TRAUMA CARE IN ALASKA 2016

In 2008, the American College of Surgeons conducted a review of Alaska's state-wide trauma system and made several recommendations.

In 2010 the Alaska Legislature passed the Trauma Fund Act (AS 18.08.085) creating grants to state certified trauma centers. Since passage of this act, there has been rapid and sustained development of an inclusive trauma system in Alaska.

The number of Alaska hospitals meeting the standards for trauma center designation has increased from 5 of 24 hospitals in 2009 (20%) to 17 hospitals currently (70%) -15 level IV (basic) and 2 level IIs (highest in Alaska). There still is a need for Level III trauma centers in mid-sized communities.

Alaskans now have quicker access to medical providers with special training in care of injured patients.

Better protocols and cooperation between hospitals working as a system have resulted in a decrease in patients in rural areas requiring two hospital evaluations and multiple medical transports to reach definitive care.

In 2014 there was a 33% decrease in double transports. Seriously injured patients are now more frequently brought directly to the hospitals where they can get definitive care. This resulted in approximately 50 fewer indirect air medical transports in 2015 compared to 2010.

The average cost for an air medical transport from the bush to Anchorage was $64,000. Approximately 20% of all trauma medical evacuations are Medicaid recipients.

Physicians in Fairbanks report that, since Providence Alaska Medical Center became a level II Trauma Center in February 2015, there has been a decrease in sending injured patients from Fairbanks to Harborview Trauma Center in Seattle.

Fairbanks to Seattle (Harborview) air ambulance transports cost $153,655. Fairbanks to Anchorage air ambulance transports cost $36,745. Sending trauma patients from Fairbanks to Anchorage instead of to Seattle results in significant savings in air ambulance transport costs.

Trauma centers provide teams of trauma trained medical professionals available to care for severely injured patients without delay. On notification of the pending arrival of a seriously injured patient, hospital resources and personnel are mobilized to be immediately available to evaluate, stabilize and treat the injuries. This is a proven approach that has resulted in up to a 25% reduction in death from serious injury.

Levels of trauma team activation are determined by the local community, state, and/or American College of Surgeons triage criteria, and are applied based on the medical condition of the patient.

Trauma centers, like EMS, fire and police departments, are available 24 hours, 7 days a week. Few trauma centers are publically financed in a similar manner to EMS, fire, and police which are primarily funded through local taxpayer dollars.

FUNDING and OPTIONS

From 2010-2015, $5.9 million was allocated and dispersed to the 17 designated trauma centers through the Alaska Trauma Fund. All money went to trauma training, equipment and personnel. A 2015 audit by DHSS showed all funds were used appropriately.

In FY 2016 no money was allocated to the trauma fund.

Most states use directed fees or surtaxes to fund their trauma systems. The Alaska Constitution makes this a difficult option due to the prohibition of dedicated funds.

1. **Appropriate money for the trauma fund**. This is a time of significant austerity but the trauma fund has been an excellent investment and has helped institute a system not just for treating injured patients but also a process for moving Alaskans with any time critical condition to the right place in the right amount of time.

2**. Permit Medicaid to pay for trauma team activations at designated trauma centers and require private insurers doing business in Alaska to pay for trauma activations**. In most of the U.S., the Centers for Medicare and Medicaid Services (CMS) and private insurers pay trauma activation fees to designated trauma centers for care of seriously injured patients. Prior notification by outside medical entities (i.e. EMS or transferring hospital) is required.

The trauma team activation fee was designed to better reimburse the cost of readiness and trauma team activation. Trauma team activations are based on levels of activation, determined by the local community, state, or the American College of Surgeons triage criteria, and are applied based on the patient's medical condition. Fees are based on the amount necessary to operate the trauma center for all who need it, but typically vary based on the level of activation.

The level of commitment by trauma centers coupled with the public expectation for high quality care requires trauma centers to make considerable investments in readiness.

Appropriation of money to the trauma fund and assuring that private insurance carriers in Alaska and Medicaid pay for trauma activations at designated trauma centers will help sustain the gains made in trauma system development. Lack of financial support to offset the costs of higher training and availability of qualified medical personnel threatens those gains. The cost of readiness is expended regardless of patient volume or insurance status. Allowing trauma centers to recoup some of their readiness costs will help sustain and develop our trauma system resulting in both improved patient care and outcomes and significant cost savings.

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