

I ain't got time! **Innovative steps in advocacy for the busy physician**

Bryan A Cotton, MD, MPH
Associate Professor of Surgery
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Why not?

- I don't have time
- I can't get away
- I won't make a difference/impact
- I hate politicians and the government

Legislative Truths

- "When legislatures are making policy decisions, if you aren't at the table, then you are probably on the menu."
-Nate Garvis, VP, Target Corporation
- "You must be present to win."
-Lama Surya Das, Awakening the Buddha Within
- "If you don't ask, the answer is always no."
-Nora Roberts

Beginnings of advocacy

- Elected to the EAST Advocacy and Outreach Committee
- Attended ACS-PAC meeting in D.C. and met my legislators
- Went back home frustrated

But then...

- Texas Trauma Fund 2004
- Distributed funds to trauma centers around the state to subsidize uncompensated care
- \$400 million “stash.”



Trauma Training Funds

- Need more fellowship-trained physicians and surgeons in Texas
- No current ACGME approved fellowships and therefore no \$\$\$\$
- Went to Austin and educated them

Trauma Tours!



Lt. Gov David Dewhurst & Dr. Drew Ware

St. Senator Joan Huffman & Dr. John Holcomb



Texas Speaker Joe Strauss & Dr. Red Duke

Trauma Tours



St. Rep. Dee Margo & Dr. Bryan Cotton

Congressman Pete Olson with Dean Colasurdo, Dr. Holcomb & Life Flight



Texas Trauma Fellows and Nurse Education

- In 2011, Dr. John Zerwas, passed SB 7 that included language for the Texas Emergency and Trauma Care Education Partnership Program.



State Representative John Zerwas, MD speaks at the Press Conference on SB 7 with Governor Rick Perry & Senator Jane Nelson

Texas Trauma Fellows and Nurse Education

- Over \$4 million dollars a year directed to education of trauma physicians, surgeons and nurses in the state
- Created trauma-specific fellowship for us, adding three fellows per year
- Increased funding for the nursing school and added 20 advanced NP training spots at UTH

What can surgeons do?

- Determine what is important to you, then look for opportunities.
- Work with Governmental Relations Staff.
- Educate them on your issues (tours, shadowing, overnights, capitol visits).



Rep. Lois Kolkhorst & Dr. Bryan Cotton

What can surgeons do?

- Establish relationships, build credibility, give access to you and other doctors.
- Never give up. Even if you lose this year, set yourself up for success next year. Take a long term strategy.
- This takes staying power and many victories are incremental.



Rep. Lois Kolkhorst & Dr. Bryan Cotton

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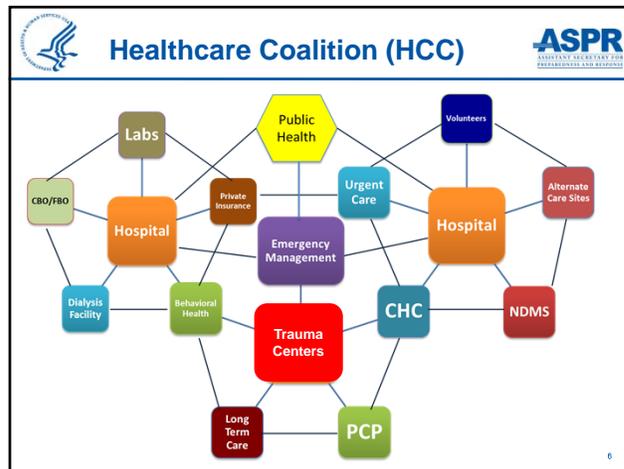
National Healthcare Preparedness Capabilities




- 1) Healthcare System Preparedness (*Healthcare Coalitions*)
- 2) Healthcare System Recovery
- 3) Emergency Operations Coordination
- 5) Fatality Management
- 6) Information Sharing
- 10) Medical Surge (*Immediate Bed Availability*)
- 14) Responder Safety and Health
- 15) Volunteer Management



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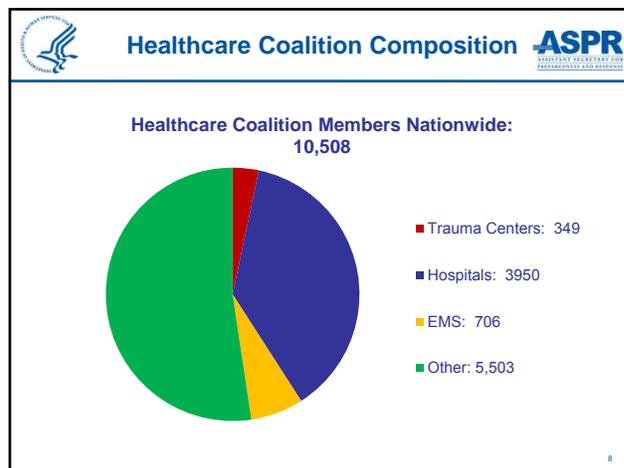
Healthcare Coalitions

