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

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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**

**Rapid Trauma Assessment**
### ADULT TRAUMA CENTER CRITERIA (TCC)
**EFFECTIVE FEBRUARY 1, 2000**

<table>
<thead>
<tr>
<th></th>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
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<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td>≥ 55 years old</td>
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<tr>
<td><strong>AIRWAY</strong></td>
<td>Active airway assistance beyond supplemental $O_2$</td>
<td>Respiratory rate ≥ 30</td>
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<tr>
<td><strong>CONSCIOUSNESS</strong></td>
<td>BMR of GCS ≤ 4, (BMR = best motor response from GCS) OR Paralysis OR Loss of sensation OR Suspicion of spinal cord injury</td>
<td>BMR of GCS = 5 (BMR = best motor response from GCS)</td>
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<tr>
<td><strong>CIRCULATION</strong></td>
<td>Systolic BP &lt; 90mmHg OR No radial pulse and sustained heart rate &gt; 120bpm</td>
<td>Sustained heart rate ≥ 120 bpm</td>
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<tr>
<td><strong>FRACTURE</strong></td>
<td>2 or more long bone fracture sites (humerus, radius/ulna, tibia/fibula)</td>
<td>Any long bone fracture sustained in a MVC or fall ≥ 10 feet</td>
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<tr>
<td><strong>CUTANEOUS</strong></td>
<td>2nd or 3rd degree burns to ≥ 15% TBSA OR Amputation at/or proximal to wrist or ankle OR Penetrating injury to head, neck or torso</td>
<td>Major degloving injury OR Major flap avulsion &gt; 5 inches OR GSW to extremities</td>
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<tr>
<td><strong>MECHANISM OF INJURY</strong></td>
<td>Ejection from motor vehicle, steering wheel deformity resulting from driver impact</td>
<td></td>
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<tr>
<td><strong>OTHER</strong></td>
<td>GCS ≤ 12</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>High index of suspicion</td>
<td></td>
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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.

Source: Data from Florida Agency for Health Care Administration
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