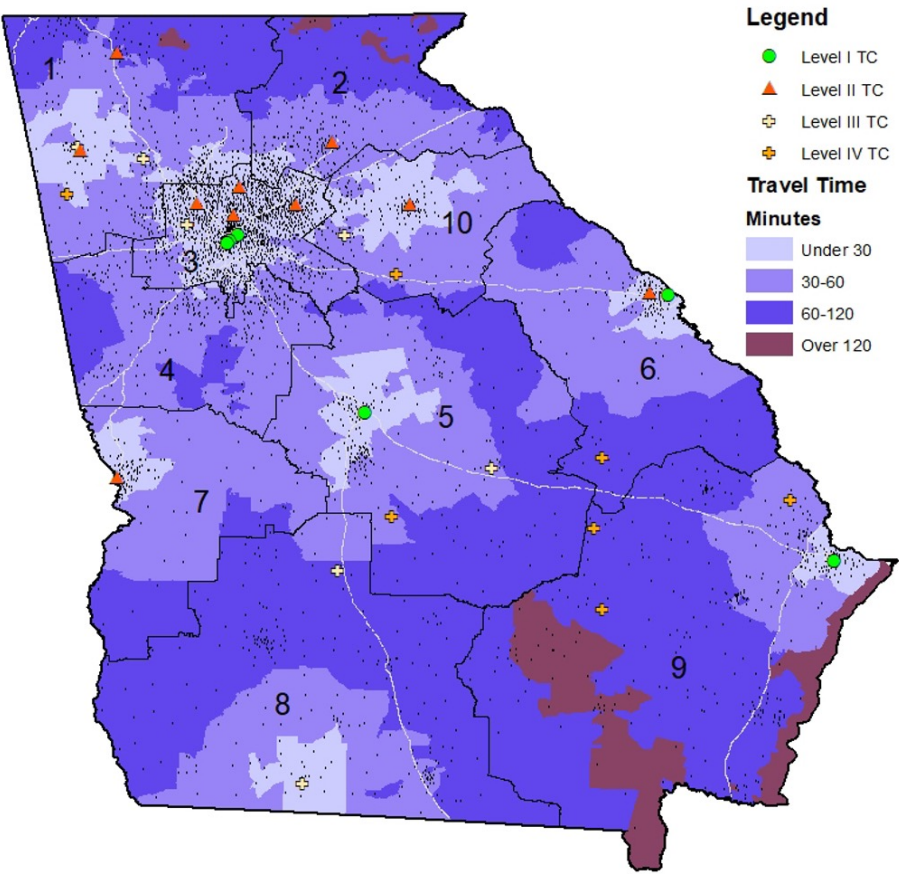
Severe Car Crash Injuries
Gun Shot Wounds
Stab Wounds
Major Burns
Serious Falls
Blunt Trauma
Traumatic Brain Injuries



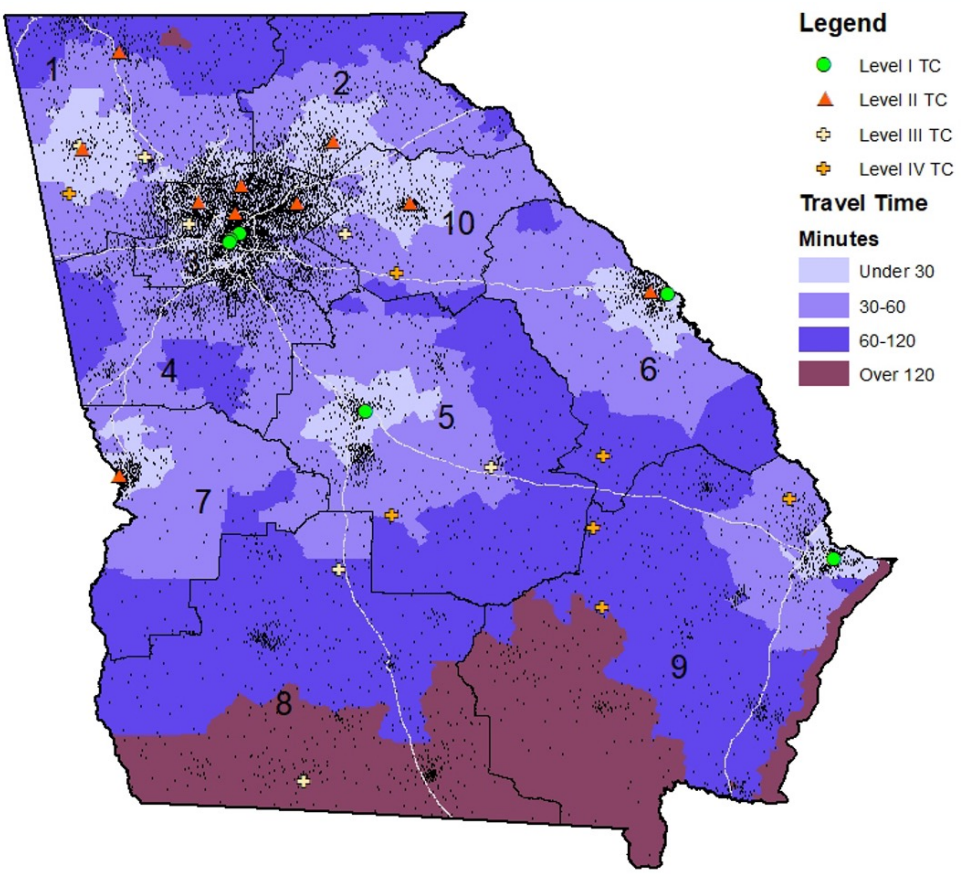
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Transport Time to Level I & II TCs

2013



2022



Planned System Expansion Progress

Top 5 Non-Designated Trauma Centers Treating Trauma Patients By Volume & Injury Severity (2003 – 2012)

Hospital	Trauma Patients (Total)	Number of Severely Injured	Number of Moderately Injured	Number of Mildly Injured	Status
Northeast Georgia Medical Center	11,100	829	2,288	4,972	State Designated Level II 2013; ACS Verified Level I 2022
South Georgia Medical Center	5,331	495	927	2,855	State Designated Level III 2023
SE Georgia Health Systems - Brunswick	4,028	291	905	2,558	
Phoebe Putney Memorial Hospital	5,946	249	519	1,305	ACS Consultative Visit 2022 (Pursuing Level II)
Tift Regional Medical Center	4,328	222	615	2,314	