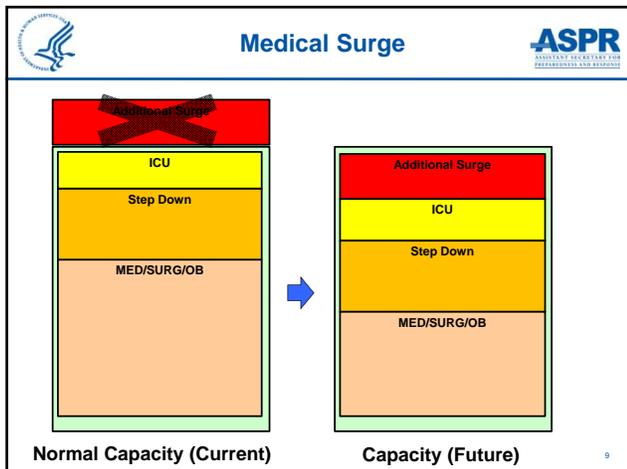



Healthcare Coalition member organizations identify the geographic boundaries of the Healthcare Coalition. Examples of a region or area may include:

- Healthcare service catchment area
- Trauma systems
- Emergency Medical Service (EMS) region
- Regional Coordinating Hospital region
- Public Health region/district
- County jurisdiction
- Emergency Management Agency (EMA) region
- Other type of functional service region

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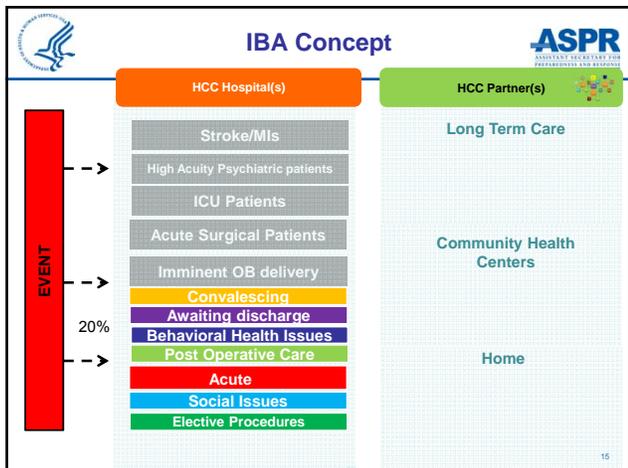
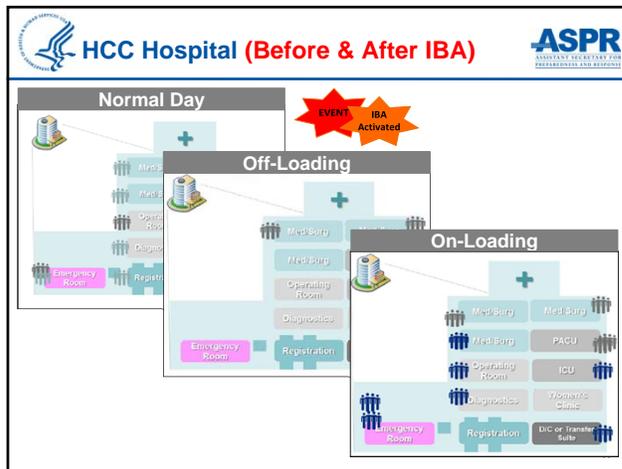
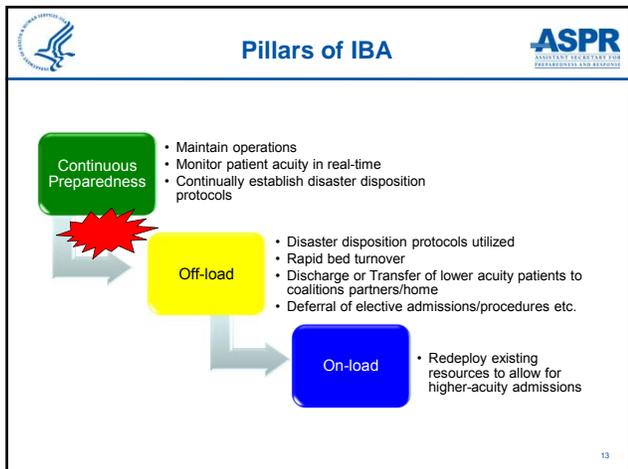




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- The New "Medical Surge"**
- ASPR
ASSOCIATION OF PUBLIC HEALTH AGENTS FOR PREPAREDNESS AND RESPONSE
1. Evidence Informed
 2. Operationally Tenable
 3. Economically Sustainable
 4. Ethically Grounded
- 10

-
- The New "Medical Surge": Immediate Bed Availability**
- ASPR
ASSOCIATION OF PUBLIC HEALTH AGENTS FOR PREPAREDNESS AND RESPONSE
- Engages a Healthcare Coalition in response
 - Builds on and strengthens daily delivery of care
 - Promotes an integrated local, state and national healthcare system to respond to disasters
 - Minimizes the need to transition to Crisis Standards of Care
- 11

