

NATIONAL FOUNDATION FOR TRAUMA CARE

"Securing the Future of Trauma Care"

- - THE TRAUMA CENTER CONNECTION - -

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Summer 2007



In this issue:

- NFTC Advocacy Initiatives
- Trauma Physician Workload
- Trauma Fellowship Program
- New Board Members

New Members 2007

*Ben Taub General Hospital
Houston, TX*

*Carlsbad Medical Center
Carlsbad, NM*

*Cedars-Sinai Medical Center
Los Angeles, CA*

*Gerald Champion Regional Med Ctr.
Alamogordo, NM*

*Grady Memorial Hospital
Atlanta, GA*

*Mercy Hospital of Pittsburgh
Pittsburgh, PA*

*Olympic Medical Center
Port Angeles, WA*

*POH Medical Center
Pontiac, MI*

*Roosevelt General Hospital
Portales, NM*

*San Juan Regional Medical Center
Farmington, NM*

*Tuba City Regional Healthcare
Tuba City, AZ*

*Washington Center Hospital
Washington, DC*

Corporate Members 2007

The Surgeons-Link

Letter from Immediate Past Chair, Dr. Donald Trunkey

I want to thank the officers and members of the National Foundation for Trauma Care for the privilege of serving as an officer in the most recent years. It has been an interesting organization to serve in and I can look back with fondness even on some of our early experiences in the NFTC. Fortunately, we got over some of the problems, thanks to Connie Potter's work, and moved on to higher and better things. I think our successes, quite frankly, have been in having a presence in Washington DC with our lobby efforts and representing the trauma community. Clearly, one of our better successes was the CDC grant and our ability to put together a program that did an inventory on a considerable number of trauma centers and their ability to respond to a disaster. We need to go beyond that, however, and look at what still needs to be done. If we can, do a complete inventory and develop some optimal criteria, possibly with the American

College of Surgeons' Committee on Trauma (ACS COT) and the American College of Emergency Physicians (ACEP). I think we should model it after the trauma program the COT does with verification visits like those conducted at the five Highly Prepared Trauma Centers cited in the CDC report. As Past Chair, I am not going to just walk away from the NFTC and I will be more than happy to help out where I can. Again, I want to thank Connie, in particular, Michelle, and all of the staff at the NFTC. It's truly been a great experience.

Sincerely,

Donald Trunkey, MD, FACS
Professor, Dept. of Surgery
Oregon Health & Sciences
University, Portland, OR
Immediate Past Chair



NFTC Advocacy and Hill Day

NFTC has been making great strides to address a missing component - developing a powerful brand for trauma care that will be both easily understood and memorable to our key stakeholders - state and federal elected officials, homeland security, healthcare industry, the media, and the general public we serve. This branding process we've embarked on will help NFTC in the coming months as we continue to build strong relationships with the media and raise brand awareness with the public. A key element to our branding campaign has been developing a "message" to accompany our logo. NFTC is now represented by an emboldened letter T and below it is our new tag-line, "Trauma Centers. There When It Counts." Look for it on our coffee mugs and other marketing materials.

Initially, the branding process entailed the creation of a suite of collateral materials that provide information about our core mission and those trauma centers we represent. We equipped our membership

with lobbying packets that include a fact sheet about NFTC, its origins and current leadership and members. A Frequently Asked Questions document and a two-sided one-pager entitled Trauma's Golden Hour that details what uncompensated care is and why trauma centers need greater federal leadership to round out the advocacy materials. All of these documents are available to NFTC members and we encourage their use when reaching out to local, state and federal government officials. Each of you has the power to help us raise awareness for our trauma centers.

Earlier this summer, NFTC's Advocacy Committee Members visited numerous offices on Capitol Hill in order to garner support for the NFTC's proposed legislation to provide financial support for the mission and uncompensated care of trauma centers. In all there were 15 Advocacy Committee Members (including four NFTC Board Members) who participated. Overall the meetings went very smoothly and were a great success as a majority of the offices we met with expressed an interest in our proposed legislation.

Trauma Surgeon Workload Study

Dr. Samir Fakhry, Board Member, is leading a multi-facility study of trauma surgeon workload, billing, collections, and documentation. This complex project involves five (5) trauma centers who have volunteered to complete a "time and motion" study of full trauma team resuscitations from notification through to definitive care, i.e., admission, operation, transfer, etc. The tracking of time spent will include clinical care, but also communications with external caregivers and consultants, documentation, hospital logistics (such as obtaining OR, ICU or bed space), dealing with families, and other tasks like billing and coding. The survey tracks time in 15-minute increments and allows for notes about unusual or time-consuming tasks that are not readily categorized.

