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**STATE TRAUMA CENTERS WORK TOGETHER TO RAISE AWARENESS
ABOUT COST OF CRITICAL CARE FOR ALL TENNESSEANS**

KNOXVILLE, Tenn. – The hospitals operating the 10 trauma centers in Tennessee, including The University of Tennessee Medical Center, announced today the launch of a statewide educational campaign aimed at keeping intact the state's network of critical care services for all Tennessee residents by raising awareness about the financial

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challenges required to operate a trauma center. The cost of providing trauma care far exceeds the reimbursements received by trauma centers.

“To meet the most critical needs required by trauma victims, trauma centers must spend far more than the typical operational costs of other hospital services by remaining prepared to help patients around the clock,” said Dr. Blaine Enderson, trauma medical director at The University of Tennessee Medical Center. “Trauma centers must be staffed with specialized physicians and nurses and ready with specialized equipment 24 hours a day, seven days a week. Since any Tennessee resident may require the services of a Tennessee trauma center at any time, the issue of the overwhelming amount of funding required to operate one of these specialized centers must be addressed, especially given the recent history of trauma center closures.”

In the past 18 months, 32 hospitals across the nation have closed their trauma centers. In Tennessee, two Level II and three Level III trauma centers operating within community hospitals have closed since 2002. Many hospital administrators point to the high costs of operating trauma centers and the increasing number of patients who are uninsured and incapable of paying for services as serious challenges.

“The Tennessee trauma system is at risk,” said Dr. Julie Dunn, chair of the state Trauma Care Advisory Council. “No one is immune from the specter of traumatic injury: the rich, poor, young, old, urban, suburban and rural. The average person has a smaller risk of cancer than the risk they will have some kind of traumatic injury.”

About 18,000 patients receive care annually in Tennessee trauma centers. Of that total, about 15,000 receive definitive care in a Level I center, such as The University of Tennessee Medical Center, the rest in the state’s one Level II or three Level III centers. The largest number of trauma center patients are victims of automobile accidents.

“Our trauma centers our essential. Trauma is the number one cause of death for people from birth to age 45,” Dr. Enderson said. “As a trauma surgeon, I work as hard as I can to save the life of every single patient in my trauma center, regardless of that person’s ability to pay. But at the end of the day, as chief of trauma, I also realize there must be a better way to fund the costs for trauma centers, to ensure that all of Tennessee’s trauma centers can continue to operate.”

Over the next several weeks, trauma centers across the state will embark on an education campaign to raise awareness of the trauma system and the financial pressures that threaten its continued viability.

Basic facts about trauma

Trauma injuries tend to be found more in the young than the old, more in men than in women, said Dr. Enderson.

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Patients have the greatest chance for recovery if they can be treated within one hour of the incident. This is known as the “golden hour.”

Tennessee’s trauma system funding problem is not unique. Health and elected officials are discussing similar problems across the country, including in neighboring states like Georgia and Mississippi. In the last 18 months, 32 trauma centers across the country have closed.

Today, every Tennessean is within 100 air miles of a Level I trauma center.

Local trauma statistics

The University of Tennessee Medical Center treated 3,712 trauma patients in 2006. Victims of motor vehicle crashes and falls account for approximately 70 percent of the Medical Center’s trauma admissions.

Sixty-five percent of the 2005 admissions were male. More than half (1,997) were under the age of 40. The overwhelming majority of trauma cases at The University of Tennessee Medical Center were Tennesseans, but patients from out-of-state are not rare.

“Most trauma is from motor vehicle accidents. Knoxville is the intersection of two major interstates, so it makes sense that we would see a number of patients from other states,” Dr. Enderson said.

At the Medical Center, more trauma cases are admitted on the weekends than weekdays. Warmer months are busier than colder months – reflecting the time when younger people are out of school or in their cars.

The trauma funding conundrum

Tennessee implemented a trauma care system in 1988. By 2002, there were six Level I centers, three Level II and four Level III centers across the state.

Rising costs have forced many of these centers to close. Today, there are six Level I centers, one Level II and three Level III centers. Still, every Tennessee county is within 100 air miles of a Level I center.

Trauma centers are disproportionately more expensive to operate than other hospital services. Administrators point to a growing number of trauma patients who lack the means to pay or are not covered by any kind of insurance. According to Dr. Dunn, Tennessee’s six Level I trauma centers reported \$37.6 million in uncompensated

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trauma care in 2005. Additionally, each Level I trauma center incurs an additional “readiness cost” of about \$14 million per year, Dr. Dunn said.

The financial pressures on the trauma system are causing other problems as well. Specialty physicians are increasingly opting out of trauma services due to rising malpractice insurance rates and the brutal demands of being on call 24/7.

“The age group most susceptible to trauma is increasingly underinsured or not insured at all,” said Dr. Dunn. “Hospitals have traditionally underwritten the shortfall, but they have their own funding issues. We have to begin now to look for some common sense, long-term funding mechanism to ensure our trauma system remains in place.”

Dr. Dunn said the trauma task force will continue discussions with the Bredeben administration and General Assembly to find a solution to the funding issue.

To learn more about this issue, visit www.tntrauma.org.

The University of Tennessee Medical Center is a 581-bed, not-for-profit academic medical center, which serves as a referral center for eastern Tennessee, southeast Kentucky and western North Carolina. The Medical Center, the region’s only Level I trauma center, is one of the largest employers in Knoxville. For more information about The University of Tennessee Medical Center, visit www.utmedicalcenter.org.

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