

Statewide Trauma Advisory Council Teleconference  
August 21, 2008  
9:30a.m.-11:00a.m.

Conference Room  
Alabama Department of Public Health  
The RSA Tower  
Montgomery, Alabama

Members Present	Dr. Loring Rue, Chief Billy Pappas, Allen Foster, Beth Anderson, Bryan Kindred, Gary Gore, Dr. John Campbell, Dr. Donald Williamson
Members Absent	Dr. John Mark Vermillion, Dr. Rony Najjar
Staff Present	Dennis Blair, Verla Thomas, Robin Moore, Brian Hale, Choona Lang
Guests	Denise Louthain, Danne Howard, David Garmon

### Welcome

Dr. Williamson called the meeting to order with a welcome and roll call.

### Consideration of the Minutes of July 10, 2008

The Council recommended approval of the minutes of July 10, 2008, as distributed; the motion carried unanimously.

### Blue Cross/Blue Shield

Dr. Williamson reviewed information from Blue Cross/Blue Shield regarding trauma care reimbursement for hospitals and physicians.

The attached information includes data requested for the DRGs provided by Department of Public Health on trauma care reimbursement. (See attachment).

On August 26, 2008, Dr. Campbell will have a Trauma Funding sub committee meeting with surgeons to discuss funding.

Dr. Williamson gave an update from the budget and planning meeting with Jim Main. The figure \$60,000,000 was discussed for trauma.

### Hospital Entry Criteria

Dr. Campbell discussed the revised changes to the criteria for in-hospital medical personnel to enter a patient into the trauma system.

Revision as stated:

Physiological criteria are the same as pre-hospital with changes to #3 which states:

'Head trauma with Glasgow Coma Scale Score of 13 or less the level of trauma center to which this patient would be transferred would depend on

regional secondary triage criteria. Generally only GCS scores of 9 or less are triaged to a level I Trauma Hospital.'

Anatomical criteria are also the same with the exception of adding #8:  
'Significant internal injuries are found during hospital evaluation.'

Notes added:

1. Patients entered into the system for Physiologic criteria may be transferred by calling the Alabama Trauma Communications Center (ATCC).
2. Patients entered into the trauma system for Burn criteria may be transferred by calling the ATCC for availability of appropriate bed (floor vs. ICU) at ready burn center. When availability of a bed is confirmed, the ATCC will connect the transferring physician with the receiving surgeon (id immediately available) at the ready burn center to discuss any stabilization that should be done prior to transfer.
3. Facilities wishing to enter a patient into the trauma system for Anatomic or Mechanism of Injury criteria should call the ATCC who can identify the appropriate ready hospital and can facilitate the transferring physician consulting with a receiving physician to discuss the transfer.

The Council recommended approval of criteria for hospitals to enter a patient into the trauma system, as distributed; the motion carried unanimously.

### **RTAC Appointment Update**

The appointees list for the Regional Trauma Advisory Council was received from the Alabama Hospital Association and the Medical Association. These lists will be reformatted for each STAC member to vote on via email.

Dr. Rue suggested responding by electronic vote. All were in agreement to respond electronic by Thursday, August 28, lunch time. All responses will be e-mailed to Crystal.

### **Trauma System Update**

Dr. Campbell gave a brief update of the trauma system stats from North and BREMSS Regions. (See attached)

West Town Hall meeting has a projected date of October 9, 2008.  
(Meeting is currently on hold)

## **Pediatric Workgroup**

The Pediatric workgroup is currently working on the following items listed below:

Dr. Campbell is working on the air transport equipment information he received and will see if it matches the recommendations.

Dr. Baldwin will review the adult trauma criteria and tailor to fit pediatric patient, will develop a draft supply and equipment training requirement guide and will put together an outline for pediatric education for the workgroup to review.

Geni Smith will pole the nurses from the national trauma nurse association to identify the current training options.

David Garmon and Geni Smith will both try to get a copy of the ENA training course.

Verla will investigate the possibility of paying for a one day pediatric training course paid by EMSC.