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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

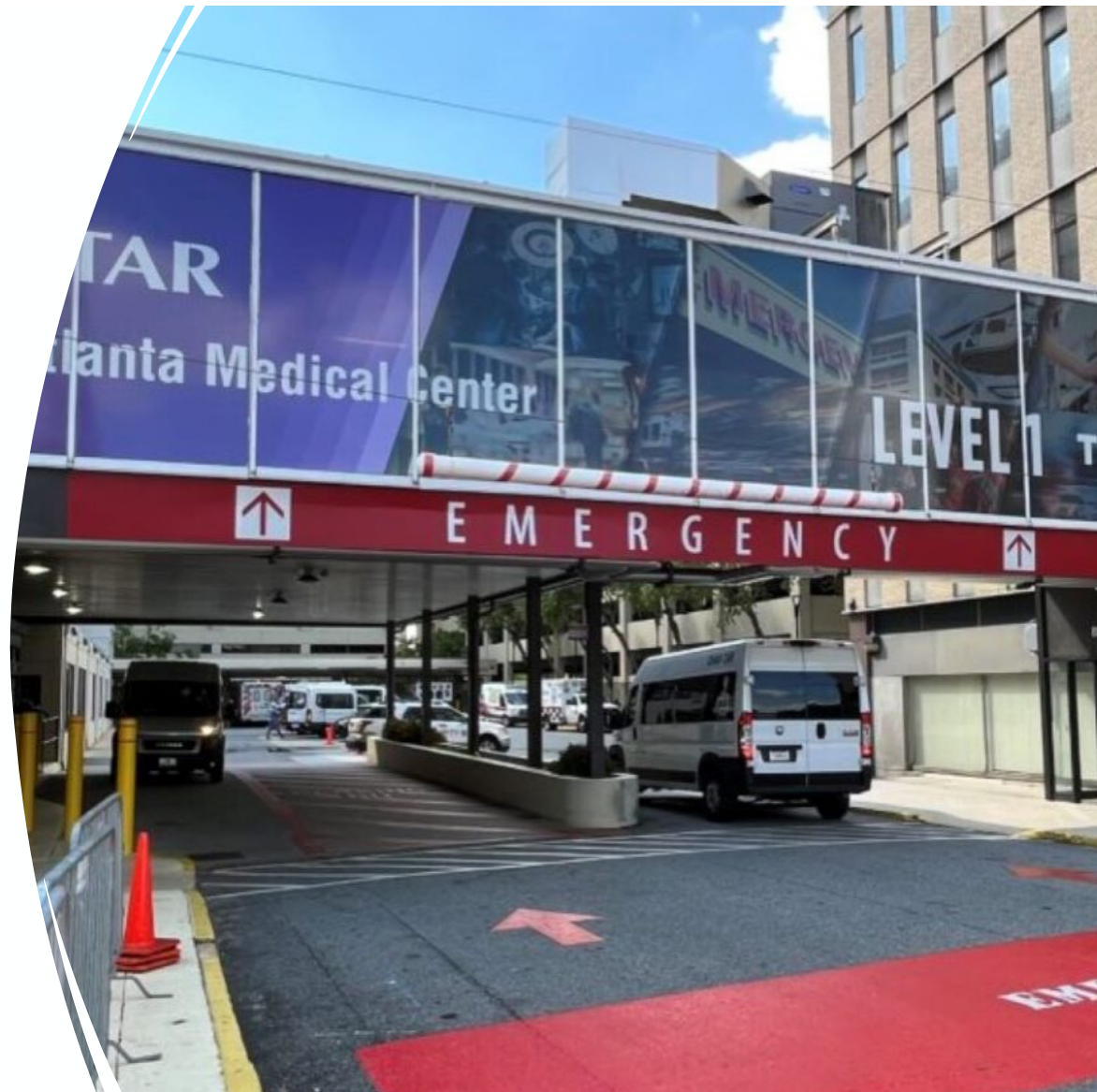
- WellStar Cobb Medical Center (LIII)
- Piedmont Henry (LIII)



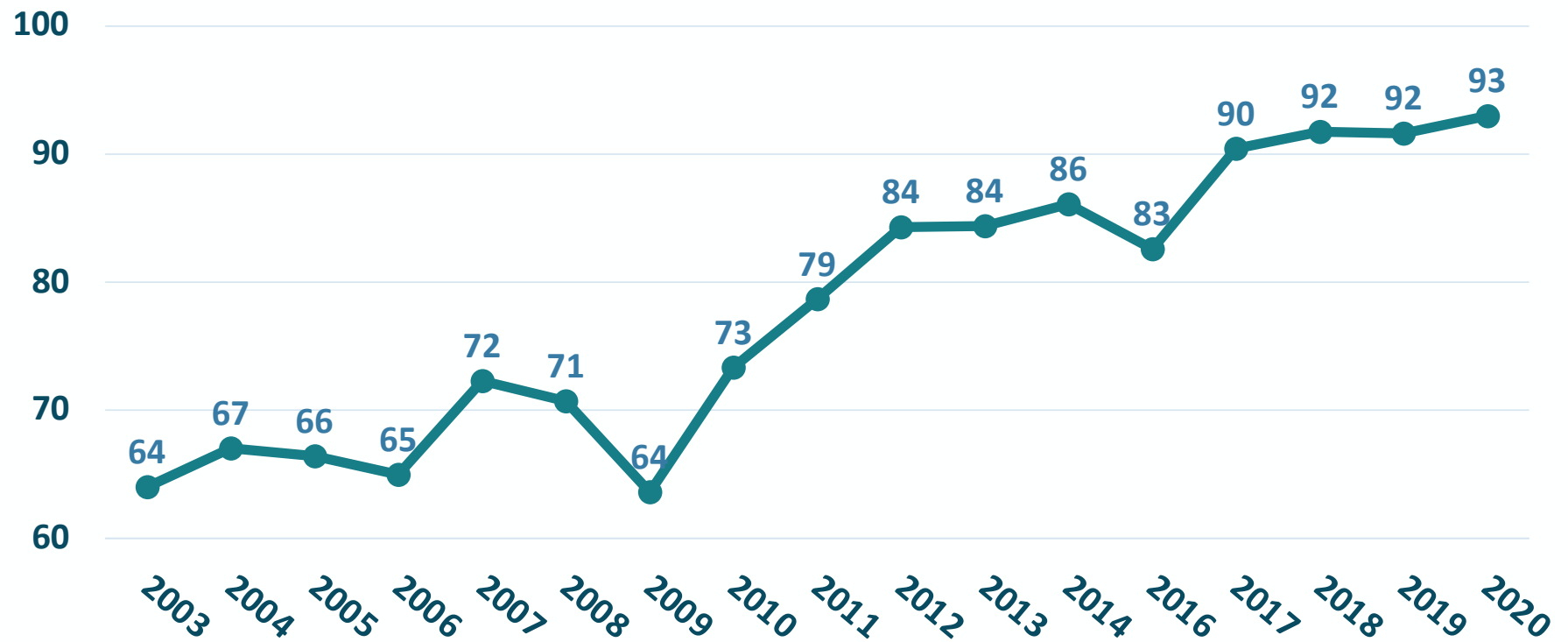
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Definitive Trauma Care - A Scarce Resource

