

TRAUMA CENTER ASSOCIATION OF AMERICA

The National Voice For Trauma Centers

Volume XI, Issue I

Spring 2012

New Members:

Arkansas Children's Hospital
Little Rock, Arkansas

Botsford Hospital
Farmington Hills, Michigan

Driscoll Children's Hospital
Corpus Christi, Texas

Portneuf Medical Center
Pocatello, Idaho

Richmond University Medical Center
Staten Island, New York

Skyline Medical Center
Nashville, Tennessee

Soin Medical Center
Beavercreek, Ohio

St. Joseph's Medical Center
Lewiston, Idaho

St. Mary's Hospital
Madison, Wisconsin

St. Mary's of Michigan
Saginaw, Michigan

Trident Medical Center
Charleston, South Carolina

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TCAA has acquired "Softedge" legislative communications software for its Members' convenience
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RSVP Today for TCAA's Lobby Day in Washington, DC!

TCAA will be hosting its 2012 Lobby Day on Thursday, June 28 in Washington, DC. Visits with your Members of Congress will be scheduled by TCAA's federal team at Holland & Knight. The focus of our visits will be to ask Members of Congress to support appropriations funding for the trauma programs authorized under the Public Health Service Act, and to begin laying the foundation for ensuring the sustainability of reimbursement for trauma care. If you are able to attend, please RSVP to TCAA Interim President, Jennifer Ward, at jennifer@traumafoundation.org.

We will begin the Lobby Day at 7:30 am on Thursday, June 28 with a breakfast briefing at Holland & Knight's offices (2099 Pennsylvania Ave., NW), followed by meetings with your Members of Congress that could last until as late as 5:00 PM. We, therefore, strongly encourage you to fly into Reagan National Airport (closest airport) on the evening of Wednesday, June 27. Your participation on Capitol Hill is an essential component of TCAA's federal advocacy agenda. We hope you'll join us!

Federal Advocacy Update



While the country awaits the Supreme Court decision on the health care reform law this month, the Department of Health and Human Services (HHS) is continuing to implement the law and prepare for the state insurance exchanges and Medicaid expansion that will take effect January 1, 2014. TCAA continues to weigh in on proposed regulations related to the health reform law that have the potential to have a unique impact on trauma care. For example, TCAA recently submitted a comment letter on the Essential Health Benefits Bulletin (Bulletin), issued by the Center for Consumer Information and Insurance Oversight (CCIIO). TCAA's comment letter reflects concerns centered on the regulatory approach taken by CCIIO, stating that the Bulletin provides insufficient specificity, leaves important issues unresolved, and creates an unacceptable risk that states may exclude truly essential health care services, particularly trauma care, from their essential health benefits packages.

Meanwhile, the Joint Select Committee on Deficit Reduction, or "Super Committee's," failure to reach an agreement last year on a deficit reduction package, is forcing Congress to use 2012 to devise ways to avoid the \$1.2 trillion in automatic cuts scheduled to take effect on January 1, 2013. If automatic sequestration were to go into effect, Medicaid would not be affected, nor would Medicare benefits. However, Medicare provider payments would be subject to cuts up to two percent of total program costs.

With seven months left to take action, Republicans have already spoken out in support of protecting defense spending from receiving its full share of the automatic cuts. However, President Obama said that he will veto any attempt by Capitol Hill to roll back the \$1.2 trillion in scheduled cuts. Instead, the President said he would consider a deal that tweaks the sequestration formula as long as the \$1.2 trillion target is met with a balanced approach. Any substantive negotiation process this year will likely take place after the November elections during a lame duck session of Congress.

As Congress spends the remainder of 2012 working on an agreement to prevent sequestration and preparing for an anticipated battle on the expiration of the Bush-era tax cuts and entitlement reform in 2013, TCAA is closely tracking various deficit reduction proposals that would affect Medicare and Medicaid reimbursements for trauma care services. At the same time, TCAA is working strategically with a broader coalition of trauma-related association partners on other opportunities to enhance revenue flow to trauma centers, as well as ensure the totality of reimbursement on trauma care.

