

24/7 trauma care costly

By Michael Davis
Staff Writer

Erlanger hospital's trauma intensive care unit gets some costly, long-term cases. Trauma surgeon Bob Maxwell recalls one that spiraled over \$1 million.

The young man was hit by a car in a vehicle-pedestrian accident, and he suffered spinal cord trauma and severe hemorrhagic shock. He was on a respirator for about four months.

Dr. Maxwell estimates the costs rose to \$1.2 million. The patient went on TennCare at some point during his seven-month hospital stay, but Dr. Maxwell said the state health insurance program wouldn't have reimbursed much of the expense.

"There are several of those every year, maybe not that expensive, but in the \$600,000-to-\$700,000 range," said Dr. Maxwell, program director for surgical critical care fellowship at the University of Tennessee College of Medicine.

Across the state, Tennessee's six level 1 trauma centers -- including Erlanger and hospitals in Knoxville, Memphis, Nashville, Kingsport and Johnson City -- spend tens of millions of dollars treating patients who can't afford the expensive bills related to vehicular accidents, falls and other traumas.

While hospital executives and trauma surgeons stress the importance of providing 24/7 services when lives are on the line, they want the state government to help them pay for this costly care. The Tennessee Hospital Association is backing legislation, yet to be filed, that would create a funding pool to help hospitals pay for trauma services across the state.

Anne Carr, lobbyist for the Tennessee Public and Teaching Hospital Association, said it's realistic for the fund to get \$20 million to \$30 million each year, with the money going to the state's level 1, 2 and 3 trauma centers and possibly other hospitals that provide more limited trauma care.

"This would be a huge boost," Ms. Carr said. "It would say that everybody understands that we need to keep the trauma system we've got."

Paying the price

Erlanger alone lost more than \$17 million from total uncompensated trauma care -- including unreimbursed TennCare costs and charity and indigent care -- for the 2005-06 fiscal year, officials said.

Erlanger's uncompensated cost figure for trauma care includes services provided not only for Tennesseans, but also for out-of-state residents.

"It's harder and harder for us to hold this thing together," Erlanger Chief Executive Officer Jim Brexler said.

Officials say potential state funding -- even diffused across the state -- is a start in helping trauma centers shoulder the huge costs of the expensive services.

"I think this money would go a long way to mend some of the holes in the system," said Dr. Donald Barker, a trauma and critical care surgeon and director of trauma services for Erlanger.

Dr. Maxwell said roughly 20 percent of Erlanger's trauma patients are completely uninsured, so many times there's no compensation. He and others who treat patients in the trauma intensive care unit agreed that physicians don't get into trauma for the money.

"It's like opening a car lot and saying, 'I want to give 20 percent of my cars away,' " Dr. Maxwell said.

The specifics of the trauma funding pool proposal have yet to be ironed out, and although advocates are optimistic, it is unclear what, if any, traction the proposed bill would have this year.

Lydia Lenker, press secretary for Gov. Phil Bredesen, declined comment.

"It is the governor's practice to study an issue before offering comment," she said in a statement.

Finding the funding

State Sen. Bo Watson, R-Hixson, a physical therapist at Parkridge Medical Center, said when the legislators looked at the proposal in the past, some lawmakers were concerned a trauma pool might take away other needed funding for hospitals.

But he said the creation of new funding sources, which is being discussed, would make the legislation "more acceptable."

Still, lawmakers will have to consider this request among the many others in health care, Sen. Watson said.

"I think we are sympathetic and sensitive to the plight of the trauma centers, but they are part of the entire plight we have with the hospitals and health care centers," he said.

Ms. Carr, with the Tennessee Public and Teaching Hospital Association, said backers of the proposal want to develop a permanent source of funding. Some states pay for a pool with sin taxes on certain items, while others have increased penalties on traffic violations, she said.

Meanwhile, she said, proponents of the legislation soon will begin a campaign to educate the public on trauma services. It's a service that trauma doctors believe is critical to the community.

"We just don't want to see it go away because we've seen it do so much good over the years," Dr. Barker said.

Despite the financial challenges, Erlanger CEO Mr. Brexler said trauma would be one of the last services on the chopping block.

"It is so core to who we are that it'd be one of the last things we'd stop doing," he said.

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