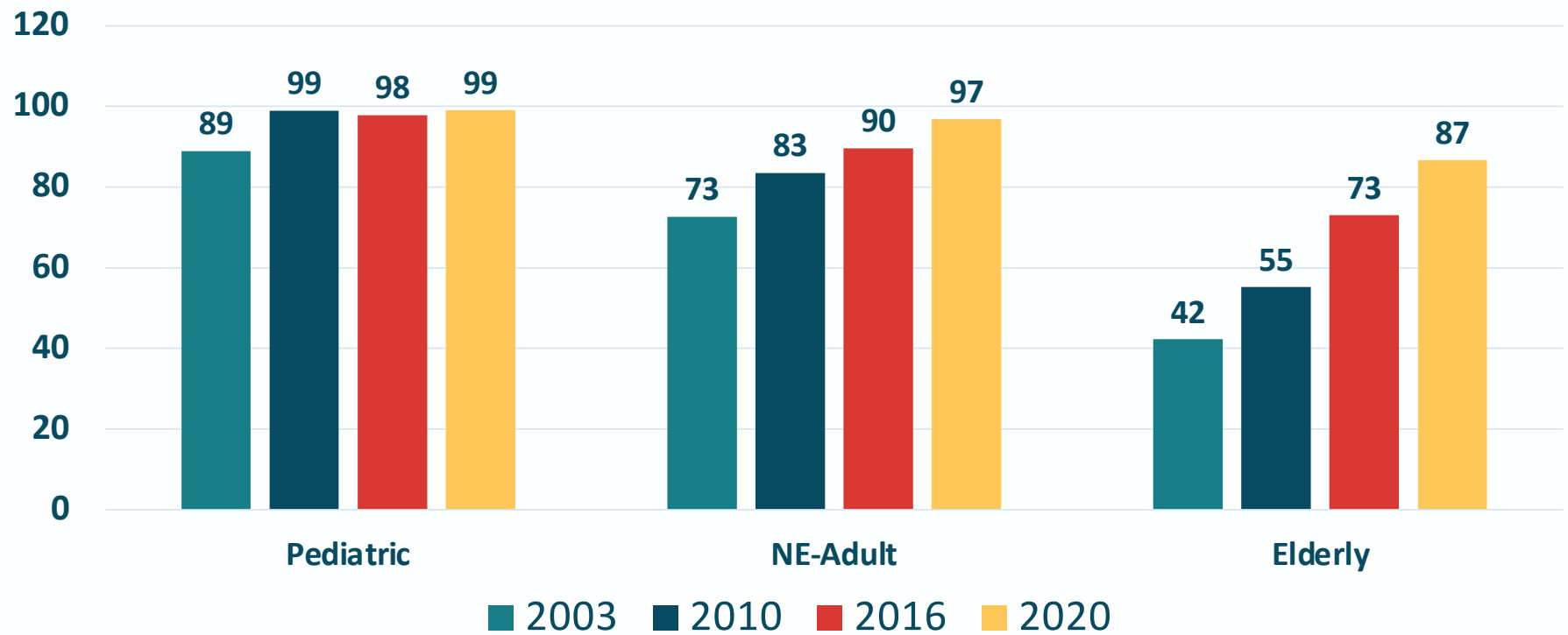
- This caught most of the trauma community off guard
- The impact of the loss of a level I trauma facility impacts the entire state and region
- The long-term financial and staffing commitment required makes it unlikely that we will be able to add an additional level I or II trauma center
- If it was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



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



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1. Trauma Center Readiness

**Readiness Costs Validation, Funding &
Performance Based Payment Program**



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What Are Trauma Center Readiness Costs?

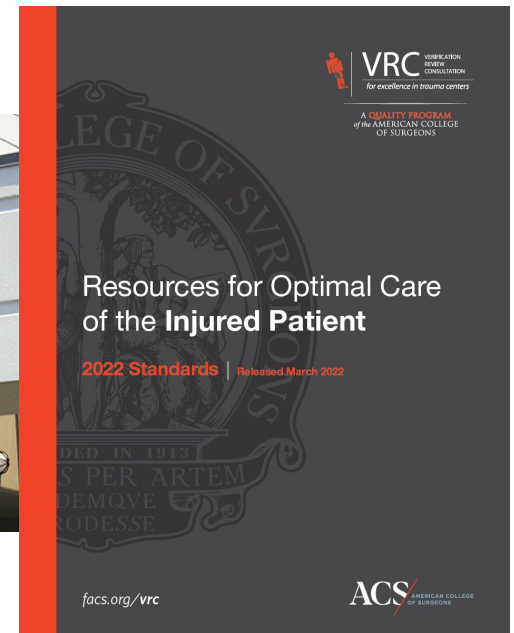
- Costs incurred by the trauma center to be ready to provide trauma care 24/7/365
- Costs to maintain essential infrastructure in compliance with the ACS's 2022 Resources for Optimal Care of the Injured Patient



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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

LEVEL OF EVIDENCE: Economic and Risk Factor Evaluation, Level III

KEY WORDS: Readiness costs; trauma center; survey.

