

## TRAUMA CENTER

Association of America

#### **NEW MEMBERS IN 2013**

Allegiance Health Jackson, Michigan

Providence Alaska Medical Center Anchorage, Alaska

Beaumont Health System Troy, Michigan

Beaumont Health System Grosse Point, Michigan

Henry Ford Wyandotte Hospital Wyandotte, Michigan

> Port Huron Hospital Port Huron, Michigan

West Valley Hospital Goodyear, Arizona

Spectrum Health Grand Rapids, Michigan

Ocala Regional Medical Center
Ocala, Florida

Massena Memorial Hospital Massena. New York

South Central Regional Trauma Advisory Council Madison, Wisconsin

North Dakota Department of Health Division of EMS & Trauma Bismarck, North Dakota

Sacred Heart Medical Center at Riverbend Springfield, Oregon

Providence Sacred Heart Medical Center & Children's Hospital Spokane, Washington

Rideout Memorial Hospital Marysville, California

Riley Hospital for Children Indianapolis, Indiana

Denton Regional Medical Center
Denton. Texas

Volume XII. Issue II

3rd Quarter 2013

The National Voice For Trauma Centers

# **Washington Wrap-Up**



Congress has headed home for the August recess and ACA implementation continues. Both chambers will be in session starting Monday, September 9th. When they return, their focus will be on federal budgetary pressures, implementation of the Patient Protection and Affordable Care Act (PPACA) and a variety of other issues such as immigration reform. The need to

raise the "debt ceiling" looms large and is likely to prompt a larger budget conversation in the fall. With just a month away from implementation of several major aspects of the PPACA, speculation abounds from all perspectives whether implementation will be smooth or a very rocky road.

Meanwhile, before adjourning for recess, the House Energy and Commerce Committee advanced legislation to replace the Medicare Sustainable Growth Rate formula with a .5% annual payment increase between 2014 and 2018 and additional quality-based payment incentives in 2019 and beyond. The legislation does not currently come with an offset, which is something likely to hamper its chances for further action in the near term. Concrete progress on SGR is likely to remain elusive until Congress can make progress on larger budget issues.

### PURSUING FEDERAL FUNDING FOR TRAUMA CENTERS

TCAA has been working on developing an innovative concept around modernizing trauma center reimbursement. TCAA's Board has approved an initial concept that TCAA members will be discussing in more depth within the Reimbursement and the Advocacy Committees. Under the conceptual framework, reimbursement for trauma services provided by trauma centers for hospital services would be replaced with an episode based payment model, in which reimbursement to the trauma center would promote the delivery of high quality and value based care to all trauma patients through quality measures specifically designed for the unique and unpredictable nature of trauma care. Reimbursement for physicians is not touched in this proposal.

TCAA is beginning the process of sharing the concept for feedback from other organizations and looks forward to discussing this with them in the near future.



### Trauma Relief Access for Universal Medical Assistance Act

Congressman Bobby Rush (D-1) introduced a bill last month (H.R. 2660) that would allocate \$100 million in federal money to create trauma care centers nationwide. The Trauma Relief Access for Universal Medical Assistance (TRAUMA) Act would appropriate the money to the Department of Health and Human Services (DHHS) as a series of grants totaling \$100 million given each year from 2014 through 2018. This would implement the service availability grants TCAA and our partners got enacted in PPACA.

#### Federal Trauma Care Programs



TCAA had requested that Congress include \$28 million of implementation funding in the FY 2014 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 final FY 2014 Senate LHHS Appropriations Act.

To date, the House has been silent on the LHHS bill. The most likely scenario is a Continuing Resolution (CR) before September 30th. A CR is a type of appropriations legislation used by enactment of Congress to fund government agencies if a formal appropriations bill has not been signed into law by the end of the Congressional fiscal year.

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. Simultaneously, TCAA will continue its efforts to work on other opportunities such as new funding via transportation to enhance revenue flow to trauma centers. TCAA welcomes your participation in these efforts as we seek to highlight the important role that trauma centers, trauma teams and trauma systems play throughout our country.

#### CMS Releases the Outpatient Prospective Payment System (OPPS) Proposed Rule

TCAA is developing comments on the 2014 Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System proposed rule. The proposed rule would affect outpatient

services furnished by hospital outpatient departments (HOPDs) and ASCs. The rules' provisions, if finalized, will be applicable to services furnished on or after January 1, 2014. TCAA has serious concerns with the agency's proposal to collapse five levels of outpatient visit codes, replacing them with a single health care common procedure coding system (HCPCS) code for each unique type of outpatient hospital visit, including clinic and emergency department visits. This proposal could have a significant impact on trauma centers. TCAA will submit comments recommending a carve out for trauma patients. Further, we



will utilize the framework of our Medicare reimbursement concept as a recommendation for evaluating an alternative payment type that more adequately reflects the delivery of high quality care provided to trauma patients by trauma centers for hospital services. Public comments are due by September 6, 2013. A final rule is anticipated in early November.