-
- Immediate Bed Availability**
- ASPR
ASSOCIATION OF PUBLIC HEALTH AGENTS FOR PREPAREDNESS AND RESPONSE
- Goal: To quickly provide higher-level care to more serious patients during a disaster with no new space, personnel, or equipment
 - HPP 2012 Medical Surge Capability Performance Measure
 - *Ability (of coalitions) to provide no less than 20% bed availability of staffed members' beds, within 4 hours of a disaster*
- 12



Considerations: Ethical




Shift: Individual to population based health delivery

Challenges

- Public, health care professionals difficulty with understanding and operating in disaster conditions
- Unfamiliarity with a population based health delivery model

Opportunities

- Set clear expectations when planning and implementing IBA to public and providers
- Education and training of staff

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Considerations: Legal/Regulatory



Challenges

- Poorly defined triggers
- Regulatory barriers
- Liability concerns

Opportunities

- Describe Triggers
- Pre-planned Waivers
- Improve awareness of IBA with providers and counsel

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Considerations: Financial & Fiduciary



Challenges

- Healthcare Coalition partner financial relationships vary
- Health delivery payment models inconsistent with HCCs

Opportunities

- Healthcare Coalition development must include financial considerations
- Consider aligning HCCs with Accountable Care Organizations
- Engage insurers/payers on IBA

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Hurricane Sandy and HCCs and IBA



- “Where possible, investments should be coordinated across multiple institutions, using healthcare coalitions to ensure resiliency.” (JAMA. 2012;308(24):2569-2570)
- Improved Situational awareness
- Drilled evacuation (IBA off-load)
 - “Measured success” in Sandy with transport (JAMA. 2012;308(24):2569-2570)
- Improved clarity of criteria and triggers for evacuation



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Intersection of Trauma Centers and Healthcare Preparedness



- Trauma Centers and the health system
- Health care coalitions serve as foundation for healthcare system preparedness
- Trauma Centers critical to coalitions
- Trauma Centers and Immediate Bed Availability
- Trauma Centers and Healthcare System Recovery



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 **Intersection of Trauma Centers and Healthcare Preparedness** 
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

“Did anyone think that as a result of a disaster that someone might get hurt?”

Dr. Brent Eastman



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 **Questions** 
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE



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Advocacy 101

Strategies for Successful Engagement

John B. Osborn, M.Sc.
Treasurer
Trauma Center Association of America

Administrator
Mayo Clinic Trauma Centers

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Trauma Center Association of America

- 501(c)(6) *trade association* that represents the nation's trauma centers and systems
 - Organizational, financial, and operations focus
 - Public policy and legislative advocacy
- Retains the services of a lobbying firm, Holland & Knight, to conduct advocacy efforts in Washington, DC
- TCAA conducts advocacy on behalf of our members, as well as EAST, AAST, and STN – provides voice on the Hill without jeopardizing their 501(c)(3) status



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Policy & Advocacy Agenda

- Stabilize reimbursement for trauma care
- Prevent trauma center closures
- Promote regionalization and system development
- Facilitate coordination of emergency care across settings and providers
- Alliance for Trauma Care: TCAA, ACSCOT, ACEP, AANS, AAOS, ACCT, NHRA, Advocates for EMS



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Legislative Agenda

- Patient Protection and Accountable Care Act authorized \$224 million in federal funding for trauma care
- National Trauma Center Stabilization Act (NTCSA)
 - Trauma Center Care Grants
 - Trauma Service Availability Grants
- Trauma Systems Planning Act (TSPA)
 - Trauma Care Systems Planning Grants
 - Regionalization of Emergency Care Systems



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Advocacy 101: The Role of the Trauma Center

- Grassroots advocacy is often the most effective
- Your job is to make sure your legislators know that trauma is important to their constituents
- How?
 - Build relationships – legislators AND their staff
 - Provide examples of local impact – patient stories
 - Educate – Trauma Centers are not just ERs!



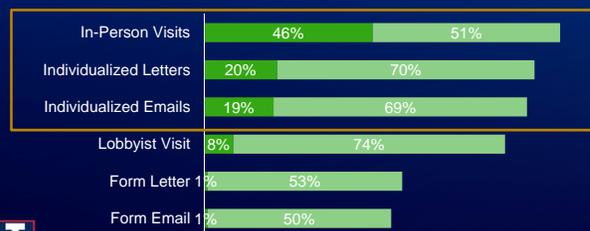
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Why bother?

Because it works!

Level of Positive Influence on Member Position

■ A Lot ■ Some



Source: Congressional Management Foundation, 2011

Building Relationships

- Priority #1: Don't Freelance
 - Your hospital(s) government relations officer must know what you're doing
 - Use your GR staff to your advantage – make sure they know what you're concerned about
- Priority #2: Don't Jeopardize your Organization
 - Corporate status carries specific rules about what can and cannot be done by an organization
 - It's best to be a private citizen who just happens to be a trauma surgeon, trauma nurse, etc...



