

# GEORGIA TRAUMA CARE NETWORK COMMISSION

## I. HOW THE 2008- 2009 TRAUMA FUND WAS ALLOCATED:

In December 2007, the Georgia Trauma Care Network Commission met for the first time. SB 60 had enabled the formation of the Commission and the Georgia Trauma Fund. Approximately \$59 million was allocated to the Trauma Fund and the Commission was charged with distributing the Fund fairly and effectively, acting as the accountability mechanism, and overseeing the flow of funds into the entire Georgia trauma system. SB 60 specifically mandated that EMS, designated trauma centers, and trauma physicians were to be funded.

Commission meetings were held monthly with subcommittees meeting regularly. The Commission assessed trauma center readiness costs, uncompensated care, best practices from other states, and alternate funding formulas for trauma centers, trauma physicians and EMS. In June 2008, the Commission approved the 2008-2009 \$59 million trauma system-funding plan. The Georgia Trauma Care Network Commission completed its due diligence and allocated the Georgia Trauma Fund in a manner that was fair, based upon expert analysis and facts, which best supported stabilizing and strengthening the Georgia Trauma System. The investment of Georgian’s money worked as intended and substantially strengthened the remaining trauma centers. Several trauma centers were contemplating dropping out of the system as they had voluntarily met all of the state regulations for being designated a trauma center for the last decade without substantial state funding. The stabilization worked as no trauma centers withdrew from the trauma system in 2008.

### 2008-2009 Georgia Trauma Care Network Commission Funding Plan

Trauma Center Allocation	Amount	% of Total
Trauma Center Readiness Costs	\$ 17,888,539	30.4%
Competitive Capital Grants for LI & LII Trauma Centers	\$ 4,148,602	7.0%
Level IV Trauma Center Costs (2)	\$ 200,000	0.3%
Uncompensated Care Costs	\$ 17,888,539	30.4%
<b>Total Trauma Center Allocation</b>	<b>\$ 40,125,680</b>	<b>68.1%</b>
<b>Trauma Physician Allocation</b>		
25% of Trauma Center Readiness Costs	\$ 5,962,846	10.1%
25% of Trauma Center Uncompensated care	\$ 5,962,846	10.1%
<b>Total Physician Allocation</b>	<b>\$ 11,925,693</b>	<b>20.2%</b>
<b>EMS/Pre-Hospital Allocation</b>		
EMS Competitive Grant Program	\$ 4,000,000	6.8%
EMS Uncompensated Care	\$ 1,479,945	2.5%
GPS & Automatic Vehicle Locater System	\$ 996,452	1.7%
<b>Total EMS/Prehospital Allocation</b>	<b>\$ 6,476,397</b>	<b>11.0%</b>
<b>Oversight &amp; System Development</b>		
Trauma Commission/System Plan & Dev	\$ 375,000	0.6%
<b>Total Oversight/Development Allocation</b>	<b>\$ 375,000</b>	<b>0.6%</b>
<b>TOTAL 2008-09 GEORGIA TRAUMA FUND</b>	<b>\$ 58,902,769</b>	<b>100.0%</b>

Readiness costs are the additional resources required by a hospital to maintain status as a state designated trauma center. These include:

- Medical staff payments for trauma call
- 24 hour operating room staffing
- Higher staffing levels for lab/diagnostic services
- Ground or air transportation
- Support services
- Injury prevention
- Training of nurses and physicians
- Administrative infrastructure of trauma programs
- Physician extenders
- Designation process
- Performance improvement program
- Trauma specific equipment
- Other trauma center costs

Readiness costs for Georgia's 13 Level I and Level II trauma centers, collectively, were determined by national experts to be \$44,063,224 yearly. Average readiness costs for each Level I trauma center is \$5,201,999 and \$2,225,245 for each Level II center. The Commission funded these 13 centers \$17,888,539 or \$2,537,381 per Level I center and \$1,522,429 per Level II center. These amounts funded **only 40% of their total readiness costs for one year.**

The Capital Grants program provided 13 awards to the Level I and Level II trauma centers for investments in essential equipment or construction necessary for trauma center designation. One award went for the construction of an onsite helicopter landing pad for a Level I trauma center, which currently does not have this capability.

