



**Eastern Association for the Surgery of Trauma**

**28<sup>th</sup> Annual Scientific Assembly**

**Sunrise Session 10**

**Competent Rural Trauma Care: What You Need To Know**

**January 15, 2015**

**Disney's Contemporary Resort**

**Lake Buena Vista, Florida**

# Survival

In Healthcare Today

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## Dr. Douglas Schmitz

Trauma Surgeon/ Acute Care Surgeon



Medical Director

BLM-Wyoming

AMR Ambulance-Cheyenne

Active Member ACS/COT

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## Disclosures



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## Survival

OBAMA CARE/ACA  
MEDICARE CUTS  
MEDICAIDE  
ICD-10/CODING  
EMR's  
MEANINGFUL USE  
MALPRACTICE/ LIABILITY  
EDUCATION/CME  
RURAL/FRONTIER MEDICINE

PRIVATE PRACTICE/  
HOSPITAL OWNED  
PATIENT SATISFACTION/  
PRESS GANEY  
LIFE STYLE  
ON CALL  
HCAP SCORES  
TECHNOLOGY  
REPUBLICAN WAVE

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## Survival

Simple Answer

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## Survival

BE A GOOD  
HEALTHCARE  
PROVIDER

Questions?

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## What is Rural

Limited resources due to:

- Lack of personnel
- Geography
- Weather
- Equipment

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## Rural Medicine

Who understands RURAL?

- 2 personal experiences
- President of the ACS
- Recent TCAA meeting

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## Rural population

- As of 2002 according to HHS  
64 million Americans live in  
RURAL America
- Diverse multicultural  
population

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## Rural Hospitals

- Since 2010
- 43 rural hospital closures with a total of 1500 beds  
(North Carolina Rural Health research Program)

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## Rural Hospitals

- 2010-3 closures
- 2013-13 closures
- 2014-12 closures

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## Rural Hospitals

- Georgia has lost 5 rural hospitals since 2012 with 6 on the brink each served 10,000 people
- As of June 30- 1,326 critical access hospitals

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## Rural Hospitals

"The stand alone  
community hospital is  
going the way of the  
dinosaur"

(Connecticut's Quinnipiac  
Univ)

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## Rural Hospitals and Public Funds

Gross revenue by payer type

- Medicare 44.8%
- Medicaid 14.0%
- Private Pay 39.7%
- Other gov't 1.5%

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## Rural Hospitals and Public Funds

- Hope for survival
- Partnering with big  
health systems?

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THE ACA  
Implications on Survival  
in Rural Medicine

Lisa Tofil, Esq

**T** TRAUMA CENTER  
TRAUMA CENTERS  
Association of America  
ADVOCACY • FINANCE • OPERATIONS

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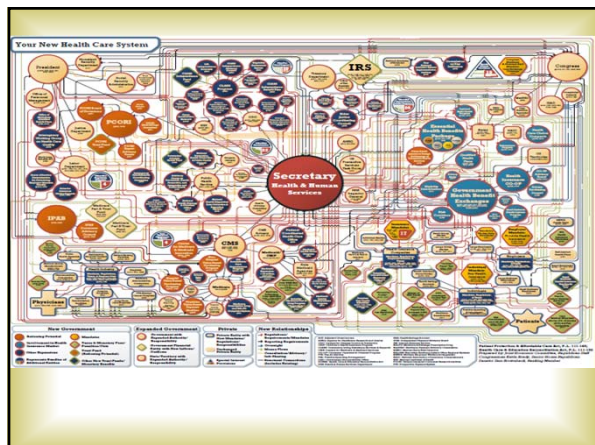
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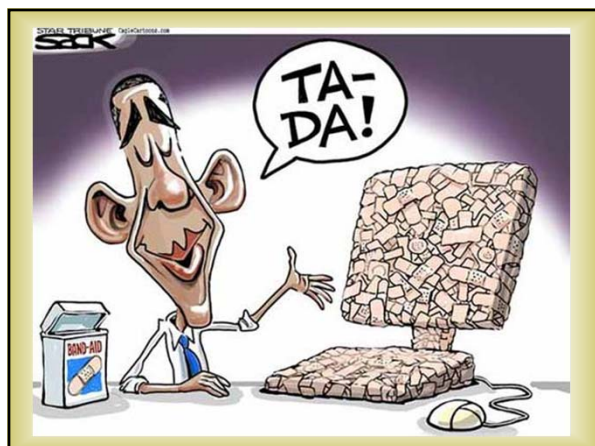
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## Midterm Elections

**SENATE:** 52 republican 45 democrat  
(Not veto-proof)

**HOUSE:** Largest GOP majority since  
WWII

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## Midterm Elections

### **STATES:**

- 23 republican governor/legislature
- 5 Democratic governor/legislature
- The rest are mixed

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## Four Rough Years of Divided Government

2010 –

- ACA Enacted
- Simpson-Bowles Deficit Commission
- November: GOP wins back House

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## Four Rough Years of Divided Government

2011 -

- Speaker Boehner sworn in
- Appropriations standoff - cutbacks to 2008 levels
- August - "Grand Bargain" fails, default averted with Budget Control Act -

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## Four Rough Years of Divided Government

2011 - continued

- August - "Grand Bargain" fails, default averted with Budget Control Act -
  - Appropriations Freeze
  - Super Committee with Sequester Back Stop

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## Four Rough Years of Divided Government

2011 - continued

- Super Committee Fails

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## Four Rough Years of Divided Government

2012 –

- No budget deals
- Obama Re-elected
- Fiscal Cliff negotiations – debt ceiling, expiring tax cuts, etc.

