

TRAUMA CENTER ASSOCIATION OF AMERICA

The National Voice For Trauma Centers

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EXCITING TCAA FUNDING OPPORTUNITY UNDER DEVELOPMENT; YOUR ASSISTANCE IS NEEDED!

Following Board approval, TCAA submitted a Letter of Intent (LOI) to the Center for Medicare and Medicaid Innovation (CMMI) on December 19 regarding TCAA's intention to submit an application to the Health Care Innovation Challenge (HCIC) program. TCAA will be undertaking an intensive application development process with its members and potential project partners over the next month in order to meet the January 27 application deadline. Your help is needed as we work to develop the strongest application possible, so please read on!

Background on the Funding Opportunity

CMMI is seeking applicants for its \$1 billion HCIC funding solicitation to help test delivery and payment reform models that have a strong workforce development/deployment component. Successful applicants will be selected based on their ability to: rapidly deploy their projects in collaboration with other partners (public and private), show the potential to result in cost savings for the Medicare, Medicaid or CHIP programs, and be sustainable after the end of the three-year project. CMMI expects that individual project awards will be in the range of \$1 million - \$30 million.

TCAA Project Concept

Given CMMI's desire to focus on populations with chronic illnesses, including the frail elderly, as well as the fact that fall-related injuries are the leading cause of injury-related death for individuals aged 65 and older in the United States, TCAA is proposing to convene and facilitate a group of approximately 10 of its member trauma centers/systems to devise a national model for the care of the injured frail elderly. Our application will likely propose to establish a care model for the efficient and effective treatment of injured elderly in a trauma center, as well as models for effective injury prevention, including potential payment schemes for both trauma care and injury prevention in the community.

In response to CMMI's strong desire to fund projects that involve collaborations between public and private entities, TCAA is exploring partnering with other organizations that can assist with the development of injury prevention tools and outreach, as well as data collection and assessment. For example, TCAA and Cisco Systems, Inc. are currently examining ways to work together on the CMMI application, and TCAA has identified an existing effort conducted by the Boy Scouts of America related to injury prevention outreach.

Your Assistance is Needed!

TCAA has convened a working group of TCAA staff, members, Board Members, Holland & Knight staff and Cisco representatives to develop the application. As we undertake this effort, we are asking for your help on two fronts:

- ◆ **Identifying trauma centers and systems that would like to be one of the pilot sites across the country where TCAA deploys the project.** We anticipate that CMMI award dollars would fund the cost of an injury prevention coordinator and statistician at each facility participating in the project. TCAA would serve in a convener roll, working with the individual sites to aggregate data and work with CMMI to convey lessons learned and best practices.
- ◆ **Collecting "Best Practice" Fall Prevention Programs and Trauma Guidelines for the Elderly** that your trauma center or system may have developed or is currently using. To the extent you've been able to document savings as a result of these interventions, we would be very interested in knowing that information as well.

.....◆
TCAA has acquired
"Softedge" legislative
communications
software for its
Members' convenience
.....◆

If your trauma center/system is interested in working with TCAA on this exciting project, or if you have existing guidelines that you can share, please contact Jennifer Ward at jennifer@traumafoundation.org or 575-525-9511.



Federal Advocacy Update

Capitol Hill Overview

Lawmakers reached a final deal on an omnibus appropriations package for fiscal year (FY) 2012 just before the continuing resolution (CR) expired on December 16, averting the need to pass another CR to fund portions of the government into calendar year 2012. Avoiding another legislative breakdown, members of Congress also reached agreement on a legislative package to extend the Social Security payroll tax cut and unemployment benefits for two months, as well as certain Medicare extenders - including a fix to the physician sustainable growth rate formula (SGR) – before their December 31, 2011 expiration date. If the SGR formula had not been adjusted by January 1, 2012, physicians would have seen a 27.4 percent cut in their Medicare reimbursements.

