

NATIONAL FOUNDATION FOR TRAUMA CARE

"Securing the Future of Trauma Care"

- - THE TRAUMA CENTER CONNECTION - -

Volume VI, Issue III

Winter 2006

In this issue:

- NFTC Advocacy Initiatives
- Surgeon Reimbursement Study
- CMS Payment of 68x
- CPT Code for SBI
- Upcoming Education

New Members 2006

*Alaska Native Medical Center
Anchorage, Alaska*

*Alexian Brothers Medical Center
Elk Grove Village, Illinois*

*Alfred I. duPont Hospital for Children
Wilmington, Delaware*

*Charity Hospital
New Orleans, Louisiana*

*Christus Spohn Corpus Christi Mem.
Corpus Christi, Texas*

*Eastern New Mexico Medical Center
Roswell, New Mexico*

*John C. Lincoln Hospital
Phoenix, Arizona*

*Medical Center Hospital
Odessa, Texas*

*Phoenix Children's Hospital
Phoenix, Arizona*

*Rogue Valley Medical Center
Medford, Oregon*

*Saint Alphonsus Regional Med. Ctr.
Boise, Idaho*

*Saint Mary's Hospital - Mayo Clinic
Rochester, Minnesota*

*Scott & White Hospital
Temple, Texas*

*Spartanburg Reg. Healthcare System
Spartanburg, South Carolina*

*SUNY Upstate Medical University
Syracuse, New York*

NFTC Advances Strategies for Trauma Center Preparedness Support

NFTC's CDC-funded study report, "US Trauma Center Preparedness for a Terrorist Attack in the Community", (Grant Number 1 R49 CE000792-01) promotes multiple strategies aimed to preserve and improve access to US trauma care and disaster preparedness. An offshoot of the project is an alpha-tested review process for trauma center "All-Hazards" preparedness similar to a trauma center site survey. Complete study findings from the PI's and NFTC's "blue ribbon" Grant Advisory Committee are available on www.traumafoundation.org's Terror Preparedness page.

NFTC mailed study reports and CD-ROMs with Highly Prepared validation visit reports, Best Preparedness Practice summaries, and supportive documents to nearly 800 Level I, II and III trauma centers and 50 State EMS/Trauma oversight agencies. Reports were also sent to all 50 Governors, key legislators, NFTC's Advocacy Committee, and all NFTC liaison professional organizations. The template for the Highly Prepared trauma center validation visit was included.

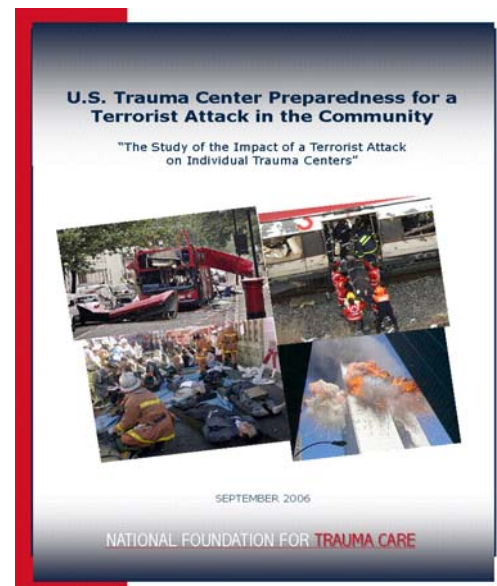
The report was also distributed to the funding agency, the Centers for Disease Control and Prevention, Division of Injury and Disability Outcomes. CDC Division Director, Rick Hunt, MD, FACEP, has the task of convening a secure NFTC briefing with CDC staff and other Federal agencies to present sobering information that was not revealed in the public document to protect national security.

The Office of the Chief Medical Officer at Homeland Security is communicating with Dr. Donald Trunkey, Principal Investigator, with the objective to encourage two key professional organizations, the American College of Surgeons Committee on Trauma (ACS COT) and the American College of Emergency Physicians (ACEP) to act on NFTC findings and recommendations.

Dr. Trunkey, MD, FACS, has also referred the study methods, results, and the Validation Visit process to two ACS COT Committees: the Ad Hoc Committee on Disaster and Mass Casualty Management, chaired by Jeffrey Hammond, MD, FACS,

and the Committee on Trauma Systems Consultation, chaired by Robert Mackerlesie, MD, FACS. NFTC's recommendation is for the ACS COT and ACEP to work with Federal agencies to develop a process to validate trauma centers as "optimally prepared" for all-hazards. This process should then be emulated by states that follow ACS' lead but adapt to their unique circumstances. The NFTC also proposes the development of an integrated network of prepared trauma centers to respond to community catastrophes of all types or to assist others in distress in an organized and borderless manner.