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Building Relationships

- Most of the work is done by staffers – take them seriously! (even if they are barely out of college...)
 - Each office will have at least one with responsibility for health care issues
 - Your GR office will know who the contacts are
- Don't be offended if you don't speak with or physically meet the Member
- It always helps to have an angle that will interest the Member, then expand the conversation
 - Rep. Walz – Field EMS, Air Medical
 - Rep. McCollum – EMS reimbursement



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Building Relationships

- Nothing grabs a legislator's attention like the view from the helipad...
 - Offer a tour of the trauma center
 - Make sure you spend most of your time OUTSIDE the ER – most folks think that's all trauma is
 - Show off! Technology and facilities are sexy
 - Engage your pre-hospital partners – this helps to reinforce that trauma care is a system
- Work with your GR and Public Affairs team to provide some visibility for the Member



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Visiting the Hill

- If you're in DC, don't pass up the opportunity
- Participate in "Lobby Days" or "fly-ins"
 - ACS Advocacy Summit – April 15
 - TCAA Lobby Day – April 16
- Have a specific issue to discuss – you'll get maybe 15-20 minutes
- If going on your own, make sure to pre-arrange meetings, and hit both the House and the Senate side



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Visiting the Hill

- Be prompt, and be patient while you wait – the Hill is an insanely busy place
- Be prepared to meet in the open – most Members don't have conference rooms, so most meetings are right in the middle of the office
- Have some supporting materials – fact sheets, articles, issue summaries for the staffer and the Member to refer to later
- Be ready to address the "con" – there is always an opposing side



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Visiting the Hill

- During your meeting, you need to convey
 - the salient points of the issue
 - your desired solution or outcome
 - why that outcome is in the best interest of the constituency (and therefore of the Member)
- Always end on a positive, even if they don't bite on the issue right away
 - Make yourself available as a resource
 - Always send a follow-up letter, and be sure to address any questions that you couldn't answer during the meeting



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Resources

- Your hospital's government relations team
- The EAST Advocacy Committee
- For TCAA members, the TCAA website
 - SoftEdge system – email your Members
 - Advocacy resources



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TRAUMA CENTER ASSOCIATION OF AMERICA

FEDERAL UPDATE FOR EAST: THE FISCAL CRISIS, HEALTH REFORM AND IMPACT ON TRAUMA CARE

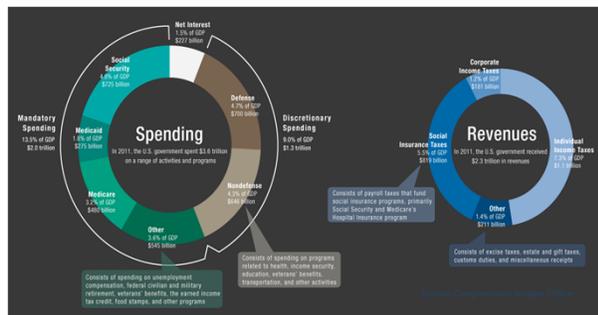
Lisa Tofil, Esq.
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DEFICIT & FISCAL CLIFF



Health Care Spending is on the Hook, No Matter Which Way You Slice It

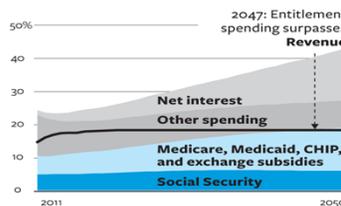
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Entitlement Spending at the Heart of it All

Entitlements Outstrip Revenue
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Alternative fiscal scenario for federal spending and revenue, as a percentage of GDP



Without a change, in the next 35 years, Entitlement spending will crowd out **all** other budgetary spending (e.g. defense and discretionary) and overtake current revenues

Source: Congressional Budget Office

Something's Gotta Give

- "Our plan showed that this problem is too large to cut our way out, it's too large to tax our way out and it's too large to grow our way out. **We need a combination of cutting low-priority spending throughout the budget, reforming entitlements to slow the growth of health care spending** and make Social Security solvent, and reforming the tax code to promote growth and generate revenue in a progressive manner." – Erskine Bowles and Former Senator Alan Simpson, September 22, 2012
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And it Could Give Very Soon....

Likely to be a hurricane...



...or even a tsunami

Old Fiscal Cliff

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 - Tax policies expire: Bush-era tax cuts, payroll tax holiday, AMT patch, estate tax, unemployment...
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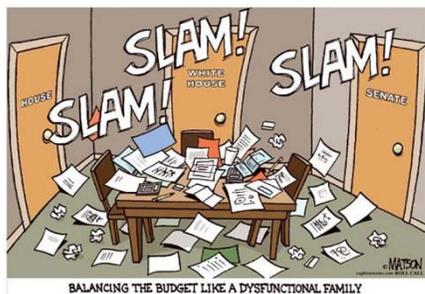
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Continued Fundamental Disagreement on Fiscal Policy

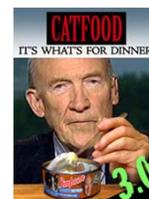


Simpson Bowles?

