



Keeping it on the Level with Level 1 (&2) Trauma Transports

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Trauma Alert Activation Fees

- Do you know what EMS “Trauma Alerts” cost your patients—at which Trauma Center?
- How might those hospital charges affect your transport decisions?



- Disclosures:
 - No financial disclosures (guess that’s why I’m still working)
 - I work at the hospital with the “cheap” Trauma Center.

EMS pushing the QUALITY envelope

- When hospitals dragged their feet on top quality care, EMS pushed them into:
 - STEMI Centers for 24/7 PCI
 - Stroke Centers for 24/7 lytics
 - Resuscitation Centers for cooling post ROSC
 - CPAP, TQs, IOs, etc., etc.
 - Fast T-A-T for EMS patients at EDs



EMS & Patient Advocacy

- Quality of Care
- Access to Emergency Care
- What about reasonable hospital fees?



State of Florida Trauma System

- **State-defined Trauma Alert Criteria**
 - Plans to expand these to CDC Field Triage criteria
- **Level 1 and 2 Trauma Center Designations**
 - No distinction for EMS transports
- **EMS regs say MUST transport to nearest TC**



ADULT TRAUMA CENTER CRITERIA (TCC)

EFFECTIVE FEBRUARY 1, 2000

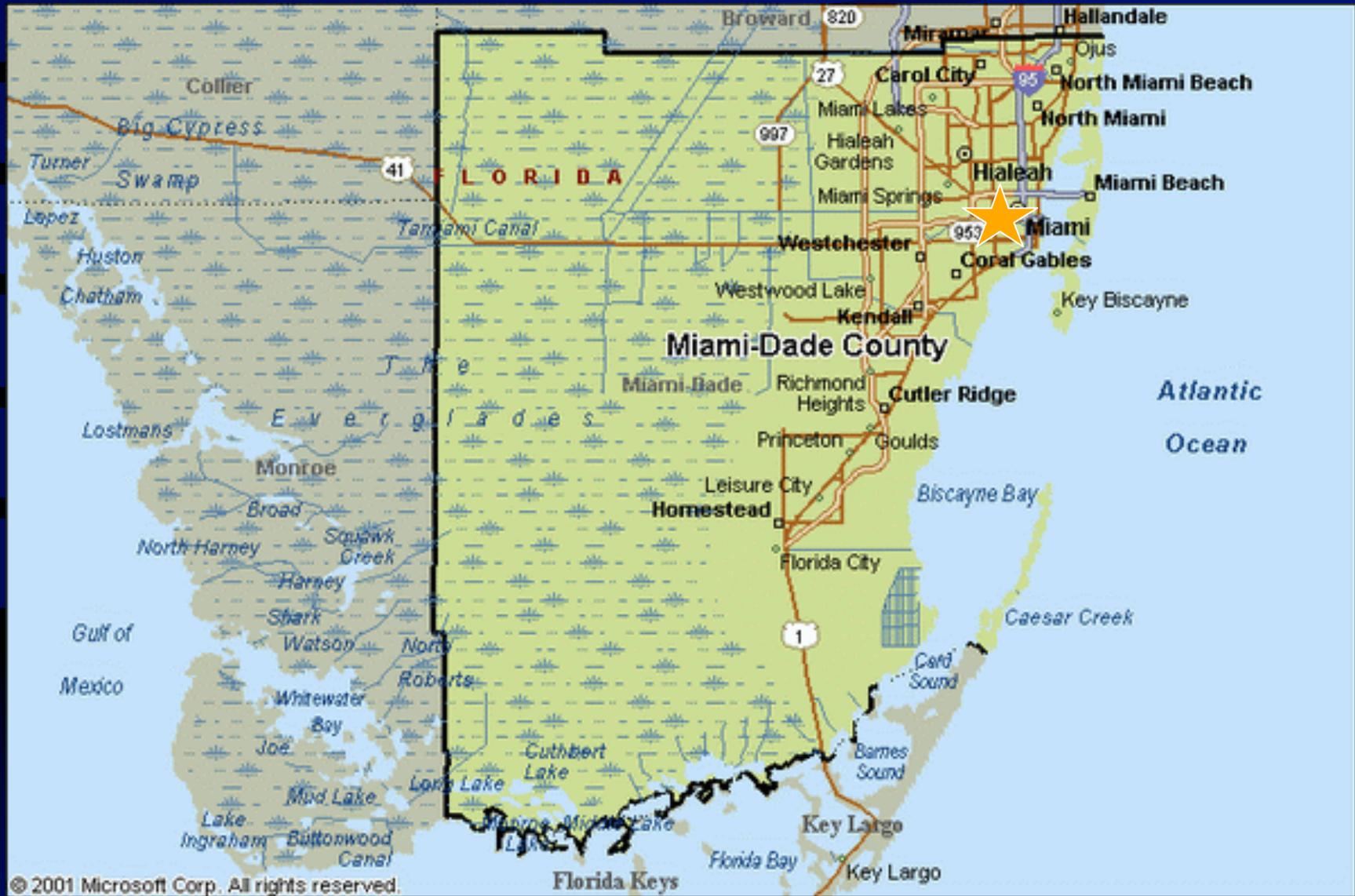
	CATEGORY 1 ANY 1 MEETS TCC	CATEGORY 2 ANY 2 MEETS TCC
AGE		≥ 55 years old
AIRWAY	Active airway assistance beyond supplemental O ₂	Respiratory rate ≥ 30
CONSCIOUSNESS	BMR of GCS ≤ 4, (BMR = best motor response from GCS) Paralysis, Loss of sensation Suspicion of spinal cord injury	BMR of GCS = 5 (BMR = best motor response from GCS)
CIRCULATION	Systolic BP < 90mmHg OR No radial pulse and sustained heart rate > 120bpm	Sustained heart rate ≥ 120 bpm
FRACTURE	2 or more long bone fracture sites (humerus, radius/ulna, tibia/fibula)	Any long bone fracture sustained in a MVC or fall ≥ 10 feet
CUTANEOUS	2 nd or 3 rd degree burns to ≥ 15% TBSA OR Amputation at/or proximal to wrist or ankle, OR Penetrating injury to head, neck or torso	Major degloving injury, OR Major flap avulsion > 5 inches, OR GSW to extremities
MECHANISM OF INJURY		Ejection from motor vehicle, OR Steering wheel deformity resulting from driver impact
OTHER	GCS ≤ 12	
OTHER	High index of suspicion 	