Further efforts to disseminate information derived from the study will be made by offering articles to general healthcare publications, professional journals, and print media focusing on healthcare, disaster management, and Homeland Security. Grant Advisory Committee member, Susan Briggs, MD, FACS, is the founding Editor of one such journal, the American Journal of Disaster Medicine, which has plans to use portions of the NFTC study in its first issue.



The "U.S. Trauma Center Preparedness for Terrorist Attack in the Community" report was released in September 2006. An electronic version can be downloaded on the NFTC website, www.traumafoundation.org under Preparedness.

NFTC Advocates Changes to Federal Law To Increase Funding for Trauma Centers



The National Foundation for Trauma Care is working with Congress in an attempt to secure the economic viability of America's Trauma Centers and foster the development of a national system of trauma care, so that access to excellent care for those seriously injured is assured. Hospitals with trauma centers must improve their preparedness and infrastructure to respond to mass casualty incidents, whether chemical, radiological, biological or resulting from explosive attacks. Federal health care resources should be deployed in a way that is strategically targeted, carefully coordinated, and actively managed.

The NFTC Advocacy Committee has begun contacting House Energy and Commerce Committee members and staff to share our goals prior to House consideration of hospital bioterrorism reauthorization legislation. Additionally, our consultants at Holland & Knight LLP are complementing our grass roots advocacy with their contacts in Congress. At this time, our focus is on the House and not the Senate, since the Senate bill (S. 3678) is a completed bipartisan effort. The Senate bill is a vast improvement over current law in recognizing the importance and needs of trauma centers. Although there are additional improvements we would like to see in the Senate bill, we will address those with the Committee leadership at the appropriate time. NFTC Advocacy Committee members are meeting with key Members of Congress and their staff during the month of November.

The NFTC is providing the following recommendations to Congress as it considers reauthorization of the hospital bioterrorism program:

- Obtain a greater focus of the existing funding on trauma centers
- Ensure that the hospital preparedness program is focused on all-hazards including explosive attacks and not just on bioterrorism
- Recognize the need for states to have some funding from which they are able to coordinate planning efforts among all hospitals, including all trauma centers
- Create a separate funding stream for hospitals through HRSA to address specific needs hospitals have which may not fall under the state plan but which are critical and meritorious. Such funding should give priority to trauma centers. This funding stream should be separately authorized and appropriated
- Create Centers of Excellence in key risk/hazard areas as identified by the Department of Homeland Security with emphasis on trauma centers. This funding stream should be separately authorized and appropriated
- Funding prioritization throughout should include need (particularly safety-net hospitals) and risk (high risk areas as defined by DHS)
- Assure some funding for the readiness and depth of services aspect of trauma centers for which they are currently at financial risk
- Include preparedness activities such as education, drills and interagency planning in the funding mechanism, with the emphasis on trauma centers as the hub for such activity
- Fund a planning process for a national trauma center infrastructure that rapidly responds to the needs of their centers in the event of a catastrophe of all hazards and mass scale

NFTC to Study Trauma Surgeon Reimbursement and Trauma Center UB-92 Implementation

The NFTC has increasing concerns about the adequacy of payments for trauma physician work and the strong perception that their level of knowledge, skill, and time is undervalued. Published articles and workshops about trauma surgeon compensation have corroborated our concerns. Moreover, hospital requests for advice and data about physician support to augment their losses attributed to trauma care are escalating weekly.

In some trauma centers, requests for support are making trauma center designation/verification difficult to justify fiscally. The underlying question is whether trauma surgeons can achieve adequate compensation for their workload even if they accurately and optimally document, code, bill, and aggressively collect from third party payors and patients. In conjunction, the NFTC wants to assess the status of trauma response fees 68x, collections, and contribution to trauma service revenues that may offset costs of trauma surgeon and specialist support.

Trauma Surgeon Workload and Compensation

The NFTC Reimbursement Committee, chaired by Ronald Maier, MD, FACS of Harborview Medical Center, is developing a multi-institutional project to prospectively study workload and trauma surgeon compensation. Board member, Dr. Samir Fakhry will lead the development of a study framework in which surgeons at five (5) Level I academic and community

trauma centers track their workload, coding, and collections for a defined period.