Significant revenues via tax reform, Social Security on the table, fixes highway fund and SGR, closer to 50-50 on revenues and spending



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Net Health Care Savings	\$114	\$355
Other Mandatory Savings (Including All PI)	\$102	\$305
Chained CPI	\$64	\$266
Match Highway Spending and Revenues	\$87	\$156
Comprehensive Tax reform	\$360	\$1,200
Social Security Reform (Excluding Chained CPI)	\$45	\$232
Interest Savings	\$55	\$347
TOTAL DEFICIT REDUCTION	\$1,129	\$4,157
Deficit at End of Window (2017/2022) in Percent of GDP	1.9%	1.4%
Debt at End of Window (2017/2022) in Percent of GDP	73.9%	67.9%



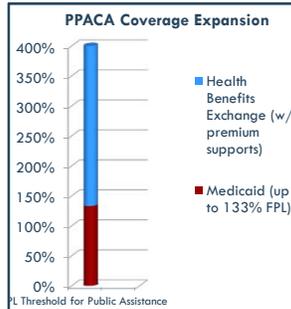
HEALTH REFORM IMPLEMENTATION

The Patient Protection and Affordable Care Act

111th Congress of the United States H.R. 3590



Health Care in Obama's Second Term



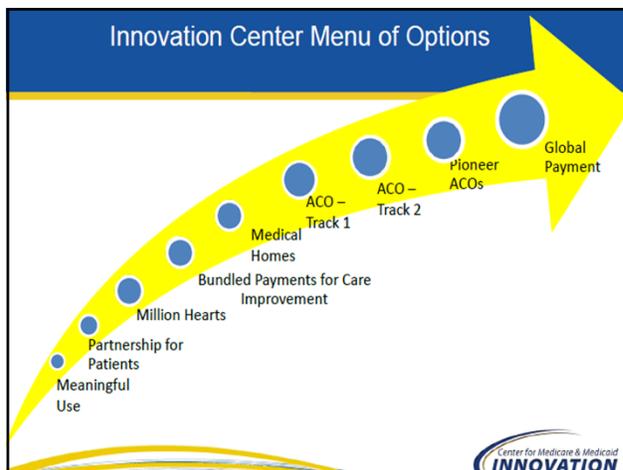
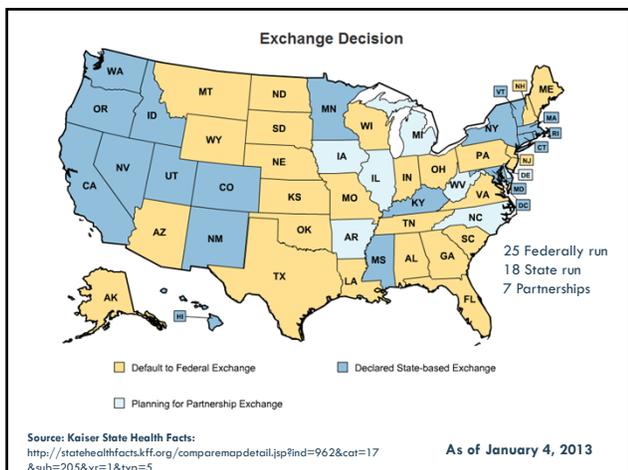
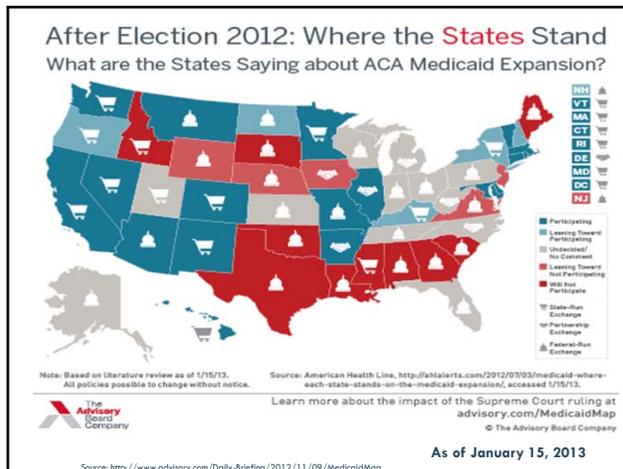
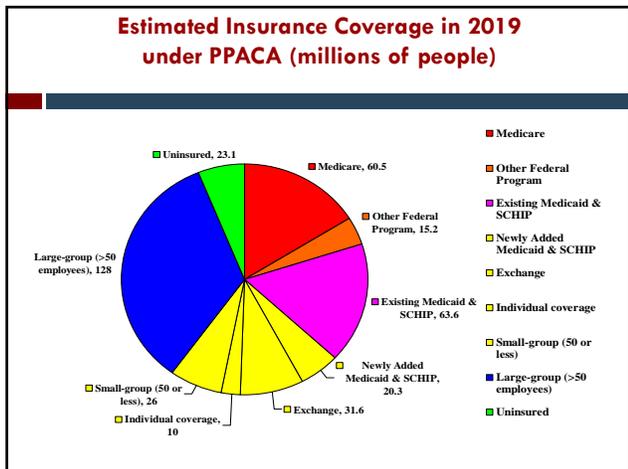
PPACA Implementation