Despite mounting federal budgetary pressures, TCAA has been working with its members to undertake grassroots advocacy to help request funding through the annual appropriations process for the trauma programs authorized under the Public Health Service Act. Given the very challenging fiscal environment, TCAA is requesting a \$28 million level of funding to get the trauma programs up and running.

TCAA Urges Support for Trauma Program Funding

The effort to urge Congress to fund the trauma programs authorized under the Public Health Service Act will continue to be an uphill climb. TCAA and its partners are therefore also continuing to urge the Administration to use discretionary dollars at HHS' disposal to support the trauma programs. This involves continued advocacy efforts with both of the agencies with authority over the trauma programs (HRSA and ASPR) as they contemplate how to spend their FY 2012 discretionary dollars.

In addition, TCAA worked with its partner organizations to assist Senators Jack Reed (D-RI) and Patty Murray (D-WA) in the development of a letter to Secretary Sebelius, urging the Secretary to prioritize funding this year and next for the trauma programs. The letter also asks the Secretary to respond to a number of questions such as the status of the nation's current surge capacity, including the degree of regional integration to support public health emergencies or mass-casualty events. This letter garnered the support of Senators Jack Reed (D-RI), Patty Murray (D-WA), Daniel Akaka (D-HI), Ben Cardin (D-MD), Michael Bennet (D-CO) and Robert Menendez (D-NJ).

Drug Shortages



As the scope of the nationwide drug shortage continues to increase, the House and Senate have both been working to include drug shortage mitigation provisions in must-pass Prescription Drug User Fee Act (PDUFA) reauthorization bills that have passed both houses of Congress. During the development of these bills, organizations within the trauma, EMS and Critical Care Transport (CCT) communities worked to outline their unique concerns for the Committees. As part of this effort, a group of 16 organizations, including TCAA, co-signed a white paper that suggested specific legislative modifications to ensure that drugs used for trauma, EMS and CCT patients are covered under an advance notification system.

We are pleased to report that the Senate bill includes language that TCAA and the other organizations urged the Senate to adopt at the Committee level. Specifically, the Committee amended its draft bill to ensure that the notification process covers drugs used in emergency medical care or during surgery. In addition, the House-passed bill is accompanied by report language that clarifies that drugs used for treatment in emergency care situations, including resuscitation, are to be included in the FDA's drug shortage notification process. The House and Senate will now work through a conference committee to iron out the differences between the two bills, and pass one final version through both chambers early this summer.

During this process TCAA also worked with its colleague associations to support Congress' request for two studies by the Government Accountability Office (GAO). The first, as requested directly to the GAO by Senators Charles Grassley (R-IA) and Sheldon Whitehouse (D-RI), would study a number of issues regarding the shortage of controlled substances, including those issues identified by TCAA and a subset of our larger ad hoc coalition of organizations in a second white paper. The second study was included in the House-passed bill by Representative Michael Burgess (R-TX) and would evaluate how providers are compensating for a lack of access to preferred drugs in caring for their patients, and whether there are impediments to their ability to adjust accordingly that can be ameliorated.

Field EMS Legislation

TCAA continues to support the bipartisan Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act (H.R. 3144) introduced by Representatives Walz (D-MN) and Myrick (R-NC) last fall, and support the development of champions of companion legislation to be introduced in the Senate. This bill would establish HHS as the primary federal agency for trauma care and EMS, and create an Office of EMS and Trauma to provide a voice, home and initial funding for EMS and trauma programs. As Congress and the Obama Administration continue to consider the appropriate federal role and options for a lead federal agency, TCAA and its colleague organizations are continuing to advocate for policies that ensure the right care is delivered to patients at the right time and in the right setting.

