Georgia Trauma Commission

Right Patient, Right Hospital, Right Time, Right Means

Trauma Medical Directors Conference Call: 15 July 2013
Attending:

Level 1 Trauma Centers	Representing Physicians
Atlanta Medical Center	Dr. Vernon Henderson
Egleston	Dr. Paul Parker
MCG	Dr. Steve Holston
Grady Memorial	Dr. Chris Dente, Dr. Jeff Nicholas
MCCG	Dr. Dennis Ashley/Chair, GTC Chair
Memorial Health	Dr. Bill Bromberg
Level 2 Trauma Centers	
Archbold Memorial	Dr. John Cascone
Athens Regional	*No Representing Physician*
Columbus Regional	Dr. Scott Hannay
Floyd Medical	Dr. Clarence McKemie
Gwinnett Medical	Dr. Romeo Massoud
Hamilton Medical	*No Representing Physician*
North Fulton	Dr. Mark Gravlee
Scottish Rite	Dr. John Bleacher
Wellstar Kennestone	Dr. Barry Renz
Level 3 Trauma Centers	
Clearview Regional	*No Representing Physician*
Effingham County Hospital	*No Representing Physician*
Taylor Regional	*No Representing Physician*
Level 4 Trauma Centers	
Crisp Regional	*No Representing Physician*
Emmanuel Medical	Dr. Brad Headley
Lower Oconee	*No Representing Physician*
Morgan Memorial	*No Representing Physician*
Trinity Hospital	*No Representing Physician*
Wills Memorial	*No Representing Physician*
Burn Centers	
JMS Burn Center	Dr. Fred Mullins
Grady Burn Center	Dr. Walter Ingram

OTHERS SIGNING IN	REPRESENTING
Mr. Courtney Terwilliger	Georgia Trauma Commission/Member
Dr. John Adamski	North Georgia Medical
Dr. Pricilla Strohm	North Georgia Medical
Dr. Jill Mabley	OEMS/T
Mr. Greg Bishop	Bishop & Associates

Ms. Bambi Bruce	Clearview Regional
Ms. Brandy Holton	Phoebe Putney
Ms. Elaine Frantz	Memorial Health
Mr. Chad Taylor	Floyd Medical Center
Mr. James Sargent	North Fulton Medical
Ms. Regina Medeiros	MCG
Ms. Deb Battle	North Georgia Medical
Ms. Lynn Grant	Taylor Regional
Ms. Laura Garlow	Wellstar Kennestone
Mr. Jim Pettyjohn	Georgia Trauma Commission/Staff
Mr. John Cannady	Georgia Trauma Commission/Staff
Ms. Tammy Smith	Georgia Trauma Commission/Staff

Meeting Began: 4:02 PM

Meeting Notes:

TRAUMA COMMISSION UPDATE

Dr. Ashley thanked everyone for joining the meeting and provided the report for the Trauma Commission.

Dr. Ashley advised that the budget is complete, and will be available on the web site to view. The Governor's Office has advised there will not be a mandatory cut in the state budget for now; for the last six years there has been a three percentage budget cut due to decreased state revenues, which was taken from all aspects of Commission funding.

Contracts have been distributed, and some feedback has been received. Some data requirements have been removed, as requested, which required reporting to the TCC; as the data is already collected by the state.

Uncompensated care funds have been difficult to calculate in the past. In effort to make this simple, and objective; the contract now indicates that the method of distribution will be determined by the individual trauma committees at each trauma center. The methodology will be presented to the Commission, but will not need prior approval. Questions should be directed to Dr. Ashley or Mr. Jim Pettyjohn.

Dr. Ashley reminded the group that the Day of Trauma is being held 09 August 2013; and is tied into the Performance Based Payments. This will be the first statewide meeting where Trauma Medical Directors and Trauma Coordinators can meet in person.

Dr. Ashley ascertained if there were any questions from the group. Questions arose regarding the uncompensated care distribution; Mr. Pettyjohn clarified the contracts indicate that the Trauma Commission allows the center to determine how to utilize the 25% uncompensated care funds, the Trauma Committee has to approve this, however the Commission does not have to provide approval before the distribution is made. The contract requires a report to be submitted to the Commission by 15 July 2014, which will indicate how the trauma center has decided to distribute the funding.

TRAUMA COMMUNICATIONS CENTER UPDATE

Mr. John Cannady provided the report for the TCC, indicating the total calls received through May is slightly ahead of last year's call volume. During 2012, the TCC received approximately 730 calls referencing trauma patients. For the first five months of 2013 there have been 378 calls received; this is anticipated to increase further with the participation of Region 1.