Prior to reaching a last minute deal, both chambers had passed differing versions of legislation to extend the tax cuts, unemployment benefits and Medicare provisions, resulting in a stalemate before Congress left town for the holiday recess. In addition to extending the tax cuts and unemployment benefits, the House-passed bill extended the Medicare SGR fix for two years, but paid for it by reducing Medicare payments to hospitals for bad debt, as well as outpatient department evaluation and management (E&M) office visits. It also rebased the Medicaid disproportionate share hospital (DSH) allotments in FY 2021 to continue the level of DSH funding as reduced under the Patient Protection and Affordable Care Act (PPACA). Furthermore, the bill increased Medicare premiums for high income beneficiaries and cut the Prevention and Public Health Fund created under the Patient Protection and Affordable Care Act (PPACA) by \$8 billion. President Obama indicated that he would veto this legislation. In contrast, the Senate-passed bill extended the tax cuts, unemployment benefits and Medicare fixes for just two months. As part of the ultimate deal, House and Senate leaders agreed to adopt the short-term Senate bill, requiring Congress to address the issues again by late February of an election year. In order to reach agreement on a longer-term fix by the end of February, Congress will most likely convene a Conference Committee in January to iron out the differences between the two chambers' original bills.

While Congress was wrapping up its 2011 legislative activity, TCAA has been strategically planning for the likely challenges and opportunities that 2012 will bring. For example, efforts to avoid \$1.2 trillion in federal spending sequestration on January 1, 2013 will take center stage in Washington, DC and on the presidential and congressional campaign trails, placing increasing pressure on Medicare and Medicaid spending, as well as annual appropriations funding. As such, the effort to fund the trauma programs will continue to be an uphill climb, which TCAA will be working to tackle in new and creative ways.

In preparation for the Obama Administration's February 2012 release of its FY 2013 budget proposal, TCAA and its trauma/EMS partner organizations have been advocating for the funding of the trauma provisions authorized under the Public Health Service Act (PHSA). For the FY 2013 process, TCAA and its partners in the trauma and EMS communities are urging 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 their respective FY 2013 budget proposals.

TCAA will also continue to work with its coalition partners in 2012 to advocate for stronger reauthorization language in support of trauma care in the Pandemic and All Hazards Preparedness Act (PAHPA) reauthorization bill. Specifically, TCAA and its partners have been focused on: 1) strengthening the National Health Security Strategy goals beyond surge capacity to recognize the need for the existence of trauma and emergency medical care providers (hospital and field-based) to exist and to be able to respond to public health emergencies; 2) urging consolidation of all the existing Trauma/Regionalization of Emergency Care programs so that they are housed in the same location at HHS. Our coalition was successful in urging the House committee of jurisdiction to include some of our group's suggested language, as well as getting the Chairman of the Energy & Commerce Committee to agree to send a request to the Government Accountability Office to study the current status and needs of America's trauma system. Once the Senate passes its version of the reauthorization bill, the two chambers will work on ironing out their policy differences to hopefully produce one bill that can pass both the House and Senate. TCAA will continue to work with its partners to push for the strongest possible legislation in the Senate and in conference.

In the year ahead, TCAA will also continue to build support for the bipartisan Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act (H.R. 3144) introduced by Representatives Walz (D-MN) and Myrick (R-NC) earlier this fall. 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 and a home 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.

Finally, as the federal government and states aggressively prepare for the January 1, 2014 implementation date of the major parts of the Patient Protection and Affordable Care Act (PPACA), and new opportunities through the Center for Medicare and Medicaid Innovation are released, TCAA will continue to help shape key regulations and work to identify opportunities that benefit trauma centers, trauma teams and systems. TCAA appreciates the sustained involvement of its members and supporters and looks forward to working with everyone in the new year.

Meet the 2011 Newly Elected TCAA Board of Directors

George E. Hayes, MHA, FACHE



George E. Hayes is the President and Chief Executive Officer of Medical Center of the Rockies (MCR) in Loveland, Colorado. MCR is a 136-bed tertiary, regional medical center that is a member of Poudre Valley Health System based in Fort Collins, CO.

Mr. Hayes received his undergraduate degree from Colorado State University in 1979 and was awarded a Master's Degree in Health Care Administration from the University of Minnesota in 1984.