Trauma Staff will bring the state map to the next meeting to start a pediatric care distance mapping.

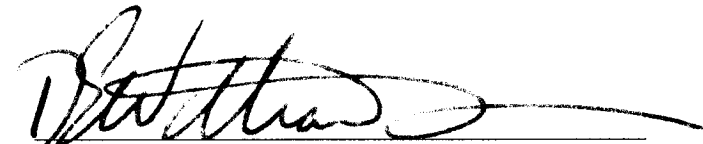
## **QI Workgroup**

The QI workgroup is currently reviewing the hospital component of the Trauma System, scene response times, under and over triage.

### **Next Meeting**

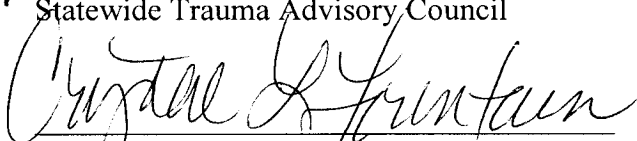
October 6, 2008, The RSA Tower, Suite 1586, 1:00p.m.-3:00p.m.

Meeting Adjourned 10:05a.m.



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Donald E. Williamson, M.D., Chairman  
Statewide Trauma Advisory Council



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Crystal L. Fountain, Administrative Assistant II  
Statewide Trauma Advisory Council

Approved October 6, 2008



**BlueCross BlueShield  
of Alabama**

August 15, 2008

Donald E. Williamson, M.D.  
State Health Officer  
State of Alabama Department of Public Health  
201 Monroe Street  
Montgomery, AL 36104

Dear Dr. Williamson:

In response to your request for information on trauma reimbursement for hospitals and physicians, you will find enclosed a report on trauma claims for Blue Cross and Blue Shield of Alabama's regular business and Medicare.

This information includes claims data for the DRGs provided in your request for both hospitals and physicians. The regular business information is for the reporting period of April 2007 to March 2008. The Medicare information is for the reporting period of October 2006 to September 2007.

In addition to overall totals for trauma claims, the combined total for the top 10 hospitals are shown for regular business and Medicare. Some hospitals in Alabama file Medicare claims with a carrier other than Blue Cross and Blue Shield of Alabama, and are, therefore, not included in the Medicare information.

Thank you for the opportunity to assist you in developing a funding distribution methodology for potential trauma funds. Please contact Barry Nichols at (205) 220-7718 if you have any questions.

Sincerely,

Joe Bolen, III  
Senior Vice President  
Health Care Networks

Enclosure

JBB/bn

**Blue Cross and Blue Shield of Alabama  
Trauma Claims Information  
Prepared for the Alabama Department of Public Health**

	<b>Count of hospital claims with a trauma DRG<sup>(1)</sup></b>	<b>Total allowed amount for trauma hospital claims</b>	<b>Total allowed amount for professional claims associated with trauma admits at hospitals</b>
<b>Regular Business <sup>(2)</sup></b>			
Top 10 Hospitals	4,451	\$60,826,983	\$7,325,647
Other Hospitals	3,620	\$33,212,111	\$4,325,493
<b>Total Alabama Hospitals</b>	<b>8,071</b>	<b>\$94,039,095</b>	<b>\$11,651,140</b>
<b>Medicare <sup>(3)</sup></b>			
Top 10 Hospitals	2,215	\$19,226,916	\$5,378,496
Other Hospitals	2,667	\$14,763,545	\$4,898,784
<b>Total Alabama Hospitals <sup>(4)</sup></b>	<b>4,882</b>	<b>\$33,990,460</b>	<b>\$10,277,280</b>

**Notes:**

- (1) Claims with a DRG matching the list provided by the Alabama Department of Public Health were included.  
(2) Regular Business information includes claims with paid dates of 4/1/2007 to 3/31/2008.  
(3) Medicare information includes claims with service dates of 10/1/2006 to 9/30/2007.  
(4) Some hospitals in Alabama do not file Medicare claims with Blue Cross and Blue Shield of Alabama. Therefore, not all Alabama hospitals are represented in the Medicare information.