# Committee Corner: Pediatric Committee



#### Pediatric Trauma Care: Activations

Prepared by Richard Falcone, MD, Chair, TCAA Pediatric Committee

The TCAA Pediatric Committee has been busy working on understanding the variations in pediatric trauma team activations charges as well as the utilization of these services. The committee recently surveyed members on their activation criteria and their use of pediatric activation charges. This survey revealed a wide variation in charges, activation criteria and payments. The committee is now working on a follow up survey to investigate the possibility of defining standard criteria for Full Trauma Team Activations (highest tier) in order to provide centers with improved leverage for payment and, more importantly, consistent care across trauma centers.

# Trauma Center Association of America 16th Annual Trauma Meeting

November 5th-6th, 2013

The TCAA Annual Meeting provides updates on national issues affecting Trauma Center designation, finances, and advocacy. Solutions and tactics will be offered to assure trauma centers have the resources they need to maintain their programs. Attendance will re-energize and prepare participants to fulfill their professional goals as well as achieve those of their trauma program. This year, TCAA will offer CMEs and Nursing CEU's for those attending this session along with additional time to explore Reno.

### **POST CONFERENCE OFFERINGS:**



Trauma Finance & Business Planning Course
November 7th, 2013

Trauma Center Management Course November 7th-8th, 2013

Trauma Medical Director Course
November 7th-8th, 2013



#### Welcome to Reno, Nevada

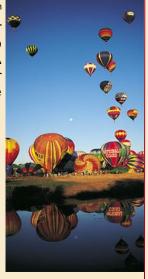
Join us for our Annual Conference at **Peppermill Resort Hotel Casino**. The Peppermill offers a wide range of destination resort features that help provide guests with award-winning hospitality, convenience, and enjoyment. The hotel's Tuscany Tower is a modern glass structure, reflecting sun and sky. From the inside, it reflects the classic style of Tuscan luxury. With sweeping views of Reno's cityscape and the breathtaking Sierras, the Tuscany Tower suites combine old-world splendor with sophisticated, contemporary hotel amenities to create an unforgettable experience. To book your accommodations, please visit our website: www.traumafoundation.org Book ASAP since space is limited!

### **NEW OFFERING: Trauma Center Management Course**

TCAA invites you to participate in the Trauma Center Management Course at the 16<sup>th</sup> Annual Trauma Conference in Reno, Nevada. Come participate in a course that brings your whole trauma team together. We are bringing experts together from across the country to help you grow and develop your Trauma Program. We know it takes a team and TCAA wants to provide you with the resources to build, manage, and sustain your team. Go to our website and select the Trauma Center Management Course link to learn more about the course and the faculty. <a href="https://www.traumafoundation.org">www.traumafoundation.org</a>. The course is November 7th-8th, 2013.

Three Reasons you and your team should attend the Trauma Center Management Course:

- Obtain information on current practices for your entire team at one place. We have topics for regulatory agencies, physician, mid-level practitioners, nurses, pre-hospital providers, administrators, prevention experts, educators, and registry staff.
- Exchange ideas and hear from the experts on issues challenging Trauma Centers such as oversight, financial management, program improvement, trauma registries, injury prevention, critical care, orthopedics, pediatrics, geriatrics, and the list goes on.
- Network, meet others with similar interests, problems and solutions. This course brings everyone together
  and gives you the opportunity to share and grow.



### **COURSE REGISTRATION**

Early Registration before October 20th, 2013, thereafter add \$100.00 to total fee.

TCAA MEMBER		RN/Other	Physician
TCAA Annual Meeting	November 5-6, 2013	\$375.00	\$575.00
Finance & Business Course	November 7, 2013	\$295.00	\$495.00
Trauma Medical Director Course	November 7-8, 2013	Class limit 30 PHYSICIAN ONLY	\$1,000.00
FEES FOR NON MEMBER		RN/Other	Physician
TCAA Annual Meeting	November 5-6, 2013	\$495.00	\$750.00
Finance & Business Course	November 7, 2013	\$495.00	\$750.00
Trauma Medical Director Course	November 7-8, 2013	Class limit 30 PHYSICIAN ONLY	\$1,000.00
New Educational  Trauma Center Management Course	Offering - Introd November 7-8, 2013	uctory Price for All \$525.00 fo	r all
ETWORKING EVENTS Please check if additional guest is attending.			
Poster Reception Guest (\$30/guest.)	Annual Bu	siness Meeting Guests (\$40/guest	i.)
	TOTAL:		
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CANCELLATIONS: Full refund is available before October 30th, 2013. No refunds are issued thereafter. Substitution registrations from the same facility are accepted. If there are not an adequate number of participants by October 30th, 2013, courses subject to cancellation.

