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A great benefit of the TCAA membership is the opportunity to post your employment opportunities on the TCAA website, free of charge. We also welcome non-members to post job openings for a nominal fee. Expand the reach of your candidate search by accessing our vast readership. Choose a 3-month or 6-month posting timeframe. Customize your job posting by adding a photo or logo. For more information, contact Selina at Selinat@traumacenters.org.

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For your main account, all you have to do is go to traumacenters.org and click on **JOIN TODAY!** Fill out the requested information accordingly.

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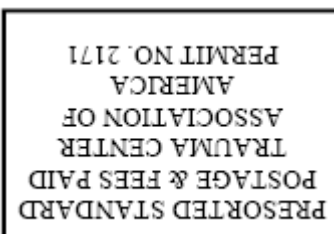
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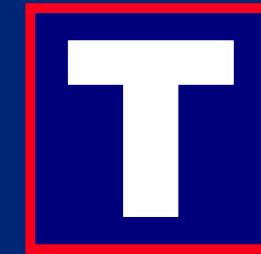Dalina@traumacenters.org
Kathy@traumacenters.org

REGISTER NOW!
Save the Date!
September 29 -
October 4, 2014
San Antonio, TX

Below upside-down mailing panel

In this Issue:

- ◆ Advocacy Update
- ◆ Injury Prevention Course
- ◆ Trauma Registrar Manual
- ◆ New Fellowship Project
- ◆ 2014 TCAA Annual Conference in San Antonio, Texas September 30–October 3, 2014

Mailing panel (upside down):

SM

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Volume XIII, Issue II THE NATIONAL VOICE FOR TRAUMA CENTERS **2nd Quarter 2014**

NEW MEMBERS IN 2014

Baylor All Saints Medical Center
Fort Worth, TX

Marin General Hospital
Greenbrae, CA

Kendall Regional Medical Center
Miami, FL

Bay Area Medical Center
Marinette, WS

Crittenton Hospital
Rochester, MI

Jersey City Medical Center
Jersey City, NJ

Trinity Hospital
Minot, ND

Elkhart General Hospital
Elkhart, IN

IU Health Ball Memorial Hospital
Muncie, IN

Hartford Hospital
Hartford, CT

Natividad Medical Center
Salinas, CA

Methodist Hospital
Gary, IN

Doctor's Hospital at Renaissance
Edinburg, TX

Westchester Medical Center
Valhalla, NY

Case Medical Center
Cleveland, OH

Sunnyside Community Hospital
Sunnyside, WA

Mary Bridge Children's Hospital
Tacoma, WA

Swedish-Edmonds Campus
Edmonds, WA

MidMichigan Medical Center Midland
Midland, MI

Luke's Cornwall Hospital
Newburgh, NY

Staten Island University Hospital-North
Staten Island, NY

Texas Health Harris Methodist-Hurst
Bedford, TX

Trauma Systems Reauthorization Bill Passes Congress

On June 24, the U.S. House of Representatives passed by voice vote H.R. 4080, the *Trauma Systems and Regionalization of Emergency Care Pilot Projects Reauthorization Act*. This legislation would reauthorize the Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Systems Pilot Projects. The grants would support state and rural development of trauma systems through 2019, and the pilot projects would work to implement and evaluate innovative models of regionalized emergency care. The legislation also would mandate that states update their trauma care plan with input from new stakeholders one year after enactment.

Senators Reed (D-RI), Murray (D-WA), Kirk (R-IL) and Isakson (R-GA) introduced companion legislation, S. 2405, on May 22. As of press time, the bill is slated to for review and potential passage by the Health Education Labor and Pensions (HELP) committee. It would then move on to consideration by the entire Senate.

The Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Pilot Projects Authorization expires this year and thus these programs were addressed first. The authorization for the Trauma Care Center and Service Availability Grants expire in 2015 and will be developed as independent legislation in the near future.