The study responses are being alpha-tested by the participants and time will be spent re-organizing the survey questions to make them more user-friendly and informative. The trauma center will also receive guidance about Institutional Review Board (IRB) compliance and each participant will complete a confidentiality and security agreement.

The most unique aspect of this study is that the chart forms needed for surgeon billing, blinded for all patient identifiers, will be referred to a trauma billing expert for secondary independent

review. The expert consultants will not have access to the original HCFA 1500 bill. The NFTC billing and coding consultants will review the chart forms, documentation, physician time study, and other data to develop a model HCFA 1500 bill.

Once that is accomplished, billing forms will be compared, comments reviewed, and results summarized for the study advisory committee. The study objective is to examine the time and workload required to conduct a full trauma team resuscitation, the billing done by the surgeon, and compare with a model professional services bill generated by the independent experts. Technical differences in billing, such as appropriate use of modifiers, unbundling services, lack of documentation that could improve billing, will be derived from the study results as well as barriers to optimal billing.

NFTC is initially funding this project and will seek support from other professional associations with aligned interests for a future, more in-depth study should this trial survey provide information that surgeons are disproportionately undercompensated for the time, effort, and skill required to perform trauma care.

NFTC Member Vote Board Leadership

Annual Meeting Held in Dallas

NFTC's Annual Membership Meeting in February, held at the Dallas Leadership Conference, resulted in the nomination of a number of potential new leaders to the NFTC Board. The nominees were submitted to a vote for each office through a mail ballot of NFTC members. The NFTC's new Chair began his term upon the June 30 retirement of Dr. Donald Trunkey from active trauma surgery services at Oregon Health Sciences University Hospital in Portland, Oregon. Dr. Trunkey remains on OHSU's Surgical Academic staff and is strongly involved in both national and international trauma care education, research, and advisory (designation/ verification/consultative) services. NFTC is fortunate to retain the expertise and guidance of past Chairs, Dr. Trunkey and Dr. Ron Anderson, for a one year period under the NFTC bylaws.

New Officers

NFTC's newly elected Chair, David Jaffe, has worked diligently on behalf of trauma care as Chair of the NFTC's Advocacy Committee. The new Vice-Chair, Mark Ackermann, has been Chairman of the Terror Response Committee and co-PI of the 2006 NFTC study "US Trauma Center Preparedness for a Terrorist Attack in the Community." He also has accepted the Chairmanship of the Advocacy Committee for the next year. Dr. Robert Falcone was elected to continue his diligent oversight of NFTC finances as Treasurer and Mary Beachley, RN, MS, was elected Secretary. Ms. Beachley remains Chair of the Trauma Systems Committee and was an editor for the 2006 NFTC study for trauma center preparedness.

The next Annual Meeting is Friday, March 6, 2008 in Dallas.

New Members Join Board of Directors

The NFTC welcomes the two newest members to the Board of Directors, replacing past Chairs, Drs. Ron Anderson and Donald Trunkey. We are very pleased that Dan Gross and Dr. Blaine Enderson have accepted to help guide the Foundation with the other eight Board members.



Dan Gross, RN, BSN, MS, DNSc is the Executive Vice President of Hospital Operations for Sharp HealthCare in San Diego. Mr. Gross brings 27 years of experience at a Level I trauma center. He began at Sharp HealthCare as a clinical nurse at Sharp Memorial Hospital. Over the years, he has advanced from clinical nursing and multiple management positions to his current role as Executive VP for the entire Sharp System. In addition, Dan is the current Chair of the California Hospital Association and adjunct faculty at SDSU and UCSD.

Blaine L. Enderson, MD, MBA, FACS, FCCM is the Chief Medical Officer of Trauma, Emergency, and Critical Care Services at the University of Tennessee Medical Center in Knoxville where he is also Professor of Surgery. He has been involved in trauma care, prehospital emergency care and critical care for over twenty years. He has been instrumental to the development and growth of the Tennessee trauma system and trauma advocacy efforts both at the state and federal level. He currently serves on the NFTC's Advocacy Committee.