Committee Corner

Disaster Preparedness Committee



Prepared by John Osborn, BA, MS, Co-Chair of the TCAA Disaster Preparedness Committee

Resource Library: Call for Materials

The Disaster Preparedness Committee is working on developing additional disaster resources for the TCAA membership. Our first project is the creation of a Resource Library to consolidate information on planning guidance, best practices, and lessons learned from exercises and actual incidents. Committee members are reviewing content from all sources and are selecting the best of what is available to reduce the time and effort it takes to find useful materials. Our goal is to have a living library that members can rely upon to develop, refine, and evaluate their disaster plans. We are looking for content, so if there are materials you know of that may be of value to other members, please send them to Jennifer Ward: Jennifer@traumafoundation.org.

Standard Disaster Exercise Scenarios

Our second project is to develop a small number of exercise scenarios designed specifically for trauma centers. We hope to provide these standard exercises as a tool for our members to use to conduct disaster drills that evaluate medical/surgical surge capacity, resources and capabilities to manage multiple injured patients, and to be able to directly "compare notes" with other members to identify best practices and creative solutions to issues that many trauma centers probably have in common. Variants of the scenario will focus on managing pediatric patients (and their families) and the unique challenges of rural versus urban response.

The Committee is always looking for ideas, contributions, and new members interested in working on tools to help improve the capability and preparedness of our trauma centers and our trauma systems. If you or a department with your facility is interested in participating, please connect with Jennifer Ward.

Reimbursement Committee



Prepared by Riad Cachecho, MD, MBA, Co-Chair of the TCAA Reimbursement Committee

The TCAA Reimbursement Committee addresses issues in trauma center and provider reimbursement that we believe are important to our membership. The committee is working on various projects at the moment (Trauma Surgeon Workload Study and an Acute Care Surgeon Study) with our newest endeavor focusing on the Non-Clinical Activities provided by trauma surgeons.

The Non-Clinical Activities Study will seek information on the value-added of the trauma surgeons to their respective departments of surgery. The survey will be sent to the trauma directors of level I-IV trauma centers. The directors will be asked to collaborate with their chairs of surgery to identify the non-clinical activities assigned to the trauma surgeons and compare them to activities assigned to non-trauma general surgeons. The non-clinical activities include academic ranks; local, regional and national committee involvements; peer reviewed publications and presentations; educational activities; etc... The different activities will be given an empiric value to allow a numerical comparison. The goal of this survey is to shed a light on the halo effect that trauma services have within the institutions.

Injury Prevention Committee

Funding Opportunities for Injury Prevention

Last December, TCAA submitted a Letter of Intent (LOI) to the Center for Medicare and Medicaid Innovation (CMMI) regarding interest in submitting an application to the Health Care Innovation Challenge (HCIC) program. TCAA examined whether to undertake an intensive application development process with its members and potential project partners, and decided that the January 2012 deadline was approaching too fast and would not allow ample time to craft a comprehensive and effective plan. While an application was not submitted to CMMI, TCAA is continuing to work on the idea, and has established a working group to further explore care models for injury prevention and prepare for potential funding opportunities in the future. This work has included conversations with potential collaborators, including governmental agencies and leaders in the technology and computer software fields.

TRAUMA CENTER ASSOCIATION OF AMERICA

Membership Benefit: Advanced Disaster Medical Response Course



New to the website is a collection of educational modules on advanced disaster medical response. Developed by Dr. Susan Briggs, a TCAA Director and Co-Chair of the Disaster Preparedness Committee, the Advanced Disaster Medical Response Course is intended to train multidisciplinary teams of providers in the “ABCs” of medical and public health response to disasters. Modules include content on the incident command system, patient decontamination, response to biological, chemical and radioactive agents, as well as specific injuries such as blast and crush injuries and the psychological response to disaster. The Disaster Preparedness Committee is pleased to make these modules and accompanying documents available to TCAA members for their internal educational needs. For more information regarding this educational opportunity, please visit our website, www.traumafoundation.org/disaster_preparedness.htm.

«HospitalName»
 «FirstName» «LastName» Or Current Trauma Medical Direc-
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 «StreetAddress», «StreetAddress2»
 «City», «State» «ZipCode»



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