The Key Date – January 1st, 2014:

- HBE must be up and running
- Medicaid expansion goes live
- Individual and employer mandates

The Big Questions:

- Can they get it done?
- Will it work?
- Will the Democrats agree to fix drafting issues?
- Will the GOP negotiate fixes and changes or remain steadfast in opposition?



Big Areas of Change Affecting Providers

- CMS System Redesign Initiatives -- to incentivize quality, efficiency, while lowering utilization and costs
 - Patient Safety
 - Health care acquired conditions (HACs)
 - Value-based purchasing
 - Preventable readmissions
 - Bundled payment models
 - ACOs
 - Health Care Innovation Challenge
 - State Innovation Program
- Medicaid – Managed care spreading like wildfire
- Geographic Adjustments -- Wage Index/GPCI's
 - Substantial changes coming with likely use of combined data between hospitals and physicians



Health Care Issues on the Horizon

Medicare – Bigger immediate target

- Time to appoint the members of the IPAB
- What about Real Physician Payment Reform?
- Next steps on “bending the cost curve” –
 - From demos to program reforms?
 - All payer and Statewide models
 - Drive toward alignment and consolidation in the marketplace



Medicaid – Democrats holding firm to protect

- Financing changes?
- Per capita caps or other structural changes?

Federal Rate Regulation

- Individual and Small business markets

New Revenues – Device, HI Payroll, Cadillac Taxes



BIG PICTURE Challenges for Trauma Care

- With changes to health delivery system (e.g. ACOs) and entitlement reform, need to protect and improve access to trauma care in the future
- Current reimbursement system does not incentivize or promote right trauma patient, right time, right place, right level of care
- Despite our best efforts, the federal government is not prioritizing trauma (e.g. trauma preparedness, lack of funding for trauma programs)
- Lack of federal attention may threaten trauma care in the future

Specific Issues for Trauma Care

- Historical trend of trauma center closure and downgrades, and potential for more given financial pressure on hospitals, but some new trauma centers being established
- Trauma activation fee – though some limitations
- No dedicated payment stream to physicians
- Workforce shortage problem
- Disparate access to trauma care
- Public/Gov't assumption that all is fine – improved but still limited understanding of trauma care
- Continuity of care across spectrum from patient's perspective

Increasing Competition for Trauma Care

Click here to explore Trauma Opportunities.



Working to Fund Trauma Programs – Big Uphill Climb

- Trauma Systems -- \$24 million
 - Trauma System Grants
 - Regionalization of Emergency Care Pilot Program
- Trauma Centers -- \$100 million
 - Trauma center grants for uncompensated care, core mission, academic support
- Trauma Service Availability grants -- \$100 million
 - Grants to states with 80% requirement to move out to trauma centers/hospitals wishing to become TC's
- Emergency Medical Services for Children Program
- NIH Emergency Care Office
- Pandemic and All-Hazards Preparedness Act
 - Getting trauma focus in national health security strategy

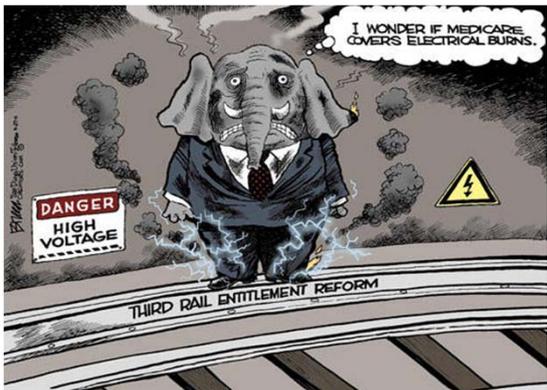
Ensuring Future Payment for Trauma Care

- Trauma is different than other conditions -- can't medical home or manage it in the same way
 - "Bundling" of imminent, life-threatening events doesn't work
 - Shouldn't move trauma patients based on insured or ACO status
- Developing new reimbursement paradigm for trauma care
 - Collaborative effort between TCAA and ACS to begin deep think
 - Value based around episodes of care
 - Promoting right patient, right TC, right time
 - Helping the feds to master improved outcomes, efficiencies and resulting cost savings for imminent life-threatening conditions
- Working on some initial ideas and will be gathering the thoughts of EAST and other organizations

Entitlement Reform -- Tough for Democrats



And Republicans....