CMS Heeds TCAA's Recommendations and Refrains from Consolidating ED Codes

On July 3, the Centers for Medicare & Medicaid Services (CMS) released its proposed rule for changes to the hospital outpatient prospective payment system (HOPPS) for calendar year (CY) 2015. These changes, if finalized, would be effective January 1, 2015.

TCAA is pleased to report that CMS has proposed to not move ahead with the consolidation of emergency department (ED) codes. As you may recall, in the CY 2014 proposed rule, CMS planned to consolidate its reimbursement of Type and Type B ED visits from five severity-based reimbursement levels to a single reimbursement level for each ED type. Advancement of this proposal would have been devastating for trauma systems and centers. Ultimately, due to TCAA's comments, CMS did not finalize their proposal but indicated they would revisit the proposal for CY 2015.

Fortunately, due to TCAA's continued dialogue with CMS over the past year the agency has again opted not to move ahead with consolidation of the ED codes. For CY 2015 they are proposing to continue to use their existing methodology. CMS stated "they intend to further explore the issues related to ED visits, including concerns about excessively costly patients, such as trauma patients." TCAA is pleased that CMS recognizes the need to carefully consider hospital outpatient trauma care reimbursement and ensure an appropriate methodology and level of payment.

TCAA continues to engage CMS on a viable sustainable future reimbursement model for the trauma patients served by TCAA members.

TCAA Provides CMMI with Request for Information on Innovative Models of Payment

CMS's Center for Medicare and Medicaid Innovation (CMMI) issued a request for information (RFI) on a potential new bundled payment program. The RFI signals Medicare's potential interest in expanding the application of bundling from inpatient to outpatient care. To date, Medicare's bundled payment programs—including both the Acute Care Episode Demonstration and Bundled Payments for Care Improvement (BPCI) Initiative—have primarily focused on inpatient care.

In response to the RFI, TCAA encouraged CMS to evaluate a patient-centered, episode-based payment model for the treatment of traumatic injury. We proposed initially defining the outpatient episode of care as beginning at the time of presentation to a trauma center and ending at the point of either inpatient admission or release from outpatient care. We further proposed grouping trauma patients into three categories based on severity of injury at the time of presentation to the trauma center, and varying episode reimbursement based on this categorization and the level of the trauma center involved. This approach will produce episodes of outpatient care that will share certain commonalities but are not necessarily defined by a single procedure within an episode.

This is the beginning of a dialogue with CMS around the creation of a viable, sustainable reimbursement model for trauma centers. 🔳

Federal Funding for Trauma Care Programs

TCAA had requested that Congress include $28 million of implementation funding in the FY 2015 Labor, Health and Human Services, and Education (LHHS) Appropriations Act for the trauma and emergency medical services programs and activities that are authorized under Sections 1201-4, 1211-32, 1241-46 and 1281-2 of the Public Health Service Act (PHSA). While many Members of Congress submitted our request to their colleagues on the appropriations committee, it was unfortunately not included in the Senate FY 2015 Senate LHHS Appropriations Act.

As these budgetary debates go on, TCAA is focused on solutions to ensure the future reliability and accessibility of trauma care for all Americans. TCAA will be continuing to press both the Congress and the Administration to provide seed funding for its trauma programs. 🔳

Washington Wrap-Up

Congress will head home for the August recess in two weeks. At press time, the Senate appears at a standstill in its attempt to follow the House's lead in approving fiscal year (FY) 2015 appropriations. With appropriations at a standstill between the two bodies, Senate Democrats and House Republicans have geared up for another legislative confrontation over the Patient Protection and Affordable Care Act (PPACA).

House Speaker John Boehner (R-OH) and others released a draft of a House Resolution which would authorize the House to bring suit against executive agency actions to delay the PPACA employer mandate and related penalties for non-compliance. The proposed civil action seeks injunctive relief regarding the "failure of the President" or any other Administration official "to act in a manner consistent with their duties under the Constitution and laws of the United States" with respect to the implementation of any provision of the PPACA. 🔳

TCAA Contributes to the Development of Injury Prevention Course

The Injury Prevention Committee of the TCAA was asked to submit curriculum content for the Injury Prevention Coordinator Course. The committee, led by Joanne Fairchild and Tara Reed Carlson, diligently worked to submit 2 chapters. "Finding Funding" covers grant sources, foundations support and non-traditional means of funding injury prevention efforts. The chapter "Advocacy" focuses on local,

Tara Reed Carlson

regional, state and national advocacy efforts, providing the learner with best practices. This content encompasses years of experience from organizations across the country. Both chapters are sure to enlighten the injury prevention specialist at all levels.