Both Dr. Dan Gross and Dr. Blaine Enderson were elected through NFTC member votes. We welcome their insights and enthusiasm as NFTC moves forward in leading trauma care to the forefront of the nation's healthcare agenda.

New Corporate Membership - The Surgeons Link

The Surgeons-Link became a Corporate Member of the NFTC in May 2007. The company provides trauma & general surgeons, neurosurgeons and orthopaedists on a locum tenens basis to Level I and Level II trauma centers across the country. "We've had a good working relationship with Connie and her staff for a few years now and we're pleased to have the opportunity to formalize our relationship with the NFTC," states Aaron Risen, President of the company. The Surgeons-Link, Inc. was formed in January, 2001 by Aaron Risen and Carmen Renaldy.

Mr. Risen is a veteran in the physician recruiting and staffing business with over 25 years of experience. He began his career as a recruiter and scheduler with one of the largest, multi-hospital emergency physician contract groups in the country. He continued his career for the ensuing 15+ years in permanent physician recruitment, focusing on several surgical specialties and managing the physician recruiting division for one of the largest not-for profit hospital alliances in the country. Over the span of his career he has worked with countless hospital CEOs, group practice managers and key physician decision makers on practice development, physician compensation and contract negotiation issues resulting in the successful recruitment of over 200 physicians.

Mr. Renaldy has also been in the physician staffing business for over 25 years. He also began his career as recruiter and scheduler with one of the largest, multi-hospital emergency physician contract groups in country. In 1984, Mr. Renaldy joined a colleague in the start-up of a major Atlanta-based locum tenens agency. He later worked his way up to executive level management as a Director and Executive Vice President for two other national, multi-specialty locum tenens firms. Mr. Renaldy's career experience spans all aspects of the locum tenens business - from recruiting, staffing, and credentialing, to organizational development and strategic planning.

The company is currently providing locum tenens trauma surgeons to six trauma centers in various parts of the country and its physician and client rosters are growing monthly. "We're seeing well-qualified, fellowship trained trauma surgeons leaving full-time positions for locum tenens. "The complaint we most commonly hear from trauma surgeons is too many hours and not enough pay." says Risen. Locum tenens positions often lead to permanent placement, a positive for both parties.

For more information on The Surgeons-Link, contact Aaron Risen at 866-266-9211 or aaron@thesurgeonslink.com.



NFTC Offers Trauma Finance Fellowship

In an effort to expand the fiscal expertise of Trauma Program Managers who have already shown a commitment to the field as well as the future of trauma care, the NFTC Board of Directors has approved a two-week funded Fellowship with NFTC staff on site in Las Cruces, NM. This fellowship will offer CEUs, follow a structured curricula, have a pre and post evaluation and include a project unique to their healthcare objectives. The NFTC will provide the Fellow with travel, lodging, food and other expenses, and a stipend for the time away from their workplace.

The objective of the Fellowship is to develop a pool of fiscally savvy trauma business leaders to assist in disseminating the mission and technical expertise of the NFTC. The NFTC's goal is universal access to trauma care regardless of where injury occurs in this nation. Fellows will need to apply using a form designed by the Development Committee and follow a schedule with NFTC staff approved by the Education Committee. The Development Committee will recommend Fellowship applicants to the NFTC Executive Director. Applicants will be restricted to NFTC member trauma centers.

NFTC Continues Trauma Finance Initiatives

Under the astute leadership of the Reimbursement Committee Chair, Dr. Ron Maier, holder of the Jane and Donald D. Trunkey Endowed Chair of Trauma Surgery at the University of Washington (Harborview Medical Center), a broad range of fiscal surveys are well underway.

Trauma Response and Other Hospital Charges

NFTC Members have contributed data about trauma response fees (68x) and other specific trauma charges and assessed barriers to collections, ability to track revenues, as well as lien and appeal success rates. Each reporting member is eligible for an individualized advisory conference call with NFTC expert staff focusing on revenue enhancements and improved collections.

Trauma Physician Compensation

The ongoing issue of hospital support for trauma surgeon and specialist compensation is the most common request for data at the NFTC. This data, along with NFTC advice, is used to determine monetary support for surgeons, as well as other less tangible compensation such as Physician Extenders. Each

NFTC Member CEO or administrative designee will receive data and can schedule an advisory conference call to assure that their arrangements are fair and equitable.

