Alabama Trauma System

Trauma Funding Distribution Retreat

May 4, 2010
9:15 a. m. - 2 p.m.

The Marriott Legends Capitol Hill
Prattville, Alabama

Members Present:	Dr. Donald Williamson, Dr. John Campbell, Dr. Loring Rue, Dr. Richard Gonzalez, Mr. Vernon Johnson, Ms. Beth Anderson
Members by Phone:	Mr. Bryan Kindred
Members Absent:	Chief Billy Pappas, Dr. Alzo Preyear, Dr. John Mark Vermillion
Funding Workgroup Member:	Dr. Rony Najjar
ADPH Staff Present:	Dennis Blair, Choona Lang, Tammie Yeldell
Guest:	Glenn Davis, Kathy Gillison-Parker, E. Allan Pace, Joe Acker, Michael Minor, Denise Louthain, Danne Howard, Carol Brown

Welcome

Dr. Williamson called the meeting to order with a welcome.

Trauma Funding Retreat Objectives

Dr. Williamson opened the meeting with a summary of goals of the Trauma Funding Retreat. The 2010 Legislative session passed on referendum to appoint a Trauma Funding Committee. The primary focus of this group will be to identify Trauma Funding sources. The committee has not been appointed at this point. The STAC members will be notified once the committee members have been chosen.

Current ATCC Operation Costs

Joe Acker gave a review of the current ATCC operation costs. (See attached power point)

Additional ATS Points of Discussion during the ATCC Operation Costs Discussion

Two weeks prior to this meeting, ATCC entered 50 patients in a 12-hour period. The projection of the number of patients we can expect in the trauma system once we are

statewide. There is a current problem with retrieving true out-of-state Trauma System patients because most states have injury registries which capture all trauma patients. Two levels of backup, with no cost to the hospitals are BREMSS Ford Excursion and Hoover's 911 dispatch office.

Georgia has released an RFI for adoption for the LifeTrac Software. BREMSS has an agreement with Forte, the LifeTrac Software vendor, which will allow Alabama to receive all system upgrades for a new customer at no cost to the Alabama Trauma System. If Georgia selects the LifeTrac system, this will allow for a direct like between Alabama's and Georgia's systems.

BREMSS system was funded by the local hospitals and grant money. Once the Alabama Trauma System funds is available, there will be discussion regarding removing the hospitals in Birmingham from funding responsibilities.

Trauma money should be separated from other components of the system which are planned for the future components (i.e.: Stroke and Cardiac). Current State trauma office personnel cost is $495,382.

The STAC can adopt a rule to establish guidelines related to minimal criteria needed to receive the Trauma Funding.

Sample Trauma System Funding Hypothetical Examples

Dr. Campbell discussed the Sample Trauma System Funding Hypothetical Examples for Distribution by Physician Workgroup Suggestions (See attachments).

Arkansas and Mississippi Funding Distribution

Ms. Beth Anderson gave a summary of Arkansas and Mississippi Funding Distributions (See attachments).

Trauma Funding Distribution Formula and Equation Suggestions from Funding Retreat Workgroup

$60,000,000 to $80,000,000 in trauma funding.

If we were to get $60,000,000, the funds would be distributed this way:

- Trauma Administrative Cost plus ATCC = $2,000,000
- EMS to get 5% of remaining ($58,000,000) = $3,000,000
- Trauma Centers would share the remainder = $55,000,000
    - These funds would be distributed in this way:
        - 50% of the $55,000,000 would be distributed based on level of care = $27,500,000
        - 50% of the $55,000,000 would be distributed on number of patients treated and their acuity (ISS score) = $27,500,000

Legislative Language Suggestions:

- Not less than 30% of hospital funds to be used to pay on-call stipends to surgical specialties taking trauma calls and to help offset the cost of Trauma CME and Malpractice insurance.

- General/Trauma Surgeons, Orthopedic Surgeons, Neurosurgeons, and Facial Surgeons (ENT or Plastics) taking trauma call would be eligible for these funds
    - Reimbursement of portion of time the physician's practice is devoted to trauma care.
    - Reimbursement for taking call in-hospital versus at home
- Emergency Medicine Physicians would not receive on-call stipends but would receive funds to help offset Trauma CME and Malpractice insurance

- In-State Trauma Centers will participate in the Level of Care Pool and the Patient Volume/Acuity Pool
- Out-of-State Trauma Centers will participate in only the Patient Volume /Acuity Pool

- A portion of the funds for volume/acuity will be for trauma patients treated in the emergency department and either sent home or transferred. The funds will be distributed on volume only. Patients discharged from the Emergency Department or transferred will not count for the volume/acuity funding.

EXAMPLE OF DISTRIBUTION OF FUNDS USING THIS MODEL
(The STAC may want to manipulate the percentages. They were assigned as a "best guess.")

1. $27,5000,000 (50% of $55,000,000) distributed based on the Level of trauma care provided
    a. Level One hospitals (currently 4 adult and one children): $2,000,000 per hospital for total of $8,000,000
    b. Level Two hospitals (Project total of 7): $1,250,000 per hospital for total of $8,750,000
    c. Level Three hospitals (Projected 46): $230,000 per hospital for total for $10,580,000

    This totals $27,330,000

2. $27,500,000 (50% of $55,000,000) distributed based on Volume and Acuity
    a. 10% for patients sent home from Emergency Department or Transferred to another hospital. This pool would total $2,750,000
    b. 40% for admitted patients with ISS score $\geq$ 15. The pool would total $11,000,000
    c. 50% for patients with ISS scores <15. This pool would total $13,750,000
3. Estimated that there would be yearly total of about 11,250 patients
    a. 30% sent home form ED or transferred: 3,375 patients
        i. $2,750,000 divided by 3, 375 patients = $815 per patient for discharged from Ed or transferred to another hospital

b. 70% admitted: 7875 patients

i. 30% of admitted patients with ISS score of $\geq$ 15: 2, 363 patients
   a. $11,000,000 divided by 2, 363 patients = $4,655 per patient
ii. 70% if admitted patients with ISS score of < 15: 5,512 patients
   a. $13,750,000 divided by 5,512 patients = $2,495 per patient

EXAMPLE OF FUNDING FRO A LEVEL ONE TRAUMA CENTER

Given $2,000,000 for level of care provided

Treat 700 Patients per quarter or 2, 800 patients per year.

30% sent home form ED = 840 patients times $815 per patient for total of $684,600

70% admitted for total of 1960 patients

30% with ISS $\geq$ 15 = 588 patients times $4,655 per patient = $2,737,140

70% with ISS < 15 = 1372 patients times $2,495 per patient = $3,423,140

Total funds for year = $2,000,000
$684,000
$2,737,140
$3,423,140
Grand total = $8,844,280

Of this at least 30% ($2,653,284) must go to the physicians.

EXAMPLE OF FUNDING FOR A LEVEL THREE TRAUMA CENTER

Given $230,000 for level of care provided

Treat 27 patients per quarter or 108 patients per year

50% discharged from ED or transferred = 54 patients times $815 per patient for total of $44,010

50% admitted = 54 patients

30% with ISS > 15=16 patients times $4,655 = $74,480

70% with ISS < 15= 38 patients times $2, 495 = $94,810

Total funds for year = $230,000
$44,010
$74,480
$94,810
Grant Total = $443,300