Prior to joining MCR, Mr. Hayes served as Chief Operating Officer and Senior Vice President of 580-bed Saint Luke's Hospital of Kansas City, the tertiary, teaching hospital of 10-hospital Saint Luke's Health System.

Mr. Hayes is a fellow of the American College of Healthcare Executives, and serves on several boards of directors including: the Colorado Hospital Association Board of Trustees, Harmony Surgery Center, and the Boy Scouts of America Long's Peak Council Board of Trustees. He is also a member of the Loveland Rotary Club.

Mary L. Hilfiker, MD, Ph.D

Mary Hilfiker is the trauma medical director and chief of the division of pediatric surgery at Rady Children's Hospital of San Diego. She began her career with basic science research and a Ph.D. , then went to medical school and finally became a pediatric surgeon. She completed a Masters in Medical Management 2 years ago and is the Chief of Staff elect. Dr. Hilfiker is the Vice Chair of the TCAA Pediatrics Committee and led the development of the Pediatric Trauma Inter-Facility Transfer Guidelines. She is looking forward to actively participating as a board member for TCAA and is very interested in trauma and disaster. On weekends when not on call, she can be found at the barn riding her beautiful paint mare.



Doug Schmitz, MD, FACS



Doug Schmitz is currently practicing as a general and trauma surgeon in Cheyenne, Wyoming. For the first 20 years of his practice, he was in Torrington, Wyoming practicing as a rural general and trauma surgeon. He became involved with the development and implementation of the Wyoming State Program some 15 years ago and was the acting State Trauma Medical and EMS Director until just recently. He is currently on the National Committee on Trauma and is one of the primary authors of the Rural Trauma Team Development Course. He has surveyed for the American College of Surgeons Verification Review Committee and for many States with the emphasis on rural facilities. The importance of education in rural trauma has been his main focus. To this end he has utilized the resources of the Trauma Center Association of America to educate the trauma program managers and medical directors in the State of Wyoming over the past several years. He has found this to have been extremely effective and has helped his State Trauma Program mature and become very effective. When asked to serve as a Board member for the Trauma Center Association of America, he jumped at the chance and says that he is truly honored by this opportunity. He stated that the Association is one of the few groups sincerely interested in the advancement of rural trauma systems throughout the United States.

15th Annual Trauma Conference

The Trauma Center Association of America is excited to announce that the 2012 Annual Conference will take place in Charleston, South Carolina. On October 23rd –26th, we invite

The Mills House Hotel is a gem among historic Charleston hotels.

Blending opulent accommodations, historic ambiance and modern convenience, this luxury Charleston hotel treats you to true southern hospitality, the same hospitality they showed their first guest over 150 years ago. With their recent multi-million dollar restoration, this historic Charleston hotel has recaptured its original splendor, and we're eager to share it with you.

Located in the heart of Charleston, **The Mills House** is the only hotel included in the city's prestigious Museum Mile, and there's no shortage of lively Charleston attractions nearby:

- Dock Street Theater (0 miles/0 km)
- The Battery/Historic Homes (0.5 miles/0.8 km)
- The Market Place (0 miles/0 km)
- King Street Antique District (0 miles/0 km)
- Antique shops/open air market shops (0.2 miles/0.32 km)
- Plantations & Gardens (12 miles/19.31 km)
- Churches, Synagogues (0.4 miles/0.64 km)
- Waterfront Park (0 miles/0 km)
- SC Aquarium/IMAX Theatre (0.5 miles/0.8 km)
- Family Circle Cup/Daniel Island/Blackbaud (11 miles/17.7 km)
- College of Charleston (0.5 miles/0.8 km)
- The Citadel Military University (5 miles/8.05 km)
- Patriots Point/USS Yorktown (5 miles/8.05 km)
- Wild Dunes/Isle of Palms/Sullivan's Island (8 miles/12.87 km)
- Fort Sumter National Museum/Boat Tour (1 miles/1.61 km)



After a day amidst the storied sights of downtown, return to the Mills House where they stand apart from other Charleston, SC luxury hotels by combining a lush, Victorian atmosphere with modern appeal.

