

HEALTH SYSTEM MERGER

Trauma center consolidation hinges on need

NATHAN BAKER • FEB 20, 2016 AT 4:42 PM

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If the merger of the region's two hospital systems is approved by Tennessee and Virginia, it could mean the loss of one of the Tri-Cities' Level I Trauma Centers.

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□ In public speeches and documents, the leaders of both Wellmont Health System and Mountain States Health Alliance have pointed to the two existing centers for treatment to major injuries — one at Johnson City Medical Center and one at Kingsport’s Holston Valley Medical Center — as examples of wasteful competition and areas where money could be saved.

□ Most recently, in applications filed with the departments of health for Virginia and Tennessee seeking regulatory approval for the proposed merger, the systems wrote consolidation of the trauma centers “would likely result in lower cost and improved outcomes.”

□ “One example of duplicative services the New Health System can potentially consolidate is the area’s two Level I Trauma Centers, which are expensive to maintain and redundant in a region with low population density,” the document reads. “No other region in Tennessee operates two Level I centers.”

Trauma centers are specialized functions of hospitals that deal specifically with traumatic injuries, usually from falls, vehicle accidents, gunshots and knife wounds.

Level I is a designation conferred on them by state governments, usually meaning the centers are staffed around the clock with specialized surgeons and contain medical equipment designed to deal with the most serious injuries. Both local hospitals contract with air ambulance services to transport patients to the centers by helicopter.

Tennessee contains six hospitals with Level I trauma centers, in the metropolitan areas of Knoxville, Chattanooga, Nashville, Memphis and the Tri-Cities.

Using a measure touted by the Tennessee Department of Health’s Trauma Care Advisory Council, nearly all of the state’s residents are within 100 air miles of an

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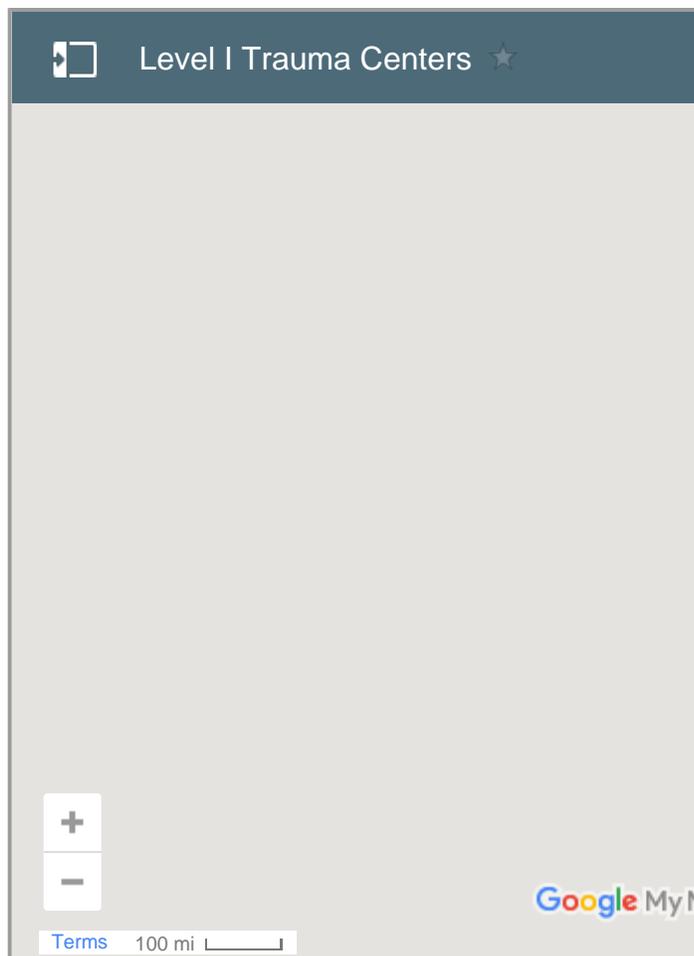
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in-state Level I trauma center.

With 20 miles between the Tri-Cities' two centers, there is much overlap in their 100-mile radiuses. There are also nine other hospitals in surrounding states whose 100-mile radiuses reach into those of the two local facilities.

Use the map below to discover the Tri-Cities' Level I trauma centers and others within 100-mile radiuses:



Though a 2007 state law provides some funding to hospitals for maintaining trauma centers, much of the expense of operating them is not recouped, according to state emergency medical officials.

“Trauma care often represents a significant portion of the total unreimbursed care for all trauma care providers,” according to the state Health Department’s Trauma Care Plan. “Major hospital reimbursement methods do not provide adequate

coverage for the costs of delivering care to patients with multiple injuries. Level I trauma centers receive a disproportionate number of trauma patients with lower socio-economic backgrounds, decreased insurance rates, and increased unemployment rates. Interpersonal violence contributes significantly to the financial problem for major trauma centers.”

Ian Weston, Executive Director of the American Trauma Society, said maintaining Level I trauma centers “costs a ton of money,” for hospitals, but, if a community can financially support them, then each center is needed.

“There are large portions of the United States that are served by multiple trauma centers,” he said. “The Boston area has five Level Is. It’s based on whether the areas can support the inclusion of Level I trauma centers.”

Still, Weston said it’s not uncommon for hospitals to downgrade the levels of their trauma centers to levels with less stringent requirements if patient revenues are not able to support their operation.

But a distance of 20 miles could mean a difference of 10 minutes of travel time by air or 20 minutes by ground ambulance if a helicopter is unavailable. The time could eat into “the golden hour,” a 60-minute window after a major traumatic injury in which medical professionals believe it’s critical to get a patient to treatment.

“There is a direct correlation between advanced levels of care and morbidity and mortality rates,” Weston said. “Getting the patient to a Level I or II trauma center in a one-hour time period from time of injury dramatically decreases mortality and increases the chances of surviving a serious injury.”

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