

TRAUMA CENTER ASSOCIATION OF AMERICA

The National Voice For Trauma Centers

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New Members:

Barton Memorial Hospital
South Lake Tahoe, California

Delray Medical Center
Delray, Florida

**Evergreen Hospital
Medical Center**
Kirkland, Washington

Exempla Good Samaritan
Lafayette, Colorado

Jacobi Medical Center
Bronx, New York

**Kadlec Regional
Medical Center**
Richland, Washington

**North Hawai'i Community
Medical Center**
Kamuela, Hawai'i

NorthBay Medical Center
Fairfield, California

**New York Hospital -
Queens**
Flushing, New York

**Oakwood Southshore Med-
ical Center**
Trenton, Michigan

**Orange Park Medical
Center**
Orange Park, Florida

Presbyterian Hospital
Charlotte, North Carolina

**Santa Barbara Cottage
Hospital**
Santa Barbara, California

Sinai-Grace Hospital
Detroit, Michigan

Trauma Trust
Tacoma, Washington

TCAA Message from Washington

As the next phase of deficit reduction negotiations moves into high gear on Capitol Hill, TCAA is active on this front and a number of other legislative and regulatory issues on behalf of its membership. This article provides a quick snapshot of recent and upcoming issues that will continue to impact trauma centers and systems, offering an outlook on the federal landscape over the next three months.

Medicare & Medicaid Cuts Under Consideration as Part of Deficit Reduction Negotiations

Congress and the President finally reached a deal regarding the debt ceiling and deficit reduction during the first week of August, tying an increase in the debt-ceiling limit to approximately \$900 billion cuts in spending. As part of the deal, the Joint Select Committee on Deficit Reduction, or "Super Committee", was also created to find an additional \$1.2 - \$1.5 trillion in savings before the end of the year. The Committee is required to report recommendations to Congress by November 23, and if it fails to, or if Congress doesn't vote on a proposal by December 23, automatic spending cuts ("sequestration") will take effect beginning in 2013, which would be equally divided between defense and non-defense spending.

TCAA is closely tracking proposals under consideration by the "Super Committee" that would reduce Medicare and Medicaid payments, including Medicare Indirect Medical Education (IME) as well as Medicaid program funding mechanisms. In the event that sequestration takes effect, Medicaid provider payments and benefits would not be affected. However, while Medicare benefits could not be cut, cuts to Medicare providers' payments would be allowed up to 2% of the program's cost.

Advocacy Efforts Related to Trauma Program Funding

Congress is wrestling with deficit reduction proposals while simultaneously moving forward with the fiscal year (FY) 2012 appropriations cycle. In addition, the Obama Administration is working on its FY 2013 budget proposal. In this context, TCAA is pursuing a multi-pronged strategy in an effort to secure funding for the trauma provisions authorized under the Public Health Service Act (PHSA).

As the House and Senate Appropriations Committees develop their FY 2012 Labor-Health appropriations bills, we worked through the spring and summer to build support from Members of Congress to urge appropriators to support the trauma care programs in the FY 2012 cycle. While over \$224 million is authorized for the programs under the Patient Protection and Affordable Care Act (PPACA), TCAA requested – in coordination with its trauma and EMS partners – a smaller amount (\$28 million) during this tough budget year in an attempt to first get a foot in the door, and then hopefully gradually increase funding levels in future years.

Unfortunately, the newly released Senate Labor-Health Appropriations bill and accompanying report language for FY 2012 does not include language directing the Administration to fund the trauma programs despite our confirmation that a bipartisan group of senators had weighed in with the Committee in support of our funding request. We've been told that the pressures in this fiscal climate were greater than ever, forcing difficult decisions all around, and that such pressures made it impossible to provide funding for our new trauma programs while other programs were being cut dramatically.

Given that the House will likely not mark-up a Labor-Health bill this year, it will be extremely challenging for us to achieve funding for the programs in FY 2012, though we will keep trying. We are also already working to press for the inclusion of funding in the President's FY 2013 budget request, which will be presented to Congress next February. The Administration is in the process of drafting this request and TCAA is working with its partners in the trauma and EMS communities to submit a group request letter to the agencies and will be meeting with the President's Office of Management and Budget in October to reiterate the request.