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## Four Rough Years of Divided Government

2013 –

- Top Bracket raised, Sequester not turned off
- Debt limit pushed
- October: Government Shutdown
- October: Healthcare.Gov rollout
- Ryan-Murray two year appropriations deal

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## Four Rough Years of Divided Government

2014 –

- March SGR Patch legislation
- Appropriations unfinished...

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**THE WORRIES OF OBAMACARE**

72% OF VOTERS ARE WORRIED...  
THE COST OF THEIR HEALTHCARE  
INSURANCE WILL INCREASE

AND ANOTHER 62% WORRY...  
THEY WON'T BE ABLE TO RECEIVE CARE  
FROM THE DOCTOR OF THEIR CHOICE

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### ACA – Coverage Re-cap

- Relatively few individual/small business plans that don't meet numerous ACA regulatory requirements allowed to continue
- Individual pays tax penalty if don't acquire insurance coverage

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### ACA – Coverage Re-cap

- Employers +50 FTEs pay tax penalty if don't provide minimum value, affordable coverage
- Legal residents with incomes between 133 – 400% of poverty receive premium support tax credits; reduced cost sharing assistance below 200% -- Below 133% of Poverty go into Medicaid (Supreme Court made this a state option)

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## ACA – Coverage Re-cap

- Calendar Year 2014 = First Program Year; enrollment starts 10/1/14
- All financed by several revenues and reductions in Medicare reimbursement to providers

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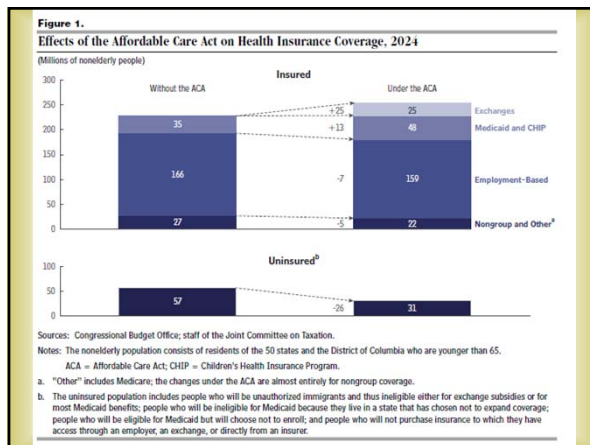
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## So Where Does This Leave Us Now?

- Partisans continue to spin their views
- Administration avoided a launch pad explosion but suffered political damage from *"if you like your plan you can keep it"* and competence questions.

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## So Where Does This Leave Us Now?

- Absent the election of a Republican to the White House, it will continue to be implemented
- "Obamacare" is a Marathon not a Sprint – it continues to be a large national experiment and a work in progress

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## RURAL MEDICINE and the ACA

- Support for critical access hospitals (will this fall by the wayside?)
- Malpractice- not addressed
- Workforce issues- not addressed

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## RURAL MEDICINE and the ACA

- The solo practitioner-not encouraged
  - Regulations
  - Coding
  - Bundling of payments
  - EMR
  - Education, CME, Coverage

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## Accountable Care Organizations (ACO's)

In an accountable care organization (ACO), a network of providers shares the financial risk and responsibility for healthcare management and service delivery for a large group of patients

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## ACO ACA Incentivizes Development

- 32 pioneer ACO's
- 9 exited the first year- financial and organizational concerns
- 4 exited the 2<sup>nd</sup> year
- Will the ACO cover their patient population out of system?

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## HCAHPS

Hospital Consumer  
Assessment of Healthcare  
Providers and Systems

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## HCAHPS

- 32 item survey tool
- Administered to random sample inpatients 48 hrs to 6 weeks post discharge
- Addresses the inpatient experience from communication to cleanliness

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## HCAHPS

- Results publicly reported and compared
- CMS and the HCAPS project team (HPT)
- Tasked with fair and accurate comparisons across hospitals
- Can you compare urban/rural

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## Technology and EMR's

- Paper charting will be of historical interest only
- EMR's inevitable
  - Expensive
  - Time saving?
  - Complex
  - Designed for billing
  - Compatibility issues

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## Telemedicine

- E-ICU
- E-Emergency
- Quality Assurance
- Wave of the future?

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## Lifestyle

- On Call
- Availability
- Coverage
- CME
- Family
- Time off

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### Advanced Practice Providers

- Working relationship with physicians
- Maintain quality care
- May be a key to survival

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### Keys to Survival

- Pride in rural healthcare
- Technology
- ACA-continue to monitor
- Seek expertise to comply with massive regulations/coding etc.
- Association with large health care systems
- Maintain lifestyle

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## Keys to Survival

- Advanced Practice providers
- Continuing medical education
- Quality care
- Communicate
- Be a good person and provide compassionate care
- Become involved (local, state, federal)
- Join Societies

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