Trauma Care: Miami History

- **1986: County-wide Trauma Network formed with 8 hospitals (1 just pedi)**
- **1987: all 6 Level 2s quit**
- **1987-2010: Same 2 hospitals stuck it out**
 - Major population boom
 - 1 app to become a TC failed, hidden agenda to get CON for cardiac surgery

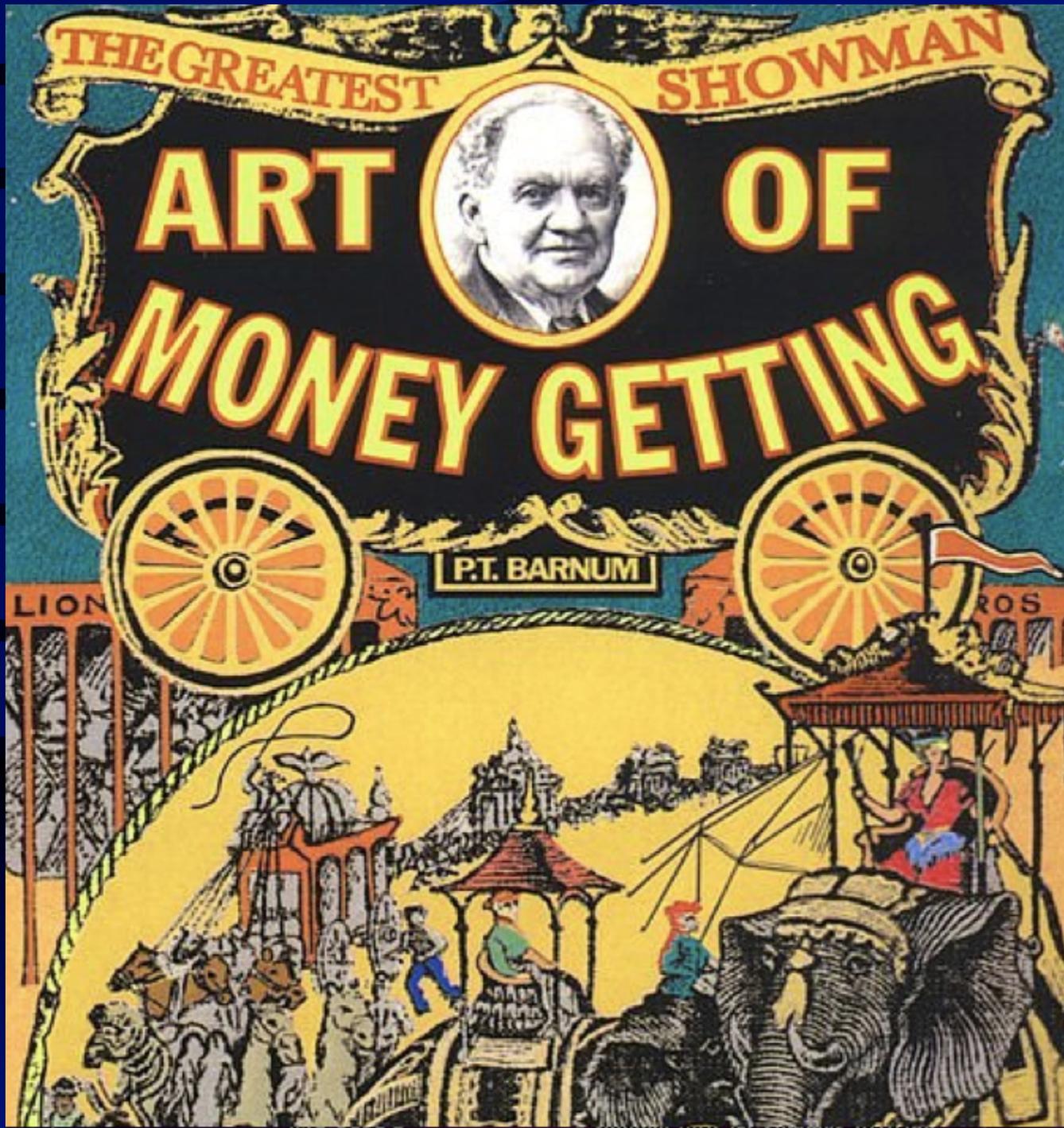
Trauma Center Designation

- **Pro: Expertise, Community service, visions of auto insurance \$\$ & State \$\$**
- **Con: Knife & Gun Club**
 - **Perpetrators, victims & their folks**
 - **Unscheduled care and chaos**
 - **Lack of enthusiasm from some specialists**
 - **Expensive**
 - **Lots of rules/regs, paperwork, inspections**
 - **MONEY LOSER**



And then...2010

- **Local: added one Level 2 adult TC**
 - Not in my fire dept's territory
 - Very aggressive with EMS re “transport to nearest TC” per state regs
- **Statewide: Big “for profit” hospital chain sought TC for all their hospitals in our entire state**
 - **BUT WHY????**



Oh....2014 Tampa Bay Times series: Insult to Injury

- **“Florida trauma centers charge outrageous fees the moment you come through the door”**
- **“How HCA turned trauma into a money-maker”**
- **“Trauma fees growing across the nation at ‘absurd’ rate”**
- **“Taking children to the wrong trauma center can be a deadly mistake”**

- **Alexandra Zayas, Leticia Stein & Kris Hundley**
- **<http://fw.to/aHfCEeS>**

HCA Trauma Activation Fee: \$32,000 plus

- X Rays, CT “man scans” (\$50,000), lab tests
- Blood transfusions, procedures, OR, ICU
- Doctors’ fees
- *Florida avg activation fee is \$10,000*
- *Jackson Memorial Ryder Trauma fee \$1330*
- *Medicare allowable ~ \$1000*
- *ACS NOTE: 25-35% “overtriage” rate acceptable (many discharged home from ED)*

“Trauma Activation Fee”: Why a “Trauma Alert” should cost more

- **Trauma surgeon & other specialists on call for rapid response**
- **ORs staffed/ready**
- **Blood bank**
- **Compliance with regs & certification**

Trauma Activation Fee

- **Only for patients who meet field triage trauma criteria for whom there has been pre-hospital notification (including trauma patient transfers by some form of EMS ED to ED).**
- **May NOT use for trauma patients meeting criteria who arrive by private vehicle, drive-by, walk-up or by EMS WITHOUT advance notification.**
- **No legal limit on what can be charged.**

So what if they charge more, if they can't collect any way?

