

Affordable Care Act offers opportunities to strengthen trauma systems

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Traumatic injuries are the leading cause of death and disability for people under the age of 45 and the fourth-leading cause of death for people of all ages. Much progress has been made over the last 50 years in developing statewide regionalized trauma systems to care for these injuries, but authors of a review appearing in the December issue of *Health Affairs*, believe more work is needed to ensure the right patient gets to the right place at the right time, and that the Affordable Care Act may offer opportunities to strengthen trauma systems.

In addition to the impact on individuals, family and society, trauma and its consequences contribute to the nation's rising health care costs. In 2010, trauma-related conditions accounted for \$82.3 billion in [health care expenditures](#), making that group of conditions the second most costly of all health conditions – surpassed only by [heart conditions](#).

Section 3505 of the Affordable Care Act authorizes \$100 million in annual grants to help defray substantial uncompensated care costs, further the core mission of trauma centers, and provide emergency relief to ensure the continued availability of trauma services. According the study authors, the funds have yet to be appropriated by Congress. They argue that full funding of these provisions is needed to stabilize statewide trauma systems that are struggling to survive, including those that provide regionalized care for other time-sensitive emergency conditions, such as stroke and heart conditions.

"Recent disasters, both manmade and natural, that injure many people

underscore the importance of sustaining a coordinated, regionalized approach to trauma and emergency care that is adequately funded and ready to respond in any region of the country," said A. Brent Eastman, immediate past president of the American College of Surgeons and lead author of the review.

Trauma systems provide a model of care consistent with the goals of the Affordable Care Act because they emphasize coordination among multiple [health care](#) professionals and institutions across the continuum of care. Similar to current health reform efforts, trauma systems depend on a strong federal-state partnership, with the development of guidelines and standards of care at the national level and their implementation at the state and local levels. Continued commitment to this model on the part of the states and the federal government is critical.

"Treatment of a serious injury in a level 1 or level 2 [trauma center](#) is expensive. However, such care is cost-effective, and overall savings can be realized if patients are treated at a level of care commensurate with the severity of their injuries. Effective communications among emergency medical services (EMS), including 911 call centers, dispatch agencies and transport agencies and between EMS providers and hospitals are critical in achieving this goal," said Ellen J. MacKenzie, PhD, co-author of the review and the Fred and Julie Soper Professor & Chair of the Johns Hopkins Bloomberg School of Public Health's Department of Health Policy and Management.

The reviewers conclude the sustainability and growth of a coordinated regionalized approach to trauma and critical care will require a strong federal-state partnership, a unified constituent base to advocate for public funding, and performance-based payment systems that incentivize trauma centers and EMS providers to work together towards achieving the common goal of getting the right patient to the right place in the right time. Avery B. Nathens, surgeon in chief and professor of surgery

at the Sunnybrook Health Services Centre in Toronto contributed to this review.

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