



DISCUSSION TOPIC Resource Investments

From the report: The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Resource Investments into our system. Department of Health needs your input into understanding some common themes in the recommendations. In this breakout session we will explore opportunities for investing our resources, what strategies might help our state better achieve that balance of capacity and system efficiency, and recommendations around centralization or standardization.

Summary of recommendations related to this breakout session

- Increase funding to better support services assuming greater responsibility and risk within the system
- Increase resources for system capacity/redundancy that will improve patient safety and increase resiliency
- Increase resources for injury prevention activities and increase strategic partner engagement at both the state and regional level
- Increase resources for EMS and trauma system performance improvement to support state and regional Performance Improvement activities.
- Support for state resources to sustain the cardiac and stroke systems for the long term
- Increase resources to support medical oversight at both the state and county level
- Communicate the value of the time critical services to policy makers and the general public

Outline of Group Discussion on Resource Investments

Themes from the ACS Report

- Funding
- Capacity
- Statewide standardization of approaches
- De-duplication of resources and achieve efficiencies

Questions for Breakout Groups

- Considering the current distribution of funding from the Trauma Care Fund what recommendations do you have for re-directing this funding in the future?
- Which activities do we need to direct more resources toward for our system to improve patient safety and outcomes?
- What new activities can we do to support request for additional funding?
- What products, processes, or activities should be standardized to gain system efficiencies?

Background Information

The components of the Emergency Care System are based on a model of the continuum of care which includes injury prevention, prehospital, hospital, rehabilitation, and system evaluation. Together, the components within the system provide a holistic approach to caring for time sensitive emergencies.

Funding for the Emergency Care System (EMS, trauma, cardiac and stroke) comes from four sources:

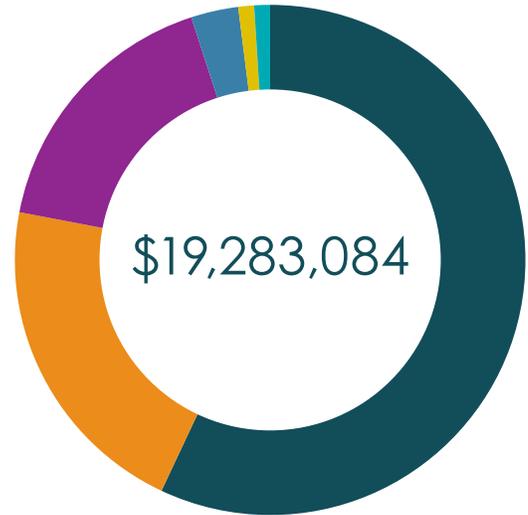
- General Fund State (GF-S)
- Dedicated state funds (trauma fund)
- Federal (Medicaid) matching funds
- Federal grants (CDC, HRSA)

General fund state (GF-S) funding is appropriated by the legislature. GF-S is the primary revenue source for development, operations and management of the state EMS and trauma program.

Dedicated funds consist of revenue from two fees: a \$6.50 administrative fee on the purchase or lease of new or used vehicles; and a \$5 surcharge on moving violations. These are deposited into state trust account for the trauma system. Funds from this account are disbursed as pass through (grants) to system providers and used to supplement trauma care to severely injured Medicaid patients. The supplemental payments are matched by federal Medicaid funds as part of our state plan with CMS.

Federal grants from CDC and HRSA fund our Coverdell Stroke, Emergency Medical Services for Children and Emergency Cardiac and Stroke programs. Financial oversight for these federal grants is provided by Department of Health with input from respective stakeholder advisory committees.

Some additional smaller sources of funding are used for particular elements of the system, e.g. fees are collected from hospitals to offset part of the cost of trauma designation, some EMS agencies are supported by local levies, etc.



Trauma Care Fund Disbursements per Year (Total Computable)

● Hospital Supplemental Medicaid	\$11,000,000	57%
● Physician Supplemental Medicaid	\$4,000,000	21%
● Hospital Grants	\$3,356,255	17%
● EMS Grants	\$559,438	3%
● MPD Grants	\$198,900	1%
● Rehabilitation Grants	\$168,492	1%

Flow of Trauma Care Funds