History and luxury await! Join us at **The Mills House Hotel**, a Conde' Nast Traveler Gold List Hotel, and stroll the halls once walked by General Robert E. Lee and President Theodore Roosevelt.



In Other News:

Endorsement of 2011 Guidelines for Field Triage of Injured Patient

TCAA recently submitted an endorsement letter to the CDC supporting the 2011 Guidelines for Field Triage of Injured Patients. Injury is the leading cause of death for persons aged 1 – 44 years, and it is imperative that our Emergency Medical Services (EMS) providers ensure that patients receive prompt and appropriate emergency care. The 2011 Guidelines will assist providers in taking the patient to the right facility which will have a positive impact on the patient's health outcome.

We commend the National Expert Panel on Field Triage, convened by the Centers for Disease Control and Prevention (CDC) in collaboration with the National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Services, and in association with the American College of Surgeons for their in-depth evaluation and thoughtful analysis of this issue.

Endorsement of the Good Samaritans Health Professionals Act

This December Congressmen Cliff Stearns (R-FL) and Jim Matheson (D-UT) introduced the Good Samaritans Health Professionals Act which would provide limited civil liability protection to licensed health care professionals providing health care services as a volunteer during a declared national disaster. H.R. 3586 uses the same protective standards as the Volunteer Protection Act of 1997. TCAA is in the process of endorsing this bill to ensure that all health professionals would qualify under the legislation, including doctors, nurses, pharmacists, physician assistants, EMTs, respiratory therapists and many others.

Education Corner

Accepting Applications for 2012 TCAA Trauma Finance Fellowship Program

The TCAA Trauma Finance Fellowship Program is a "once-in-a-lifetime" educational opportunity for Trauma Program Managers seeking to build upon their existing business acumen in trauma finance through a two-week Fellowship funded by the TCAA. This exclusive TCAA Member opportunity offers a means to instill TCAA fiscal philosophies and management advisory skills into a core group of trauma professionals who have a sustained career path in trauma and are seeking to integrate trauma center fiscal management into their skill set and future professional development.

For more information regarding this opportunity, please contact Jennifer Ward at Jennifer@traumafoundation.org.

Annual Conference Poster Session

by: *Cecile D'Huyvetter, Vice Chair Education Committee*



The first poster presentation session at the annual meeting was a great success and well received by both presenters and attendees. *"It provided an opportunity to see the new and evolving processes within different organizations as well as inspire other organizations to adopt these new ideas"* stated Andrea DeWitt one of the presenters. Multiple categories were available making for diverse presentations meeting the various interests of attendees.

TCAA also awarded a \$100 discount towards next year's annual meeting to the top three presentations that were chosen by the attendees. One of this year's winners was Annette Bertelson from Froedtert Health, a level I trauma care facility in Milwaukee, WI. Her comments, *"I really liked the new addition of the Best Practice Poster presentations. It gave the members of TCAA a chance to share their projects with others. Many great ideas & contact information was shared which can be taken back to our facilities."*

The poster presentation was a stimulating addition to the annual meeting allowing members to share new ideas, learn from one another, and the opportunity to network with peers in a casual setting. We hope more of you will share your great ideas with the group next year in Charleston, SC. TCAA will begin accepting "Best Practice" poster submissions on March 1, 2012.

Membership Benefit Spotlight: Free Live Webinars

TCAA is pleased to announce that live Webinars will become a free benefit to our membership in 2012. In recent conversations with the Education Committee and the Board of Directors, we have decided to extend this educational opportunity to all members, free of charge.

Recorded webinars will still be available at the price of \$25.00. For more information please email Tray Bardey at tracey@traumafoundation.org. Recorded webinars are posted under the Education page of our website at www.traumafoundation.org

Annual Conference Thank You !

Our TCAA Annual Conference took place this past November in sunny San Diego at the Westin San Diego. We would like to thank all of our participants who make our annual conference possible! The TCAA staff and Board of Directors look forward each year to seeing all of our members. We would also like to extend a warm thank you to the TCAA Education Committee, who made our conference as seamless as possible, and for hosting our first Poster Session, which will occur again in 2012!



Thank you to the most important part of our conference: The Participants!



Thank you to TCAA Education Committee

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