During last year, approximately four percent of the calls received at the TCC were from helicopter transports; this year the number has increased to 41%. This increase is primarily due to one service which operates out of the southern half of Georgia. To date, calls have been received from all regions with the exceptions of Region 10; Athens. Of the total calls received 85% are transported to Level 1, 2, or 3 trauma centers. The TCC does not recommend Level 4 trauma centers for those patients who meet TSEC criteria. For the purpose of collecting data, the TCC does take calls after the EMT has transported their patient, however only 20% of the total calls received and have been completed in this manner. Motor vehicle crashes account for the mechanism of injury for the majority of trauma patient calls received and provides justification for 51% of trauma calls received, followed by falls at 18%.

The TCC is now formulating a plan to provide the RAD to any requesting EMS agency across the state. Furthermore, the TCC is working with the approved RTAC's to create a poster which will outline the criteria which indicates when and how to contact the TCC for the purpose of inter-facility transport.

Discussion followed regarding how the TCC's software determines which level hospital to transport to. Mr. Cannady explained that this was based on the CDC criteria; which indicates that any indication of trauma in the anatomical or physiological fields will recommend a Level 1 or 2 Trauma Center, while mechanism of injury alone may recommend a Level 3. This is not a directive for the EMT, but provides recommendations based on the TSEC criteria.

Mr. Cannady advised that a report will be provided at the upcoming GTC meeting which will show how the TCC has the ability to track resources based on the level of designation and specialties that are reported in regard to the level of designation. This information is self-reported by the trauma centers three times daily.

Discussion followed regarding system wide deficiencies at each level. Mr. Cannady advised there is a general overview based on the service line.

ACS COT UPDATE

Dr. Dente provided the ACS COT Update, reminding the group of the upcoming meeting with TQIP, which will take place on 09 August; this will be the first opportunity for a face to face meeting. There are approximately fifty people signed up at this time. An agenda has been created with eight papers scheduled for resident presentation in the morning, as well as multiple guest speakers. A business meeting will follow, for the purpose of building an infrastructure within the Committee, which Dr. Bromberg will be assisting with. Dr. Dente requested that those who are interested in participating to come prepared to share ideas. There will be discussion regarding involvement with the State Disaster Management and the Director of Community Awareness, who will discuss disaster awareness on the state level and involvement with the Medical Directors. Program Managers will also meet, and will have their own agenda during the afternoon. It is planned to hold this meeting on an annual basis, with the next meeting to possibly take place in Augusta.

Dr. Ashley commented that this was cutting edge, and other states are taking note; Georgia is only the second state involved with TQIP, followed by Michigan. A representative from Michigan will be in

attendance at this meeting. Dr. Dente's leadership with the National TQIP staff is developing the state reports, and Georgia's data will be presented at the next meeting.

TRAUMA CENTER CARVE OUT

Dr. Ashley introduced Mr. Greg Bishop and provided a brief background. Mr. Bishop reported regarding generating new trauma center revenue with managed care carve-out, advising that the data for trauma centers in terms of financial performance suggests some potential. Another factor in Georgia, particularly outside of the Atlanta area, is that the hospitals and the payers do not engage in carve-outs.

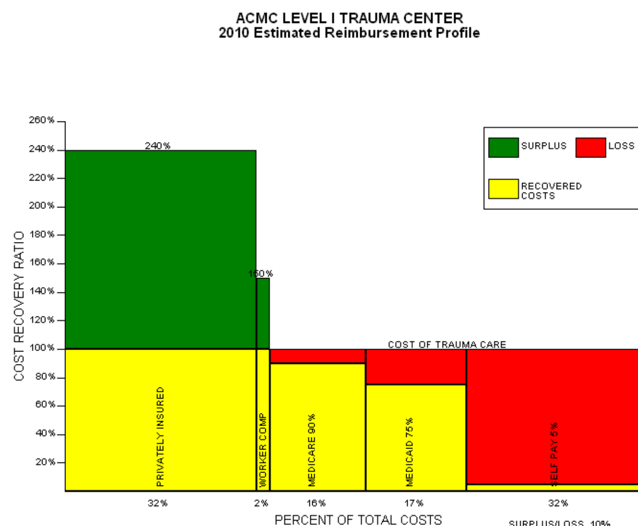
The real issue today is trauma centers maintaining revenue on insured patients in the face of health care reform. The issue is not how to get more funds, but how to maintain the funds currently held. The question became "what can Georgia do to address this?"

Mr. Bishop referred to and reviewed an email *(copied below)* which was sent to the Medical Directors prior to the meeting for review.