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
	Level II	\$4,925,103	Clinical Medical Staff	Education and Outreach
2019	Level III	\$ 1,715,025	Trauma Surgeon Staff	Education and Outreach
	Level IV	\$ 81,620	Trauma Director	TMD Participation Costs

KEY WORDS: Readiness costs; trauma center; rural trauma; survey.

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

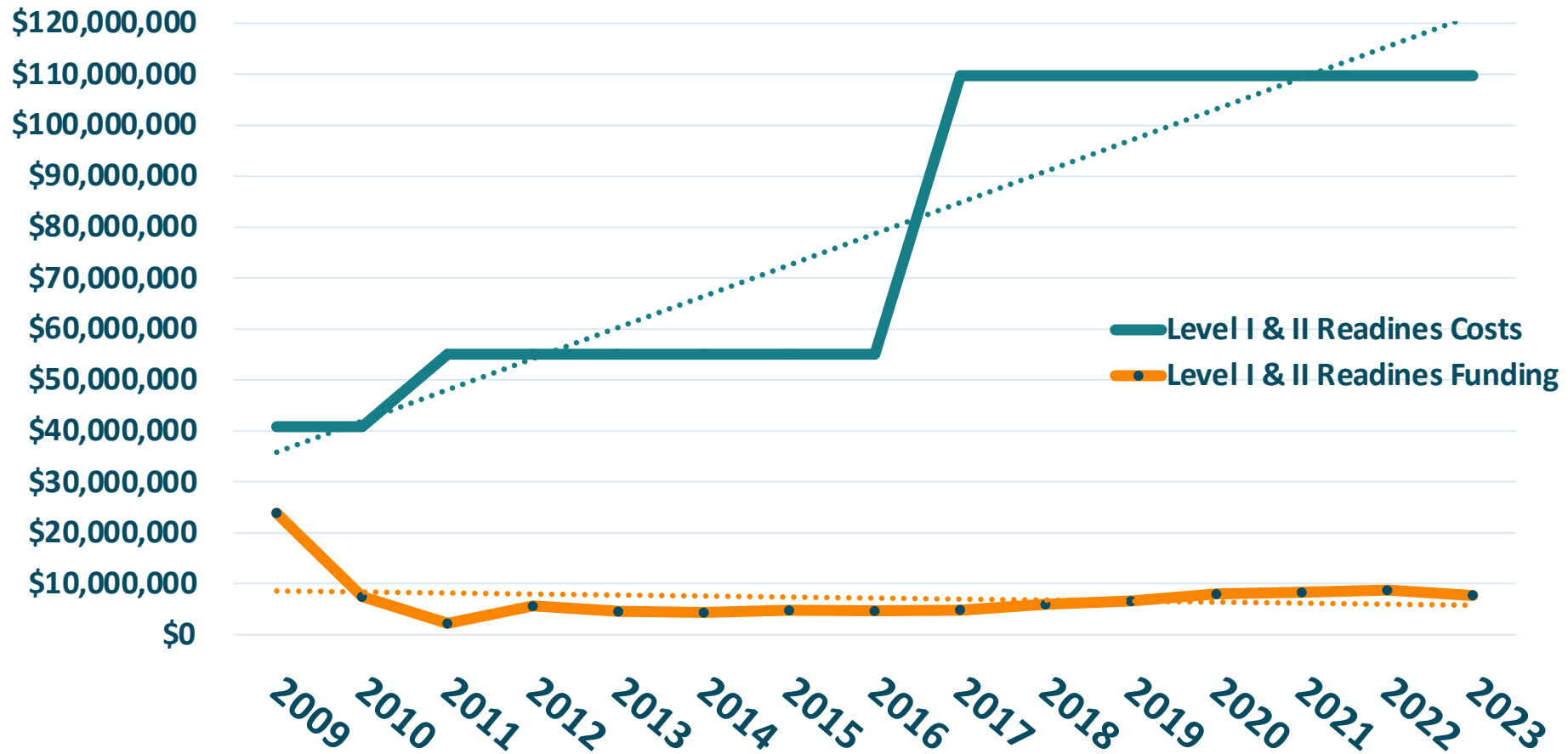
Fiscal Year	Budget	# Level Is	# Level IIs	Level I & II Combined Readiness Costs	Level I & II Combined Readiness Funding	% Readiness Costs Funded for Level I & II Trauma Centers
2017	\$17,475,377	6	10	\$109,722,061	\$4,828,481	4%
2018	\$21,760,160	6	10	\$109,722,061	\$5,964,578	5%
2019	\$22,565,420	6	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%