Fax or mail registration to:

### TRAUMA CENTER ASSOCIATION OF AMERICA

1155 South Telshor Boulevard, Suite 201, Las Cruces, NM 88011 Phone: 575-525-9511 Fax: 575-647-9600 Confirmations will be sent upon receipt of registration form.

# Committee Corner: Injury Prevention Committee on Falls

### Fall Related Injuries in the Elderly

TCAA is pleased to announce the start of the Fall Related Injury Pilot Project. It is a multi-institutional project that will collect data on the circumstances that contribute to falls in older adults who present to Trauma Centers. Even though the initial CDC funding was lost due to the sequestration, we have had several members step forward to contribute time, energy, data collection and research assistance to allow this pilot to move forward.

The pilot will be collecting data on patients who are 65 years or older and are hospitalized due to an injury resulting from a fall. The Pilot will include 5-10 trauma centers collecting data for three months. Upon analysis of the data, a report will issued. The purpose of the pilot is to help trauma centers and the CDC have a better understanding as to why patients fall and to better determine which elements should be included in a Falls Registry. With this understanding, our goal is to be able to design effective fall prevention programs and strategies to reduce the occurrence of falls. In the future, we would like to expand this study to include additional Trauma Centers representing all geographic areas.

# Open Forum: Webinars Where You Can Talk to the Experts

TCAA is providing an additional benefit to members. We will be offering Open Forum Webinars that give you the opportunity to talk to the Experts who are taking on the challenging issues facing Trauma Centers.

- **How does it work?** Our panel of experts will provide a short overview on the current topic. Then, they will open the forum up to the audience to for a question and answer session.
- What are the topics and how are they selected? The first topic will be EPIC. It was selected by the TCAA Education committee. The next topic will be selected by the membership. We will post a survey on our website and TCAA's members will vote on the topic of their choice.
- **Are there CEs being offered?** Yes, for this first offering, we will be providing 1 hour of nursing CEs.
- **How do I sign up?** The Open Forum will be offered through Go To Meeting. Sign up at this link: <a href="https://www1.gotomeeting.com/register/730895728">https://www1.gotomeeting.com/register/730895728</a>. Space is limited to 100 registrants, so register soon.

### **OUR FIRST SESSION: EPIC**

This session will be led by facility experts who have been successful in implementing the electronic medical record EPIC. Potential issues to be discussed include: pro-cons, barriers, challenges, verification prep processes, validation - it can be done, methods to ensure accuracy, real time documentation during high level alerts, best practices (hardware for location in trauma room, orientation, output reports).

Join the call – we are excited to share our experts and their knowledge and experience with our membership.

### Membership Benefit: Trauma Finance Manual New Chapters!

### Trauma Center Finance Resource Manual



Trauma Centers are bombarded with a constant influx of new requirements and billing practices. To help our member Trauma Centers with these issues, TCAA has developed two new chapters to address *Implementing a Billing Process for SBIRT* and a *Guide to Non-Physician Practitioner Billing*. As part of her fellowship with TCAA, Janet Cortez, Trauma Program Manager at the University of Utah Healthcare developed a resource to take trauma centers "Step by Step through the billing process". For those of you with an SBIRT program, this chapter is essential to understanding the ins and out Sof billing.

TCAA's second fellowship project addressed billing for the non-physician practitioner (NPP) and was designed by Angela Chisolm of Carolinas Medical Center in Charlotte, NC. As Non-physician practitioners take on additional roles and responsibilities at Trauma Centers, it is essential to know what services can and cannot be billed for. This

chapter will serve as your resource to set your Trauma Center on the proper road to effective reimbursement for the services NPPs deliver to Trauma Patients.

Announcements

Conference Report & 2013

### Conference Corner

Fall Related Injuries Pilot Project

### Fall Related Injuries

Pediatric Trauma Care

### Committee Corner

- CW2: OPPS Proposed Rule
- Medical Assistance Act Federal Trauma Care Programs ◆
- Centers

  Trauma Relief Access: Universal
  - ← Federal Funding for Trauma
    - dn-deJM S102

3rd Quarter 2013 Advocacy Update

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