Our goal is to get ahead of the wave for trauma care



TCAA Needs You to Advocate



**Trauma Lobby Day:
April 16, 2013**

The future of trauma care depends upon your voice in Washington, especially in 2013

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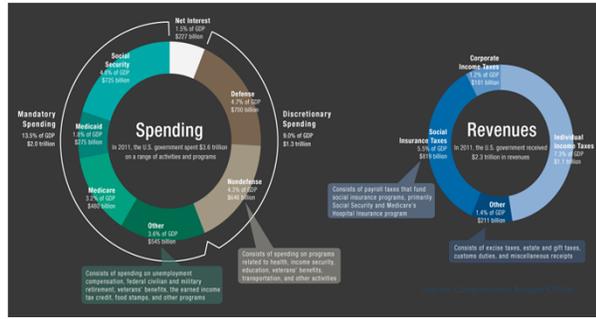
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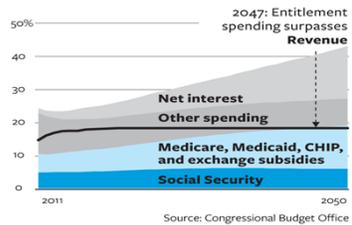


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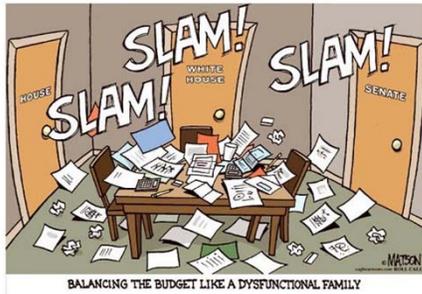
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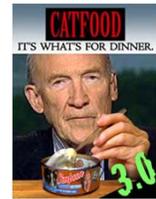


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Chained CPI	\$64	\$266
Match Highway Spending and Revenues	\$87	\$156
Comprehensive Tax reform	\$360	\$1,200
Social Security Reform (Excluding Chained CPI)	\$45	\$232
Interest Savings	\$55	\$347
TOTAL DEFICIT REDUCTION	\$1,129	\$4,157
Deficit at End of Window (2017/2022) in Percent of GDP	1.9%	1.4%
Debt at End of Window (2017/2022) in Percent of GDP	73.9%	67.9%



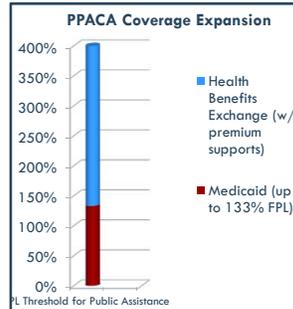
HEALTH REFORM IMPLEMENTATION

The Patient Protection and Affordable Care Act

111th Congress of the United States
H.R. 3590



Health Care in Obama's Second Term



PPACA Implementation

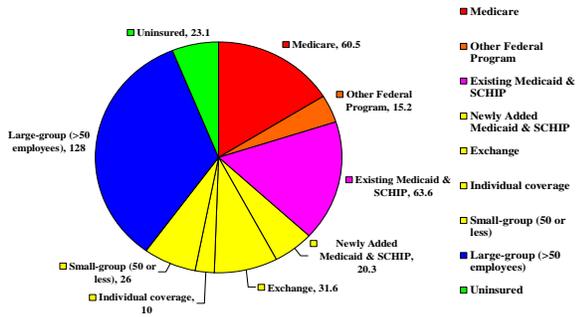
The Key Date – January 1st, 2014:

- HBE must be up and running
- Medicaid expansion goes live
- Individual and employer mandates

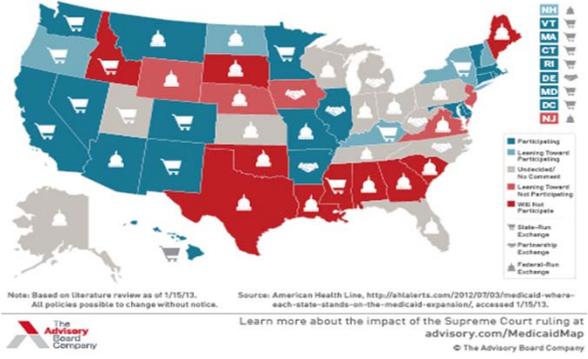
The Big Questions:

- Can they get it done?
- Will it work?
- Will the Democrats agree to fix drafting issues?
- Will the GOP negotiate fixes and changes or remain steadfast in opposition?

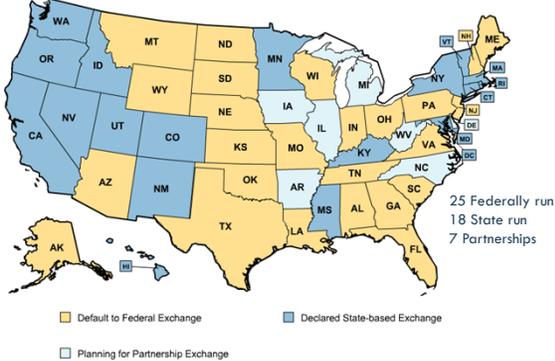
Estimated Insurance Coverage in 2019 under PPACA (millions of people)



After Election 2012: Where the States Stand What are the States Saying about ACA Medicaid Expansion?