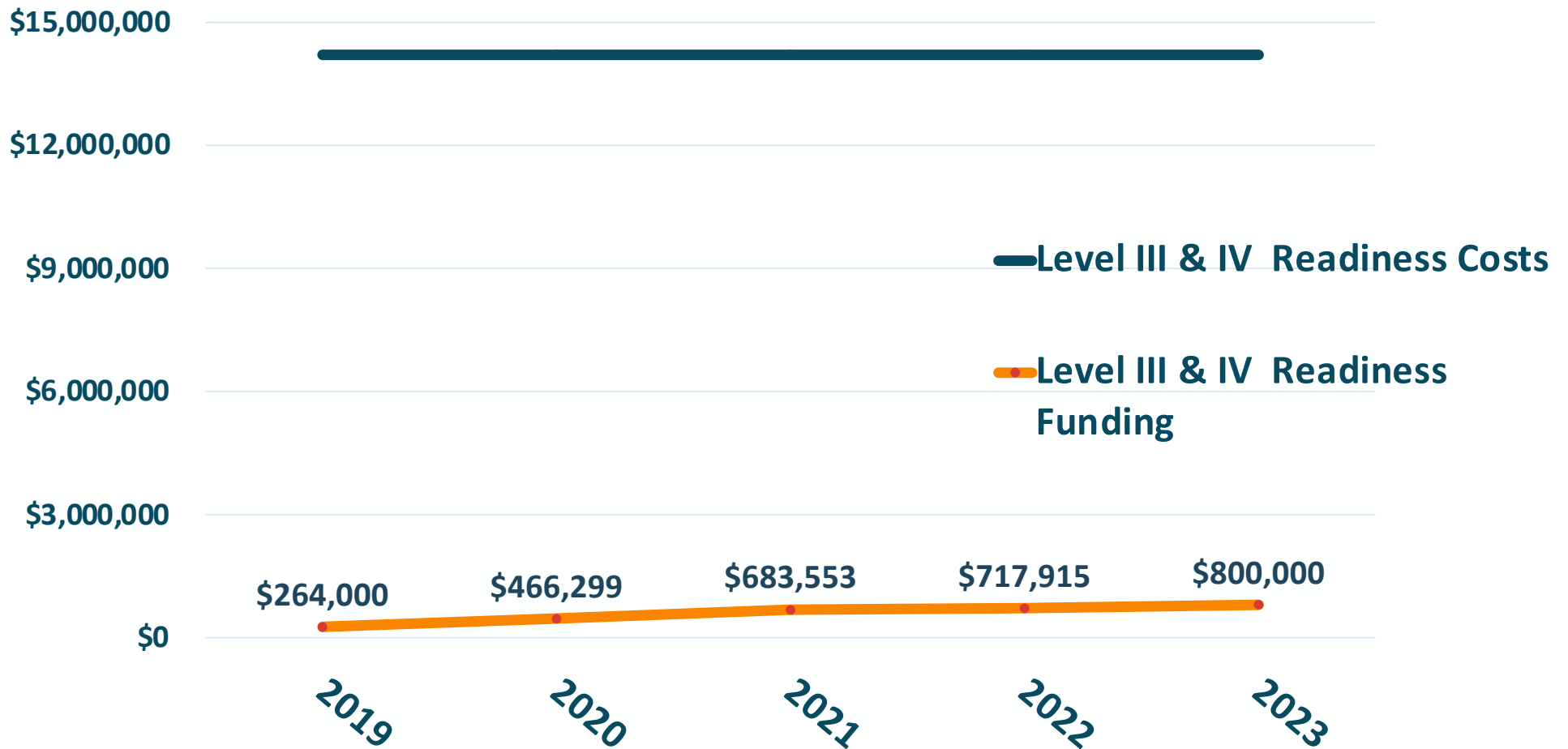
Readiness Cost Compared to Available Funding

Level I and Level II TCs Since Inception



Readiness Cost Compared to Available Funding

Level III and Level IV TCs Since 1st Readiness Survey



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



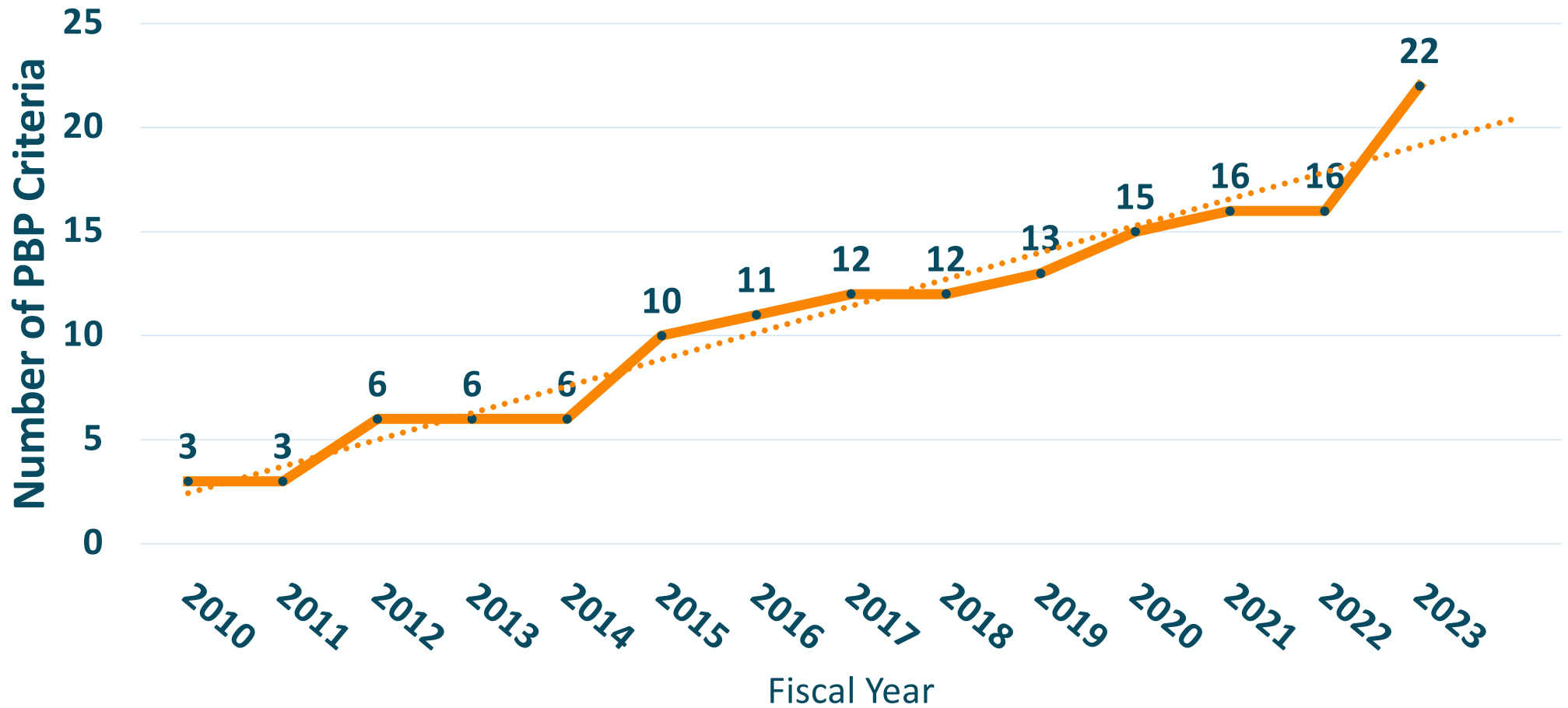
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Trauma Center Performance-Based Payment Program (PBP)