An overview of the course will take place at the Inaugural Injury Prevention Coordinators Symposium and Summit. This summit is a collaborative effort by the Trauma Prevention Coalition (TPC) which represents many healthcare professional organizations. The TCAA is honored to be a member of the TPC and included in the educational summit. To attend, register at *www.aast.org*. 🔳

Inaugural Injury Prevention Coordinators Symposium and Summit

Philadelphia Marriott Downtown

Wednesday, September 10, 2014

7:00am to 11:15am

Elizabeth O'Dell

Abracadabra…

Abracadabra, from the Hebrew language, meaning *'I create what I speak'*. If trauma registrars had a magic wand and could wave the wand while reciting the enchanted word, *Abracadabra* and *"Poof"* all resources would mystically appear, life in the trauma registry would be much easier. However, lacking the proverbial magic wand, the Trauma Center Association of America has created an ad hoc special interest group, the TCAA Trauma Registry SIG, to provide resources for trauma registrars across the nation. This SIG is working towards creating what we speak.

The first mission of the TCAA Trauma Registry SIG was to identify what trauma registrars across the nation felt were important gaps in resources. This identification process was handled through a series of electronic surveys. After receiving the survey results, the SIG created an outline of topics to include in a resource manual. Currently a group of trauma leaders, Angela Chisolm, Garrett Hall, Jorie Klein, Brenda Medlin, Annette O'Dell, and Jennifer Ward are working as a team to create a trauma registry user guide based on topics defined as critical need resource deficits. Some of the topics include: defining the registrar's role, education and training needs, data abstraction, data validation and quality, data usage and utilization of data for performance improvement and reporting needs. The goal is to have the document finalized and ready to release prior to the 17th Annual Trauma Center Association of America conference in San Antonio, Texas late September of this year.

The user guide will be a living document, and will be updated periodically to include relevant trauma registry topics. The TCAA Trauma Registry SIG will continue to listen to the needs of trauma registrars and implement additional resources throughout the coming year. Options may be to partner with other organizations to provide additional materials, webinars, and classes. Keep your eyes open and watch for the 'magic' to happen. 🔳

Use Your Annual Report to Promote Your Training Program

Joanne Lindberg

I am the Trauma Program Manager for Tacoma General Hospital / MultiCare Health System and the 2013 award winner of the Fellowship program for Trauma Center Association of America. I had the honor of visiting Las Cruces, NM and working with Jennifer Ward and her talented staff in December 2013. During my two week stay, I learned a great deal working directly with TCAA. My interaction with various organizations and colleagues allowed me to learn so much from many of you, and I thank you all for that opportunity.

For my Fellowship "Self-Directed Project", I chose to focus on the Annual Report for Trauma Programs. Annual reports allow you the opportunity to promote your trauma program. The report provides a general summary of how your program has performed over the past year and to provide information about your plans for the future. Once a year organizations have the chance to summarize their overall accomplishments and business activities and recap their financial results. The report is a great opportunity to share this information with hospital members and your community. The various types of Annual Reports trauma centers are producing were researched through the *Ask Traumacare* survey process. What I noted in my research is that reports vary across regions in size, content and regularity. The focus of the Annual Report is to give a consistent approach that will help centers, no matter the level by producing a report for their particular region and demographic. I am working to add a chapter in the Fellowship Manual outlining the suggested topics for producing an Annual Trauma Program Report for hospitals. My chapter will outline the findings of my research and share suggestions and ideas on producing an Annual Report to promote your program to your organization and community. 🔳