NFTC will then compare the actual surgical practice results in a blinded manner with those of an independent coding and billing consultant. The purpose is to see how actual practices compare to a model coding and billing program. Guidance from published articles about optimal trauma surgeon coding and billing will be applied to the model to see if revenue would increase through diligent documentation, coding and billing and what impact that effort would have on the time required to document, code, write appeals, etc. Those who have volunteered to assist Dr. Fakhry are considered to have strong trauma surgery billing programs.

UB-92 Hospital Billing

Under Dr. Fakhry's guidance the NFTC will also study the status of implementation of and reimbursement for hospital billing code "trauma response" 68x and accompanying patient type, "trauma center". The study will be directed to Levels I, II, and III designated and/or ACS verified trauma centers.

These two studies will help NFTC's Board direct its Advocacy and Reimbursement Committee efforts toward ensuring that trauma centers and the surgeons who care for injured patients receive fair compensation for the time, work, and skills required for trauma care. The end products will be offered for publication in peer-reviewed journals.

NFTC Supports Repealing State UPPL Laws and New CPT Code for Screening and Brief Intervention

Larry Gentilello, MD, FACS, Professor at UT Southwestern School of Medicine, an untiring advocate for reform of state Uniform Policy Provision Laws (UPPL), has joined the NFTC's Reimbursement Committee. So far only 14 states have passed laws that would prohibit health insurers from denying coverage to patients whose injuries are the result of being under the influence of alcohol and other drugs.

Nearly two years ago the American Medical Association (AMA) called on states to repeal statutes that effectively prevent alcohol and drug screenings from being conducted on patients who come to emergency departments (American Medical News, 2004). These statutes, based on a model law called the Uniform Accident and Sickness Policy Provision, permit insurance companies to refuse coverage for treatment of intoxicated patients' injuries. Physicians say most such laws were enacted more than 50 years ago, when addiction treatment and trauma centers were not widely available.

Dr. Gentilello brought the issue to light in 1999, when he conducted a study of alcohol-related injuries at Harborview Medical Center in Seattle. Dr. Gentilello found that providing patients under the influence with 30 minutes of counseling before releasing them would significantly reduce the likelihood that they would return with new injuries. (Seattle Times, 2006) Physicians said the state laws create missed opportunities for helping patients through addiction intervention. "Emergency physicians in ERs around the country stand in a unique position to intervene," said Jo Linder, MD, an alternate AMA delegate and an emergency physician from Falmouth, Maine. "But these laws are a strong deterrent."

Dr. Gentilello also found that hospitals were reluctant to provide counseling because the state's UPPL allowed insurers to refuse to pay the costs for patients injured while under the influence. "If we draw a drug-and-alcohol level test, the insurance company won't pay the bill, we won't get reimbursed, the doctors won't get paid, and we'll go under,"

said Gentilello in recalling comments made to him by administrators.

Dr. Gentilello has also received approval from the national body that develops model UPPL "templates" to standardize language to protect hospitals, particularly trauma centers, and physicians from these unfair statutes. The task is getting state legislatures to support these changes state-by-state. NFTC's experience is that in the past these laws were mostly found in the "Bible belt" states, most notably Texas, but have in ten years become more of a problem in other states. The statutes are applied even to injured passengers in vehicles who are intoxicated, but not guilty of DUI, as well as pedestrians who are incidentally injured, but are not at fault. NFTC has an example of case law that gives hospitals the opportunity to appeal such denials under certain conditions.

New CPT Code Application for SBI

Dr. Gentilello informed the NFTC's Reimbursement Committee members present at their September meeting of the application for a new CPT code for Screening and Brief Intervention (SBI) that would reimburse physicians for their time and skill. This code was presented to the CPT Editorial Panel in October. Prior to the meeting, Dr. Gentilello asked the NFTC Board for letters of support. Not only did the NFTC's Board of Directors send a letter of support to the AMA and the CPT Editorial Panel, it also obtained a letter of support from the National Association of Public Hospitals (NAPH).

Since then, Dr. Gentilello reported that in-depth education to the CPT "committee" about UPPL and related issues resulted in the CPT code being generally supported. Code applicant(s) are making suggested revisions and will return to the CPT Editorial Panel in the near future. NFTC will assist Reimbursement and other Committees to develop tactics to change these statutes, support the new CPT code for Screening and Brief Intervention (SBI), and guide NFTC members regarding successfully appealing these unjust denials.

