Maryland Institute for Emergency Medical Services Systems

Maryland Health Care Commission

Trauma Physician Services Fund Recommendations Discussion

Maryland Commission to Study Trauma Funding

November 21, 2023

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Meeting #4
Agenda

1. Welcome and Introductions
2. Recap of Trauma Cost Survey and the Analysis of Hospital Utilization Data
3. Recommendation Discussion:
    a. Overview of TraumaNet recommendations
    b. Overview of Johns Hopkins Health Recommendations
    c. MHCC Recommendations
    d. Review of the Comprehensive List of Recommendations
4. Next Steps:
    e. Plans for the Report to the General Assembly
    f. Next Meeting Date – December? at 1:00 PM
    g. Draft Legislation (?)

Recap of Trauma Cost Survey and the Analysis of Hospital Utilization Data

Recommendation Discussion

Overview of Johns Hopkins Health Recommendations

Increase Flexibility

On-Call Costs: Spending to ensure the availability of the required on-call providers has far outpaced other needs.

Ideas on how to achieve this include:

Removing the limitations due to allowed hours caps and Reasonable Compensation Equivalent (RCE) amounts by providing each trauma center with a specific dollar amount (or percent of Trauma Fund) to cover a portion of the on-call costs.

Increase Flexibility con't

Alternatively, if the preference is to keep limits and formulas in Statute, there are other changes that could be considered:

- Increasing the hour limits for on-call reimbursement for each trauma level;
- Increasing the provider/physician type allowed to receive reimbursement for on-call costs through the Trauma Fund; and
- Updating the formulas, so reimbursement is not based on Reasonable Compensation Equivalent, but rather a statewide average for the salary of each subsidized provider type.

Increase Flexibility con't

Other Costs

The allowable uses of the Trauma Fund should be expanded to support:

- Not only the clinical services provided by each trauma center but also the community-based services as well, such as injury and violence prevention education programs;
- Trauma survivorship programs; and
- The Fund should be allowed to support capital costs associated with upgrading hospital space to accommodate the trauma service, such as dedicated trauma bays. (This could be done by updating the guidelines to the Equipment Grants currently allowed in the Trauma Fund).

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Increase Funding

The Trauma Fund is currently funded through a $5 surcharge on motor vehicle registrations, which has not been increased since it was created in 2003.

- The Maryland Health Care Commission estimates that the Fund would recoup $2 million for every $1 the fee is increased.

Longer Term Considerations

It would be helpful for the work of this Commission, or a similar Commission, to extend for another year to evaluate the State support for the specialty trauma centers.

There are several specialty trauma centers throughout the State, of which Johns Hopkins runs three:

- the Adult Burn Center at Johns Hopkins Bayview Medical Center;
- the Pediatric Burn Center at Johns Hopkins Children's Center; and
- the Wilmer Eye Institute at the Johns Hopkins Hospital.

Sustainability of these programs has been absent from the conversation of State support for the Trauma System.

Longer Term Considerations con't

If the work of this Commission were to continue, there could also be consideration of other financing options for trauma centers outside of the Trauma Fund.

- For example, the Commission could look at the cost and benefit of a State-based trauma activation fee outside of the hospital rate setting system as is done in many other States.
- Additionally, considerations should be made for the sustainability of the recommendations for immediate changes.
- The Commission should recommend regular increases to the surcharge and evaluation of the needs of trauma centers for alignment of the uses of the Trauma Fund.

Overview of MHCC Recommendations

A. Recommendations Pertaining to HSCRC's Authority to Establish Hospital Rates

- HSCRC should continue to include costs already included and should *consider* adding the costs that are currently not incorporated. Information on trauma costs should be provided in a transparent manner.

- HSCRC should study the feasibility of allowing trauma center hospitals to bill trauma activation fees *in lieu of the approach currently utilized today related to trauma costs.*

  (*Should HSCRC implement trauma activation fees, consideration should be give appropriately scale the activation fees to the scope of the trauma team that needs to be activated*).

B. Recommendations Pertaining to Changes in Trauma Center Regulations

When COMAR 30.08 Designation of Trauma and Specialty Referral Centers is next open for review, the review panel should consider efficiencies that could reduce administrative and clinical costs.

C. Recommendations to the Medicaid Administration

Medicaid shall conduct a periodic audit to confirm that Medicaid MCOs are appropriately reimbursing trauma providers at the Medicare rates.

D. Recommendations To Modify the Existing Scope of the Maryland Trauma Physician Services Fund (Fund)

1) The General Assembly should give Maryland Health Care Commission more discretion in distributing funds.

a. The cap on trauma equipment grants should be removed.

b. The MHCC should be permitted to award other operating grants subject to the availability of funds.

c. The MHCC should be directed to maintain a Fund reserve of no more than 10% of total MVA revenue in a given year and given the ability to disburse these funds above the 10% reserve requirement.

d. MHCC should be given authority to reimburse non-physician practitioners operating at the trauma center hospital to receive uncompensated care and Medicaid underpay adjustments from the Fund.

D. Recommendations To Modify the Existing Scope of the Maryland Trauma Physician Services Fund (Fund) con't

2) On-call payments from the Trauma Fund should be expanded to an of average 50% of trauma on-call stipends.

3) Hospitals that pay on-call stipends for non-surgical specialties should be eligible to collect a portion of those costs from the Trauma Fund.

D. Recommendations To Modify the Existing Scope of the Maryland Trauma Physician Services Fund (Fund) con't

4) Hospitals that pay standby stipends (which are allowable hospital costs) for non-surgical specialties (Emergency medicine and critical care), other surgical specialties (cardiac, hand; microvascular replant or flaps, obstetric and gynecologic, ophthalmic, maxillofacial, otorhinolaryngologic, pediatric, plastic, thoracic, urologic, and vascular) other non-surgical (cardiology, pulmonary medicine, interventional radiology, interventional angiography, pediatrics, gastroenterology, infectious disease, internal medicine, nephrology, neurology, pathology, physiatry, psychiatry) **should be eligible to collect a portion of those costs through HSCRC rates.**

Review of the Comprehensive List of Recommendations

Next Steps

- Plans for the Report to the General Assembly
- Next Meeting Date – December? at 1:00 PM
- Draft Legislation (?)