Trauma physicians providing emergency and trauma care services at Level I and Level II trauma centers received a proportional share of the readiness and uncompensated care dollars for their provision of uncompensated trauma care.

Approximately 50 new ambulances will be purchased through the EMS competitive grant program. EMS services are also eligible to receive reimbursement for the emergency care provided to and transportation of the injured to a trauma center, which without these funds would go unpaid.

An investment in state-of-the-art communication capability will allow EMS to work more closely with trauma centers to guarantee that the right patient gets to the right hospital at the right time. The GPS-based automatic vehicle locator system is a technology investment for the future. This system will continue to be developed in conjunction with the statewide trauma communication center and disaster preparedness systems in Georgia.

## **II. BEYOND INITIAL FUNDING: CREATING THE "VISION" FOR THE GEORGIA IMPROVED TRAUMA SYSTEM**

The Georgia Trauma Care Network Commission set a course for a thorough assessment of the Georgia trauma system to identify its current limitations and requirements and opportunities for the future, and arranged for the following:

- Trauma system review by the American College of Surgeons universally recognized as the leading experts on trauma care and trauma system development.
- Trauma system economic assessment by Bishop+Associates, which has conducted similar assessments for Texas, Arizona, California, Illinois, New Mexico, South Carolina and Oklahoma.
- A Commission subcommittee structure that put every member to work in an expanding process to develop the best possible vision for the Georgia trauma system for the decades ahead.

The Commission's Vision for a Georgia trauma system also draws heavily from 5 years of trauma system stakeholder input from throughout Georgia. Many individuals have tirelessly fought the "good fight" over the years to keep the Georgia trauma system alive as well as the hope for the necessary and adequate

investment in its development.

To produce the comprehensive trauma system Vision needed by Georgia, the Commission conducted three daylong workshops and addressed the following issues:

- New trauma center development
- Trauma system structural models
- Pre-hospital/EMS Vision
- Inter-hospital transfer system models
- Trauma telemedicine component
- Trauma system plan development
- Trauma physician support
- Effective surgical hospitalist structures
- Malpractice misperceptions re: trauma care
- Trauma system accountability measures
- Trauma stem integration with disaster preparedness
- Expansion of trauma system to support other time sensitive emergencies (stroke, heart attack)
- Trauma center accountability for funding
- Collaboration with Georgia Board for Physician Workforce
- Support for expansion of E-911 services
- Trauma system plan for pediatric sub-system
- Development of physician extender support
- Physician recruitment: The Wisconsin Model
- Collaboration with Medical Association of Georgia Trauma Subcommittee
- Development of trauma physician billing system
- Development of trauma data strategy
- Trauma center data collection for '09 funding
- Benefits of trauma system regionalization
- Award of EMS and hospital capital grants
- Development of 2009-10 funding plan
- Injury prevention strategy
- Support of federal grant application by Georgia Partnership for Telehealth
- Collaboration with Georgia Hospital Association subcommittee on emergency department diversion
- Collaboration with Georgia Partnership for Telehealth
- Collaboration with Georgia Health Policy Center

**What resulted is a comprehensive, cost-effective Georgia trauma system Vision: “A New Public Service for Georgians.” The final draft of the comprehensive five-year strategic workplan with fourteen prioritized goals is supported with an outline of the following for each goal:**

- **Strategy/Objectives**
- **Timeframe**
- **Lead Agency/Partners**
- **Funding Implications**
- **Measures of Success**
- **2009-10 Tasks**
- **FY 2009-10 Funding**

**The final draft of this workplan will be presented and approved on 19 February 2009 during the Georgia Trauma Care Network Commission meeting. This strategic workplan will be updated yearly to reflect accomplishments, changing priorities and system development realities.**

### **III. IMMEDIATE OBJECTIVES :**

#### **1. Obtain Permanent Funding**

Without a permanent funding mechanism, trauma system development cannot proceed and it will be impossible to recruit any new trauma centers into the Georgia trauma system. The lack of a dependable funding source for trauma prevented the successful recruitment of additional trauma centers in 2008.

#### **2. Maintain and Expand The Trauma System, Focusing On South Georgia**

The trauma centers' funding in 2008 cut their annual loss in half and was sufficient for them to maintain their status. The Commission conducted discussions with hospitals that have a potential for becoming designated as Level II & III trauma centers, with a focus on South Georgia where the need is greatest. Four to six Level II & III trauma centers could be developed in South Georgia in 2009-2010 if they are assured sustainable funding and a transfer system to manage the flow of trauma patients.