- **Lots of insurers do pay all or part**
 - **And Affordable Care Act will cover more people**
 - **But FL's Governor blocked Medicaid expansion**
- **Sniff Test, Part 2: LOSSES ARE PROFITABLE**
 - **Tax loss**
 - **Claims for providing indigent care (Medicare/Medicaid Disproportionate Share pays hospitals that treat excess # of Medicaid and uninsured patients)**
 - **HCA says it provides 20% of total uncompensated care in FL but only get 4.7% of Low Income Pool funds)**

Other Trauma Developments

- **TCs encouraging EMS to bring more “high index of suspicion” cases to TCs**
- **CDC Field Triage Criteria**
 - **State of FL Surgeon General states we will adopt them**
 - **Likely increases EMS transports to TCs**
 - **Allow for 4 levels of trauma hospitals**

Impacts of high fees on patients

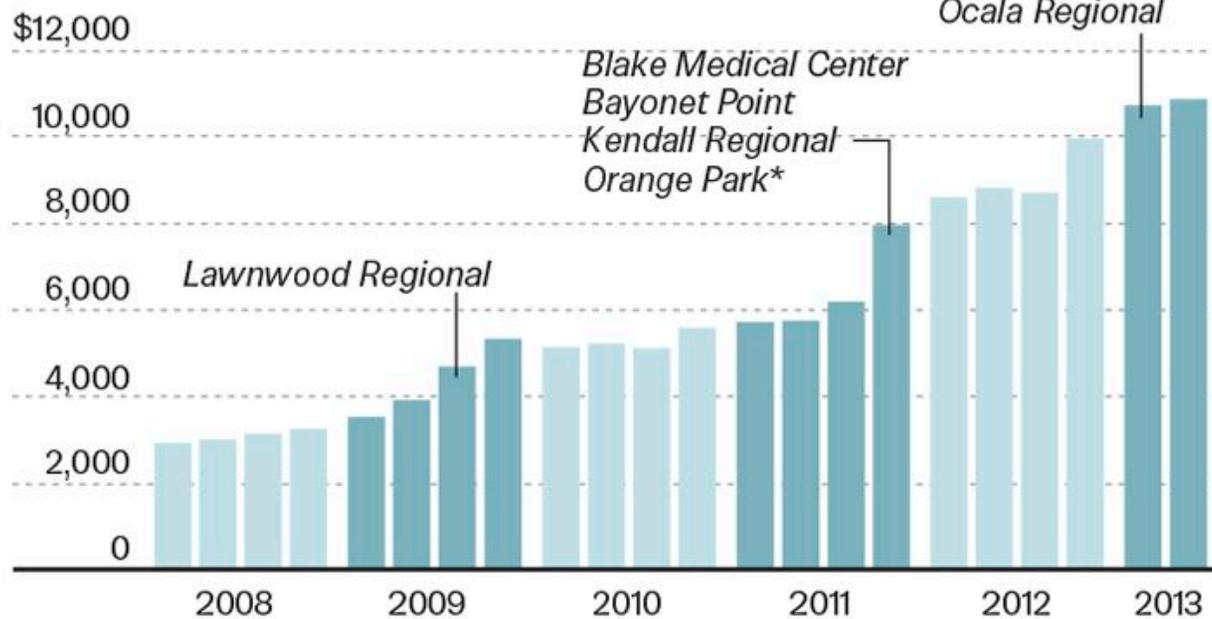
- **Uninsured/underinsured working schmuck with a pay check is going to get screwed**
- **Victim of major trauma is not thinking cost and is not able to choose**
- **Overall healthcare costs keep climbing**
- **NOTE: QUALITY of care is NOT the issue**



Fees keep climbing

HCA's impact

Average trauma response fees in Florida rise rapidly as HCA opens trauma centers.



*Closed February 2013

Source: Data from Florida Agency for Health Care Administration

Times

Impact on EMS

- We were looking to expand our Trauma Alerts, but...
- Patient refusal to go to nearest TC if they know \$\$
- Potential “wallet biopsy” by EMS
- Avoid stating “Trauma Alert” but bring to TC & let ED make the call



So what's happening in your neighborhood?

- **Trauma Alert**
- **STEMI Alert**
- **Stroke Alert**
- **All require activation of non-ED resources (tho only the Trauma fee is recognized by Medicare/CMS)**

What to do about uber charges?



What to do?

- **Know what's going on in your system, but don't take matters into your own hands on individual runs**
- **Speak directly with your**
 - **Local leaders**
 - **CEOs of Trauma Center**
 - **Regional healthcare boards**
 - **Legislators**
- **Continue to demand high quality of care**