Economic issues facing trauma care are:

1. *TC's require cost-shifting (high payment by insured) to pay for readiness costs and uninsured/underinsured, and reducing cost-shifting is a major goal of health care exchanges. California is in lead on this and "150% of Medicare" is the overall rate being quoted; it would cause widespread closures. Medicare does not recognize readiness costs or the adverse selection inherent in trauma care either.*
2. *Medicaid expansion to cover more uninsured? Medicaid rates do not cover costs much less readiness costs.*
3. *Obama-care coverage of uninsured? Will TC's best customers, irresponsible young males, be among the % left uncovered?*
4. *Rates on uninsured, like all other public rates, will undercut costs and ignore readiness costs.*
5. *Trauma physician payment issues? TS require a gerrymandered pro fee schedule that may tighten; in addition to broader payment issues. And surgeon shortage.*
6. *TC ability to pay call fees in question across board; 2 L1's called re closure.*
7. *Cherry picking of preferred regions? Florida and elsewhere.*

Trauma is unique in healthcare and its issues are not going to be addressed unless there is a broad industry response, which needs to start somewhere. Opportunities/targets will also emerge. Below is an example of a trauma center financial structure to aid discussion



Discussion ensued regarding health care exchanges, and the effects of Medicare. Mr. Bishop suggested that if the Medical Directors were interested, the next step would be to speak to the hospitals CFO's to consider the impact on Georgia. Further discussion followed regarding the effects of the Affordable Care Act, and how things will change for the uninsured. Mr. Bishop commented that this is an issue which still has many questions. Dr. Ashley added that a recent analysis from a trauma center reporting their payer mix indicated that there may be more insured, but for trauma patients there would be more patients with less coverage. Mr. Bishop replied that this was in reference to the underinsured; however he had not seen this study. Dr. Ashley indicated that he would attempt to locate it and provide a copy.

Dr. Ashley inquired if there were any suggestions from the Medical Directors. Dr. Henderson suggested that the Trauma Medical Directors through the COT should look at all of the different hospitals that do trauma care and ask the CFO's to form a coalition to provide advice in this regard, as all have the same concerns. Dr. Dente agreed, adding that the COT planned to create infrastructure within the Committee and could create a group that could address this topic, becoming leaders to create a plan and address CFO's.

Dr. Ashley suggested Dr. Dente send out an invitation to get as many CFO's to attend a breakout session for the meeting in August, and have a financial discussion; possibly creating some issues of study, concern, or points of interest. Dr. Dente agreed, adding that this should be put on the agenda for the business meeting. Discussion followed regarding the possibility of getting the CFO's on a conference call rather than attempting to gather them in person on a short notice; as well as having more definitive topics for discussion prior to the meeting. Dr. Henderson suggested seeking the advice of those CFO's connected to the Trauma Commission as a first step. Dr. Ashley agreed, and advised that he would approach them; further requesting topics for discussion. Suggestions were made to inquire regarding the sustainability for the efforts in trauma with the emergence of Obama-care, and whether they will see any issues that the Medical Directors could take a pro-active approach to, in anticipation of the possibilities.

Dr. Dente advised that this would be put on the agenda, and a group would be comprised that could construct a plan to address this concern in a logical and coordinated fashion with CFO's. Dr. Ashley advised that he would check with the CFO at MCCG or a designee that could possibly attend to hear the discussion and possibly provide comment; and further obtain input from Trauma Commission members who are CEO's.

SNAKE BITES AND REGISTRY ENTRY

Dr. John Bleacher reported on behalf of Dr. Paul Parker, indicating that snake bites are impacting the percentage of registry patients who are admitted to non-surgical services. Children's Healthcare of Atlanta is not called to see snake bites, and they do not have any acute surgical needs in the majority of cases. Therefore, in order to help lower the percentage of registry patients admitted to non-surgical services, it is proposed that snake bites be removed from registry criteria.

Dr. Ashley opened the floor for discussion, requesting information regarding how the other trauma centers handle snake bites. Discussion ensued regarding why snake bites were part of the registry criteria, and how they are handled. The diagnosis code falls within the inclusion criteria (800-959), when looking at percentages of admission to non-surgical services, as long as the snake bite is appropriately admitted, the medical service will be able to explain that as part of the PI process; it is a requirement to report this to the National Data Bank.

Discussion followed regarding how the various trauma centers isolate the snake bites from the general registry.

NEW BUSINESS

Dr. Dente commented that registrars are concerned about the new registry, and what elements are going to be required for the state data set submission; this information is not available at this time. Ms. Elaine Frantz suggested that this question be put into a letter to Ms. Medeiros and herself to address this question.

Ms. Frantz commented that the Medical Directors had agreed to limit the data set, and exclude certain criteria; which was approved by the Commission; ultimately it was the determination of the Office of EMS and Trauma. Mr. Frantz continued explaining, expressing that there are new factors that were never included in the previous registry, such as systolic blood pressure. Ms. Regina Medeiros commented that final approval is anticipated by Dr. O'Neal; with the exception of few items that had been requested to be added back, this has mostly been approved. It was cost prohibited to remove certain elements from the registry, and all centers were notified; this will be reiterated at the next GCTE meeting and reported at the next GTC meeting.

Dr. Ashley adjourned the meeting at 4:57 PM.

Meeting Notes Crafted By Tammy Smith