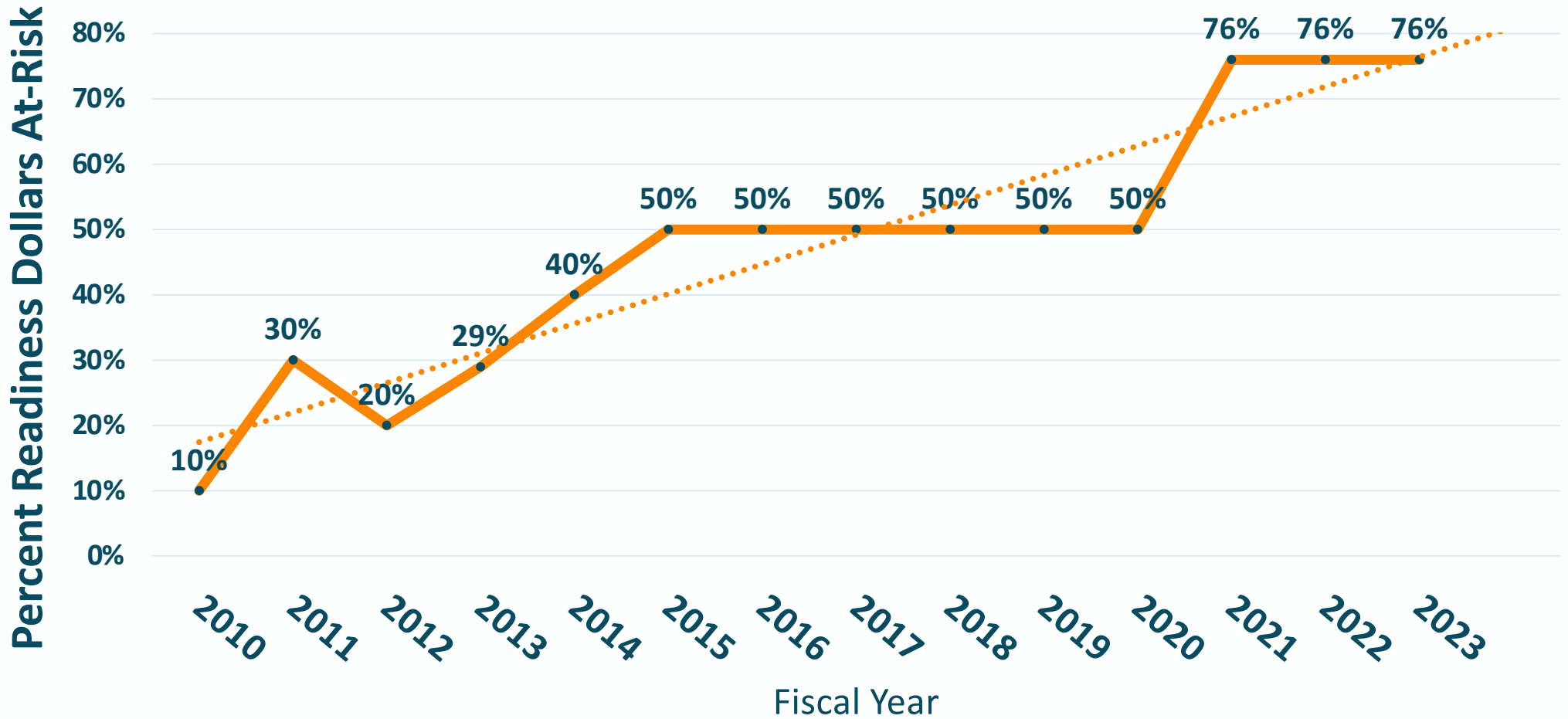
- Accountability mechanism
- Three domains:
 1. System participation
 2. ACS Optimal Resources “Gray Book” criteria
 3. GQIP engagement & participation
- Each criterion assigned a percent
- Annual report card submission
- Final payment based on PBP performance

FY 2022 LEVEL I & II PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Level I & II Center Specific Criteria	% Risk
System Participation	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
	3. 2021 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by BOTH TMD (or designee)/Physician Leader (or designee for Level IV AND TPM (and/or Designee)	5		
	4. Spring 2022 (Chateau Elan or alt location) meeting attendance by BOTH TMD (or designee)/Physician Leader (or designee for Level IV) AND Trauma Program Manager (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings	5		
ACS Optimal Resources Document Criteria	5. Peer Review Committee attendance 50% *	5	11. Surgeon response time *	5
	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
			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
GQIP			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
			17. National TQIP meeting attendance by TPM (or designee), TMD (or designee) with strong consideration to TPIC & Registrar attendance/involvement	5
				5
Total at Risk % Criteria for All Centers		40	Total at Risk % Level I & II specific criteria	45
			Total at Risk % Level I & Level II Trauma Centers	85

Performance Based Payment Program Increase in Number of Criteria Since Inception



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



2. Uncompensated Care (UCC)

Uncompensated Care Costs and Funding Methodology



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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%