Exchange Decision



Innovation Center Menu of Options



Big Areas of Change Affecting Providers

- CMS System Redesign Initiatives -- to incentivize quality, efficiency, while lowering utilization and costs
 - Patient Safety
 - Health care acquired conditions (HACs)
 - Value-based purchasing
 - Preventable readmissions
 - Bundled payment models
 - ACOs
 - Health Care Innovation Challenge
 - State Innovation Program
- Medicaid – Managed care spreading like wildfire
- Geographic Adjustments -- Wage Index/GPCI's
 - Substantial changes coming with likely use of combined data between hospitals and physicians



Health Care Issues on the Horizon

Medicare – Bigger immediate target

- Time to appoint the members of the IPAB
- What about Real Physician Payment Reform?
- Next steps on “bending the cost curve” –
 - From demos to program reforms?
 - All payer and Statewide models
 - Drive toward alignment and consolidation in the marketplace



Medicaid – Democrats holding firm to protect

- Financing changes?
- Per capita caps or other structural changes?

Federal Rate Regulation

- Individual and Small business markets

New Revenues – Device, HI Payroll, Cadillac Taxes



BIG PICTURE Challenges for Trauma Care

- With changes to health delivery system (e.g. ACOs) and entitlement reform, need to protect and improve access to trauma care in the future
- Current reimbursement system does not incentivize or promote right trauma patient, right time, right place, right level of care
- Despite our best efforts, the federal government is not prioritizing trauma (e.g. trauma preparedness, lack of funding for trauma programs)
- Lack of federal attention may threaten trauma care in the future

Specific Issues for Trauma Care

- Historical trend of trauma center closure and downgrades, and potential for more given financial pressure on hospitals, but some new trauma centers being established
- Trauma activation fee – though some limitations
- No dedicated payment stream to physicians
- Workforce shortage problem
- Disparate access to trauma care
- Public/Gov't assumption that all is fine – improved but still limited understanding of trauma care
- Continuity of care across spectrum from patient's perspective

Increasing Competition for Trauma Care

Click here to explore
Trauma
Opportunities.



Working to Fund Trauma Programs – Big Uphill Climb

- Trauma Systems -- \$24 million
 - Trauma System Grants
 - Regionalization of Emergency Care Pilot Program
- Trauma Centers -- \$100 million
 - Trauma center grants for uncompensated care, core mission, academic support
- Trauma Service Availability grants -- \$100 million
 - Grants to states with 80% requirement to move out to trauma centers/hospitals wishing to become TC's
- Emergency Medical Services for Children Program
- NIH Emergency Care Office
- Pandemic and All-Hazards Preparedness Act
 - Getting trauma focus in national health security strategy

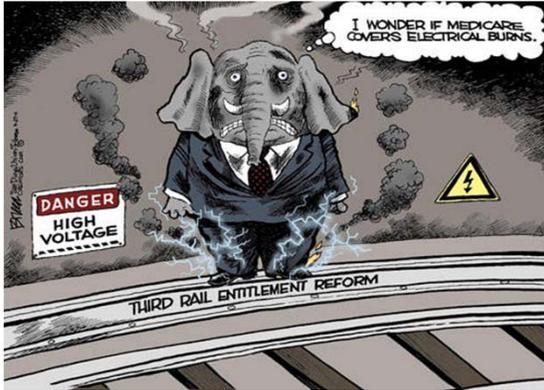
Ensuring Future Payment for Trauma Care

- Trauma is different than other conditions -- can't medical home or manage it in the same way
 - "Bundling" of imminent, life-threatening events doesn't work
 - Shouldn't move trauma patients based on insured or ACO status
- Developing new reimbursement paradigm for trauma care
 - Collaborative effort between TCAA and ACS to begin deep think
 - Value based around episodes of care
 - Promoting right patient, right TC, right time
 - Helping the feds to master improved outcomes, efficiencies and resulting cost savings for imminent life-threatening conditions
- Working on some initial ideas and will be gathering the thoughts of EAST and other organizations

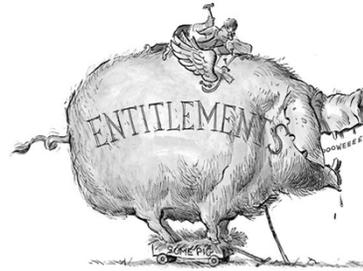
Entitlement Reform -- Tough for Democrats



And Republicans....



Our goal is to get ahead of the wave for trauma care



TCAA Needs You to Advocate



**Trauma Lobby Day:
April 16, 2013**

The future of trauma care depends upon your voice in Washington, especially in 2013