TCAA Advocates for the Lead Federal Agency for Trauma Care at HHS

TCAA has been working with its partners in the Trauma and EMS communities over the past year-and-a-half to develop comprehensive legislation addressing many of the challenges confronting field EMS in order to better fulfill public expectations that all who need Trauma and emergency medical care in the pre-hospital setting can depend upon the highest quality of care. This bipartisan legislation would, among other provisions, designate a primary federal agency for the full continuum of EMS and Trauma care at the Department of Health and Human Services (HHS), including the establishment of an Office of EMS and Trauma within HHS. TCAA has also joined with nine other Trauma and EMS organizations in submitting a response to the Federal Interagency Committee on Emergency Medical Services' (FICEMS) request for input about the role of the Federal



2011 Advocacy Update (Continued)

government in the full continuum of Trauma care, EMS, and emergency medical care for adults and children. TCAA and the other organizations used this opportunity to comment on the challenges facing trauma and emergency care providers, stating that emergency medical services, including trauma services, are health care services first and foremost, and should be viewed within the health care framework. As such, the groups wrote that a lead federal agency should be established in the Department of Health and Human Services (HHS). As draft legislation is prepared for introduction, and as the Obama Administration considers 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.

Pandemic and All-Hazards Preparedness Act (PAHPA) Reauthorization

While Capitol Hill is focused on deficit reduction negotiations and the annual appropriations process, other legislative activities – including efforts to reauthorize the Pandemic and All-Hazards Preparedness Act (PAHPA) – are underway as well. TCAA has been working with its Trauma and EMS partners to secure stronger language in the reauthorization bill's preparedness goals and liability protections for volunteers offering Trauma services in emergencies. In addition, in lieu of adding a provision to PAHPA, TCAA is working with the House Energy & Commerce Committee leadership on a request to the Government Accountability Office (GAO) to examine the availability, capacity and preparedness of health systems to provide surge capacity, including Trauma Care Systems and Trauma Centers. We are currently awaiting the release of the Senate HELP Committee's reauthorization bill and have been conducting similar advocacy efforts in that chamber.

TCAA looks forward to working with its members and supporters in the policy debates ahead. Sustained member involvement will be crucial as we advocate against Medicare and Medicaid payment cuts, work to secure funding for the trauma programs and help shape key regulations as the Administration works to further implement PPACA.

In Other News: Additional TCAA Advocacy Efforts

In addition to the efforts in Washington, DC, TCAA has taken on various efforts and opportunities to show our support for other activities and programs that we feel will be valuable to our Trauma Community.

Readmissions Policy Announced as Part of FY 2012 Hospital IPPS

In June, TCAA submitted comments to CMS regarding the agency's readmissions payment policy contained in the FY 2012 proposed Medicare hospital inpatient and prospective payment systems (IPPS) rule. CMS recently released the final rule, which included two potentially significant changes. First, CMS did not fully exclude unrelated and planned readmissions from its 30-day readmission measures for heart attack, heart failure and pneumonia patients. This could have implications for trauma if complications related to traumatic injuries similarly do not fully exempt planned and unrelated readmissions. Second, CMS did finalize its proposal to exclude transfers to other acute care hospitals from each of the readmission measures. As a result, in the case of a patient who is transferred between two or more hospitals, if the patient is readmitted in the 30 days following the final hospitalization, the new measures attribute the readmission to the hospital that discharged the patient to a non-acute care setting. TCAA is continuing to evaluate these policies and their applications to trauma centers and systems.

Endorsement of Model Uniform Core Criteria for Mass Casualty Triage

In July, we submitted a letter to the Editor of the *Disaster Medicine and Public Health Preparedness* endorsing the Uniform Core Criteria for Mass Casualty Triage. We commended Lerner and her colleagues for their thorough research and thoughtful analysis which will be a useful and vital component of our national preparedness.

Our nation's trauma system is the backbone of its response to a mass casualty incident. All trauma systems have the ability to mobilize multidisciplinary medical providers necessary to respond to any disaster, regardless of scale or etiology. The Trauma System, made up of a network of pre-hospital providers and designated trauma centers, will be the first line of response to any incident. In order to provide rapid assessment, treatment, and transfer of injured victims, responders from multiple ambulance services and hospitals must be able to communicate uniformly, and these national criteria promote this ability.

Emergency Volunteer Health Practitioners Act (UEVHPA)

In August, TCAA wrote to the Uniform Law Commission (NCCUSL) to support the passage of the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) that was passed by the National Conference of Commissioners on Uniform State Laws in July 2007.

Passage of this bill will ensure that a large force of professional volunteer healthcare practitioners will be in a position to provide assistance to the victims of declared emergencies including natural disasters, public health emergencies and terrorist incidents. By enacting the UEVHPA, state legislatures can have a positive impact on disaster related response effectiveness. Removing barriers that prohibit licensed surgeons and other qualified responders from traveling across state lines to voluntarily administer medically necessary care during disasters will ensure the citizens of their state access to high-quality surgical services in the event of a crisis.