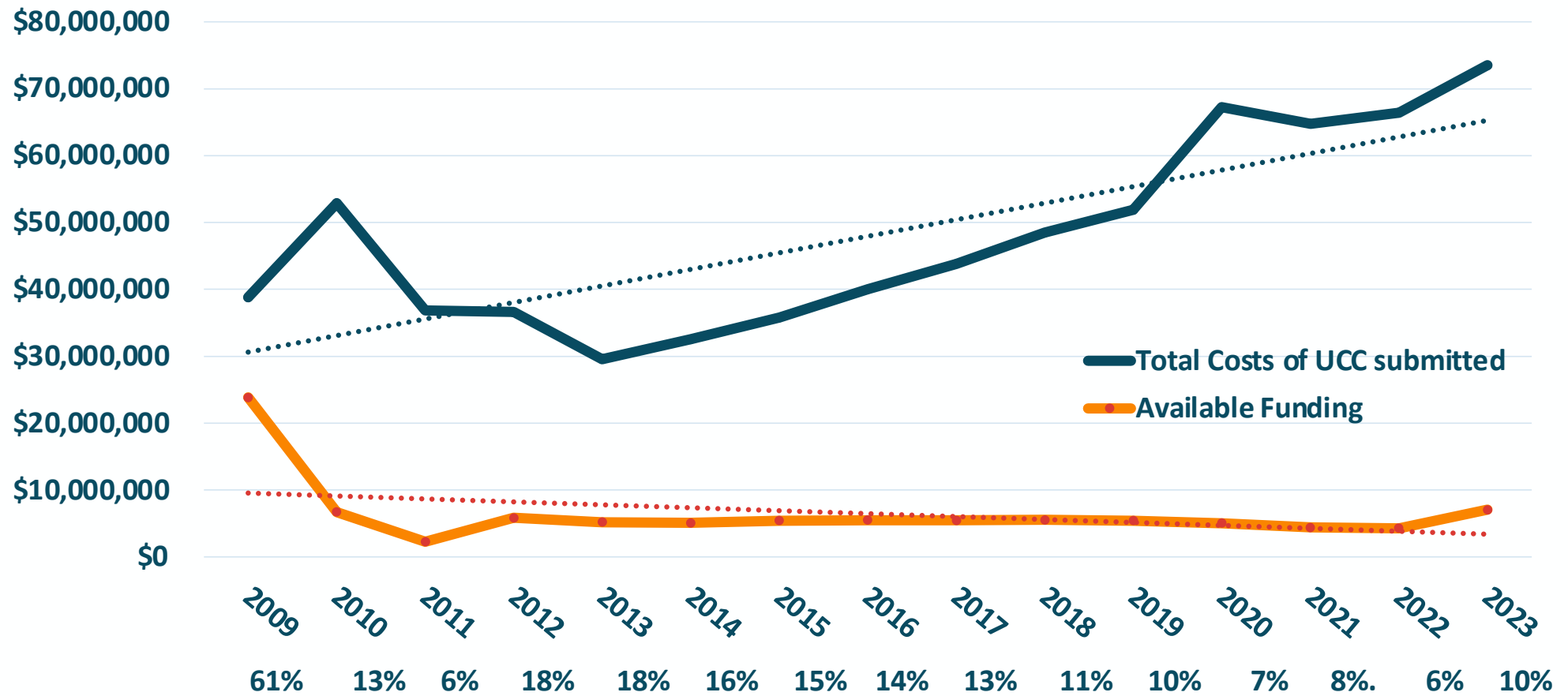
Percent of Uncompensated Care Claims Reimbursed Level I and II Centers FY 2008 – 2015

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%

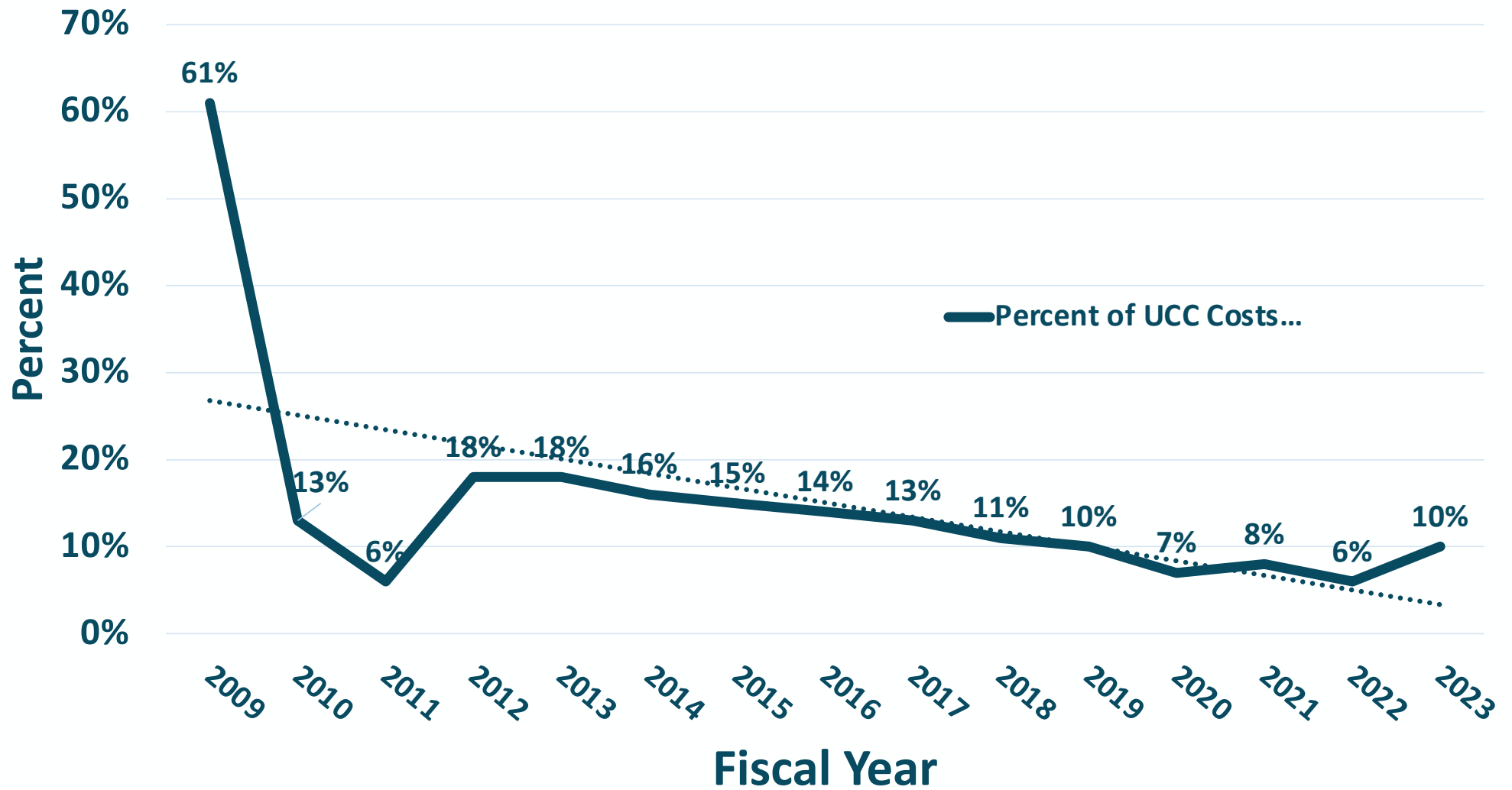
**Percent of Uncompensated Care Funded
Level I and II Centers FY 2023 – 2024**
Allowable vs. Actual Charges