CMS Develops Outpatient Payment for NFTC's 68X Code

Since the NFTC successfully applied to the AHA's National Uniform Billing Committee (NUBC) for a Trauma Response UB-92 code in 2001, we have waited for CMS to provide some form of payment for Medicare patients receiving trauma team activations or care at designated or ACS verified trauma centers. At last, at least for outpatients, there is a new Out Patient Procedure Code (OPPC) that hospitals can bill for services in association with 68x revenue codes.

Michael Vanderlinde, Director of Government Financial Relations and Reimbursement at Harborview Medical Center explained:

"Implementation of this change was one of our top advocacy objectives!

This change relates to outpatient only. As most trauma patients are admitted to inpatient status, direct reimbursement impact is muted. If the patient is admitted, the charge would be bundled into the DRG payment and separate payment lost.

That said, establishing a separate CPT/HCPCS code for TAF (trauma activation fees) is an important step forward. First, if the patient remains in outpatient/observation status there will

be a separate payment for TAF. This payment is in addition to the separately billable critical care or ED visit codes; this is a first.

Although separate payment is lost on inpatient admission, the presence of a TAF HCPCS code will allow CMS to track impact of trauma team activation cost within and across DRGs (and APCs). In the future, CMS will have information required to shift high cost trauma cases to higher paid DRGs and APCs.

With CMS-Medicare's (and in Washington State- Medicaid's) shift to cost versus charge-based DRG weights, we should see increased payment for those DRGs that TAF is bundled into."

NFTC members will receive more detailed information about this important change and the appropriate "G" codes to use, as well as updates about ranges and averages of fees being charged by trauma centers by level or region. Although we have been educating trauma centers about the 68x UB-92 codes for nearly 4 years, there remains significant lack of accurate information about their use, particularly relative to the "trauma center" UB-92 code for patient type and pre-arrival notice.

NATIONAL FOUNDATION FOR TRAUMA CARE

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

NFTC Annual Membership Meeting Notice

The NFTC annual membership meeting will be held at the luncheon on **Friday, February 16, 2007, 11:30am - 1:30pm** during the Leadership Conference. The Board will reside 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 Feb. 2, 2007 to Michelle Santos at michelle@traumafoundation.org.

Networking and Recognition Event South Fork Ranch Friday, February 16, 2007 6:30pm - 10:00pm

Participants of the Leadership Conference, Trauma Director Course, and Trauma System Management Course are invited to join the NFTC Board and faculty for the Networking and Recognition Dinner Event at South Fork Ranch. The 10 Trauma Centers selected from NFTC's CDC Terror Preparedness study will be presented with special recognition for their participation in the study.

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.

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

Trauma Finance & Business Planning Course Trauma Center Leadership Conference Trauma System Management Course Trauma Medical Director Course

February 15-18, 2007
Crowne Plaza, Dallas, Texas

Join the NFTC for the 10th annual Trauma Center Leadership Conference in Dallas, Texas, February 16, 2007. The Leadership Course includes presentations on two of the CDC study selected Highly Prepared Hospitals and updates on new ACS guidelines.

The NFTC is once again offering the unique Trauma Finance and Business Planning Course on Thursday, February 15, 2007. Participants develop and present business cases to a panel of trauma experts.

The Trauma System Management Course is offered to state Trauma System Managers and other governmental agency professionals assigned to managing regional or state trauma systems. This special track will focus on Strategic Planning with small workgroups.

For more information, please contact conference@traumafoundation.org.



Participants at the Finance & Business Planning Course developed Business Plans for different case scenarios.



Participants walked away "renewed and refreshed and ready to take on the world."



NFTC programs allow for ample networking time for attendees to share innovative and effective practices.



The Trauma Medical Director Course includes surgeons from all across the country and all stages of experience.

Crowne Plaza Hotel

Join us at the award winning, newly renovated, **Crowne Plaza Hotel**. The hotel is within walking distance to Addison Restaurant Row with over 120 restaurants and entertainment venues. Also nearby are Downtown Dallas and the Dallas Galleria mall with over 200 shops, dozens of restaurants and endless entertainment options.

Call today to reserve your room under the NFTC special rate of \$119/night!
Rate valid for 3 days prior and 3 days after conference.

**Crowne Plaza Hotel
North Dallas - Addison**

14315 Midway Road
Addison, TX 75001

Reservations: (800) 377-9778