Please Help TCAA Nominate Dr. R Adams Cowley for The Presidential Medal of Freedom

Please log on to our website: www.traumafoundation.org

Click on the "Legislative Software" Button:

Legislative Software

Select "Letter to support a Presidential Nomination for the Medal of Freedom
» Write Your Legislators "

Complete the form by entering your contact information. You can choose to utilize the prepared text or you may add a personalized message, such as the one below:

"You will not find anyone more deserving of The Medal of Freedom in the field of medicine today. It is important that this self-made man be honored in a personal and befitting manner for all of the contributions he has made to the field of medicine. We highly recommend Dr. R Adams Cowley for this honor and appreciate your consideration in his nomination for the Medal of Freedom."

Thank you for your help Nominating Dr. R Adams Cowley !

My memories of R Adams Cowley, M.D. (July 27, 1917 – October 27, 1991)

Mary Beachley, MS, RN, CNAA-BC, Secretary, TCAA Board of Directors



R ADAMS COWLEY

Dr. Cowley was a known pioneer in open-heart surgery which led to his interest in shock research. In 1961, he was awarded a grant from the U. S. Army which he used to open a two bed shock-trauma research unit. As a result of this early research, Dr. Cowley concluded that timely recognition and treatment of shock was critical to the patient's survival, thus creating the "golden hour" concept.

My early memories of Dr. Cowley include his work to develop a statewide EMS/Trauma System. In the early 1970's at Hood College in Frederick, Maryland, I heard Dr. Cowley present his ideas and concepts for the EMS/Trauma System. He presented his plan for area-wide Trauma Centers that would be developed in all five EMS regions of Maryland. The highest level of trauma care would be provided at the Shock Trauma Center at the University of Maryland Hospital in Baltimore.

In 1973, the governor of Maryland issued an executive order, mandating the first statewide EMS system in the county. This system organization was later changed in 1977 with the passage of Senate Bill 852 that amalgamated DEMS and MIEM into the Maryland Institute for Emergency Medical Services (MIEMS) under the Direction of Dr. Cowley within the University of Maryland system.

I later learned that Dr. Cowley used some of the concepts that were established in Germany that used a system of communication that included a single call number for emergencies, specialty training for all providers, medevac transport and designation of certain hospitals that could provide immediate resuscitation and treatment for severely injured patients.

Dr. Cowley was a visionary man who had patient care and saving lives as his number one priority. He was able to find the talent and dedication in the staff that he hired for the Shock Trauma Center and for EMS development. Dr. Cowley demanded loyalty, competency and hard work from his staff. His motivation was always saving lives and providing the best care for the injured in Maryland.

He was effective in building coalitions with stakeholders to establish political support to obtain resources to sustain and further develop his vision. He was able to gain voluntary cooperation from physicians, nurses, hospital administration, ambulance services, fire departments and police agencies. His legacy lives on in Maryland and across the United States.

Save the Date

TCAA ANNUAL CONFERENCE

COMPREHENSIVE TRAUMA PI COURSE

(Nursing CEUs will be available)

Tuesday, November 1, 2011

TRAUMA FINANCE & BUSINESS PLANNING COURSE

(Nursing CEUs will be available)

Wednesday, November 2, 2011

TRAUMA CENTER ASSOCIATION OF AMERICA ANNUAL MEETING

(Nursing CEUs will be available)

Thursday, November 3, 2011

Exclusive Post
Conference Offering

TRAUMA MEDICAL DIRECTOR COURSE

CME's will be available—Physicians only)

Friday, November 4-5, 2011

WWW.TRAUMAFUNDATION.ORG

Special
Preconference
Workshops

The Westin San Diego, Host of the TCAA Annual Conference

Located in the heart of beautiful downtown San Diego, the 25 floors of guest rooms feature panoramic views of the San Diego Bay, Coronado Island, and the downtown cityscape. Convenient to business and shopping, we are within walking distance of the San Diego Convention Center, Seaport Village, Little Italy, the San Diego Gaslamp Quarter, and a variety of shopping options. Only minutes away are major attractions, such as the world-renowned San Diego Zoo, Sea World, Old Town, Balboa Park and Museums, the USS Midway, and the breathtaking scenery of San Diego's stunning sandy beaches. San Diego's International Airport is approximately 5 minutes from our four star hotel.

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In this Issue:

TRAUMA CENTER ASSOCIATION

650 Montana Ave, Suite A
Las Cruces, NM 88001
www.traumafoundation.org
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