New Disaster UB code

Currently, hospitals recover the cost of disaster response and care under Emergency Department UB revenue code 450. This billing process does not separate the pandemic/disaster patient from everyday emergency care patients. Patient tracking, fiscal impact, and projection of costs of future events is difficult, if not impossible. The NFTC is prepared to apply for a separate and unique billing code to be assigned by the NUBC. At the next appropriate NUBC meeting, we will ask the Chair to present our application to enable both the hospital and payors to clearly identify the patient who becomes ill or injured in a pandemic or disaster. This charge code would be used to recover the costs of disasters to include preparedness training, supplies, stockpiles, staff and physician response, etc. It will also identify the patient who receives isolation or decontamination in addition to treatment. This action was a priority recommendation from the CDC Grant Advisory Committee.

NATIONAL FOUNDATION FOR TRAUMA CARE

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NFTC Education Calendar

**Trauma Center Finance:
A Surgeon Perspective**
Audio Web Conference
September 18, 2007

**EMTALA and Non-Emergent Transfers:
What Does the Law Really Require?**
Audio Web Conference
October 23, 2007

**Managing/Improving a Trauma Program Using
Lean Principles**
Audio Web Conference
December 11, 2007

**Disaster Management and
Emergency Preparedness Course**
March 6, 2008
Dallas, TX

**Trauma Finance & Business
Planning Course**
March 6, 2008
Dallas, TX

**Trauma Center
Leadership Conference**
March 7, 2008
Dallas, TX

Trauma Medical Director Course
March 7-9, 2008
Dallas, TX

NFTC Annual Membership Meeting Notice

The NFTC annual membership meeting will be held at the luncheon on **Friday, March 7, 2008, 11:30am - 1:30pm** during the Leadership Conference. The Board will preside over the meeting and discuss member activities. All members are invited to attend. NFTC Members who are not attending the conference will be charged a \$25 fee for lunch. To attend, please RSVP by February 22, 2008 to Michelle Santos at michelle@traumafoundation.org.

**For more information on education and events,
please contact Michelle@traumafoundation.org
or call (505) 525-9511.**

ANNUAL CONFERENCE

The NFTC will be hosting its annual conference again in Dallas, Texas at the Embassy Suites Dallas - Market Center, March 6-9, 2008. Call today to reserve your room under the NFTC special rate of \$129/night.

Embassy Suites Dallas - Market Center
2727 Stemmons Freeway
Dallas, Texas 75207
(214) 630-5332
(800) EMBASSY

Disaster Management and Emergency Preparedness Course March 6, 2008

The NFTC is offering the Disaster Management and Emergency Preparedness Course as developed by the ACS COT's Disaster Subcommittee. This one-day course is targeted to physicians but open to other clinicians and will be both didactic and interactive. It will address the core competencies as outlined by the ACSCOT Disaster Subcommittee. The focus is an all-hazards approach for the acute care provider, concentrating on general principals.

Topics include planning, triage, incident command, injury patterns and Pathophysiology, and special populations considerations. Small group discussions will be based on illustrative scenarios. A comprehensive syllabus and supportive materials will be provided. The course is limited to 40 participants.

Trauma Finance & Business Planning Course March 6, 2008

The NFTC is once again offering the unique Trauma Finance and Business Planning Course on Thursday, March 6, 2008. Participants develop and present business cases to a panel of trauma experts.

Trauma Center Leadership Conference March 7, 2008

Join the NFTC for the 11th annual Trauma Center Leadership Conference in Dallas, Texas, March 7, 2008. The Leadership Course includes presentations on grass roots and grass tops advocacy, as well as creating a mature trauma system.

Trauma Medical Director Course March 7-9, 2008

The NFTC is repeating this comprehensive business and leadership course for current and aspiring Trauma Medical Directors. Participants will learn core leadership and business skills for the surgeon's role in trauma. Each participant will leave with readily employable strategies to improve efficiency, fiscal performance, and clinical and practice management in their program. This course is limited to 30 participants.

Networking Dinner South Fork Ranch

Friday, March 7, 2008
6:30pm - 10:30pm

Participants of the Leadership Conference and Trauma Director Course are invited to join the NFTC Board and Faculty for the Networking Dinner Event at South Fork Ranch.

Join us at the "world's most famous ranch" internationally recognized as the filming location for the long-running "Dallas" series.

Tuition includes transportation, dinner and entertainment, including live band, casino tables, face reading, and more. Guests may attend for an additional fee. RSVP is required.