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



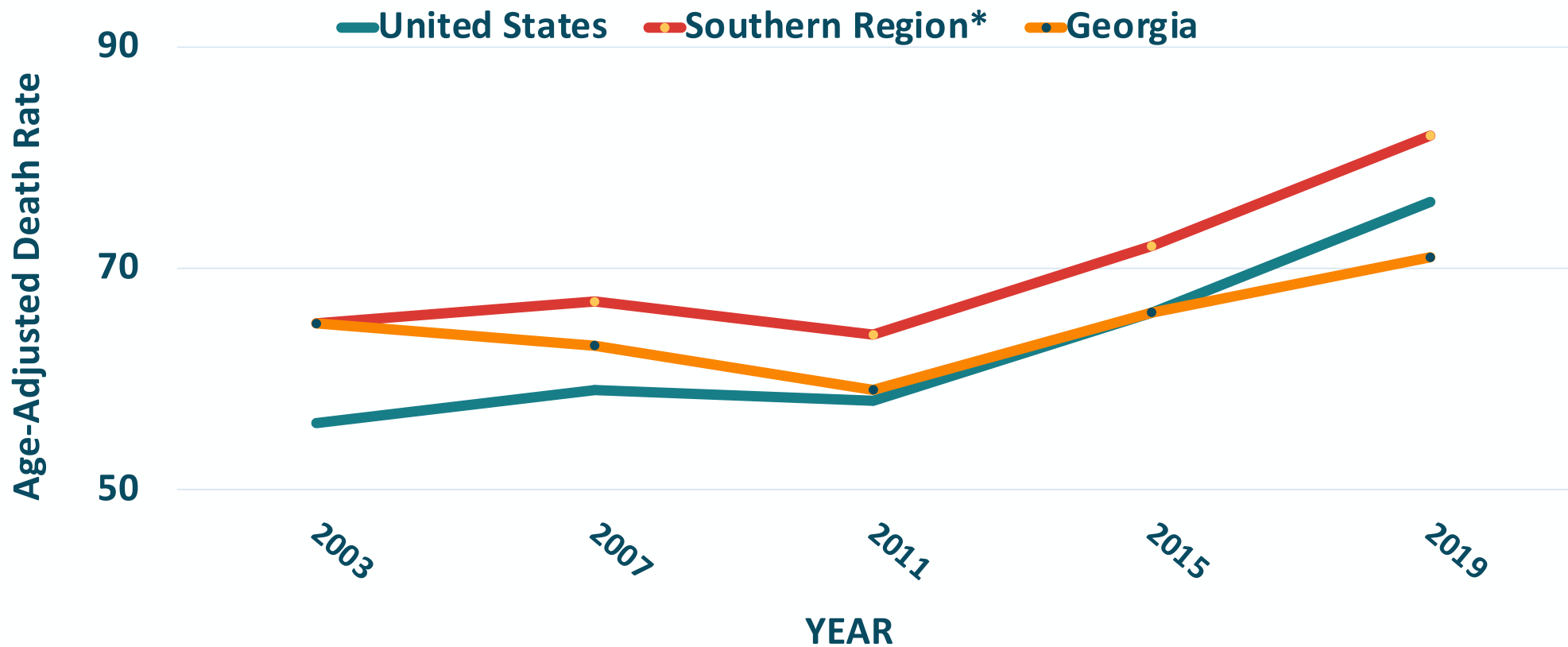
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Age-Adjusted Injury Mortality



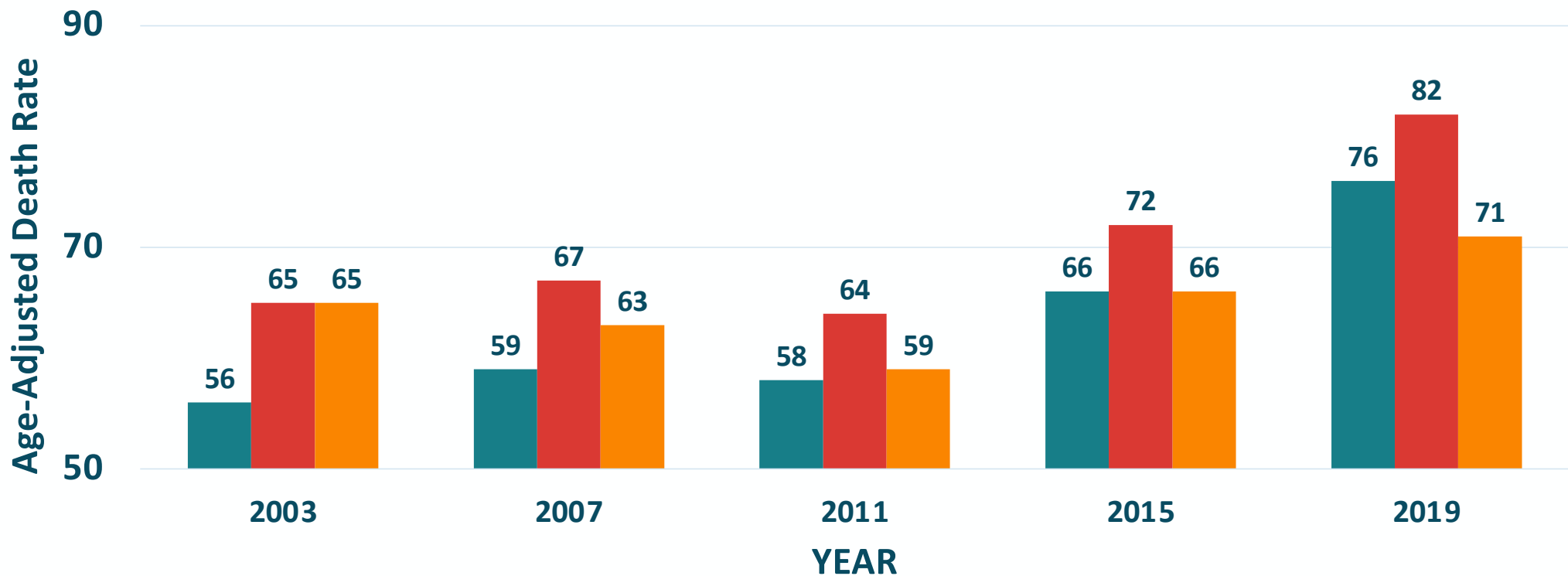
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Age-Adjusted Injury-Related Death Rate GA Compared to National



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

■ United States ■ Southern Region* ■ Georgia



Stabilization Proposal

**Using Validated Readiness
Model For Trauma Center Retention**



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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
II	9	\$4,925,103	\$44,325,927	\$2,462,551		\$22,162,959
III	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



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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



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