### **3. Strengthen Emergency Medical Services Focusing On Rural Regions**

Due to the integral relationship between EMS and trauma care, the Commission has placed a major emphasis on strengthening EMS. Major initiatives include support for readiness, resources targeted at rural regions, consolidation of EMS Districts to promote efficiency, a GPS-based automatic vehicle locator system, and air medical transport coordination. This should grow over time into a fully integrated EMS/Trauma system that assures high quality emergency care for all, regardless of their type of injury or illness.

### **4. Develop a Statewide Trauma Communications System**

A trauma communications center that coordinates trauma patient triage, transfer and transport will be built to assure that injured patients are quickly transported to the most appropriate trauma facility.

### **5. Build Trauma System Infrastructure Within Office Of EMS & Trauma**

The Commission hosted an external review by the American College of Surgeon's Trauma System Consultation program. The College of Surgeons had a particular concern regarding the lack of state support for trauma system infrastructure in Georgia. A comprehensive trauma system operational plan with supportive system rules and regulations is required. In order to build an effective state trauma system, the Office of EMS & Trauma, fully staffed to implement the Commission's policies, support, regulate, and monitor the trauma system, will be essential.

### **6. Establish Mechanisms to Assure Exceptional Accountability**

State-of-the-art performance improvement standards and accountability measures will be built into the Georgia trauma system, and the American College of Surgeons will be asked to conduct a follow-up system review and evaluation in 2012 to assess progress in Georgia's trauma system development.

## **IV. 5-YEAR AND ORGANIZATIONAL OBJECTIVES:**

### **5-YEAR OBJECTIVES WITH PERMANENT FUNDING**

- Pilot/Build Trauma Telemedicine System
- Enhance Pediatric Trauma Subsystem
- Strengthen Physician Support For Trauma Care In Rural Georgia
- Expand System To Rehabilitation, Burn Care, & Interstate Transfers
- Assist In Initiatives To Reduce Traumatic Injury
- Integrate Trauma System With Disaster/Terror Preparedness
- Expand System To Acute Emergency Care Needs

### **ORGANIZATIONAL OBJECTIVES**

- Develop Trauma System Regionalization In Georgia
- Develop Trauma System Policy/Stakeholder Structure

## **V. A NEW PUBLIC SERVICE FOR GEORGIANS:**

Georgia has the opportunity to not only catch up with the rest of the country in trauma care by developing a truly inclusive system, but help lead the nation by developing a new public service that assures emergent, high quality care throughout the state for the seriously injured, stroke and heart attack victims,

for both adults and children. This Vision for the Georgia trauma system will bring a high value to everyone, an investment in Georgia's future. Georgia generally takes police and fire services for granted, rightly so, they are always there when we need them to respond and save lives. It is time for the citizens of Georgia to have the same expectation of its trauma and emergency care services!

#### **VI. THE BEST WAY TO FUND THE GEORGIA TRAUMA SYSTEM:**

While states use a variety of funding sources for trauma care, the best practice is a funding source that is trauma related, is a sustainable source of funding, and expands with population growth. Half of all trauma injuries result from motor vehicle crashes, so an added fee on annual vehicle registrations fits this profile perfectly. A \$10 fee per vehicle registration would raise \$85 million annually, the approximate amount needed to sustain a fully developed Georgia trauma system.

In addition, in 2007, motor vehicle crashes on Georgia's roadways contributed to more than 1,600 fatalities. The estimated cost of motor vehicle crashes in Georgia totals \$7.8 billion a year. The Super Speeder Law, which became effective in January 2010, will generate nearly \$23 million.

#### **VII. THE BENEFITS OF A FULLY DEVELOPED AND SUPPORTED TRAUMA SYSTEM:**

The return on Georgia's investment in the provision of trauma care through the development of an organized inclusive trauma system will include: a reduced death rate from injury; timely, available and exceptional trauma care throughout the state; cost savings in patient treatment; the economic benefits of saving lives of younger, productive people; as well as direct benefits to emergency care and disaster preparedness for Georgia.