
NTDB® data points

Uncovered and underpaid

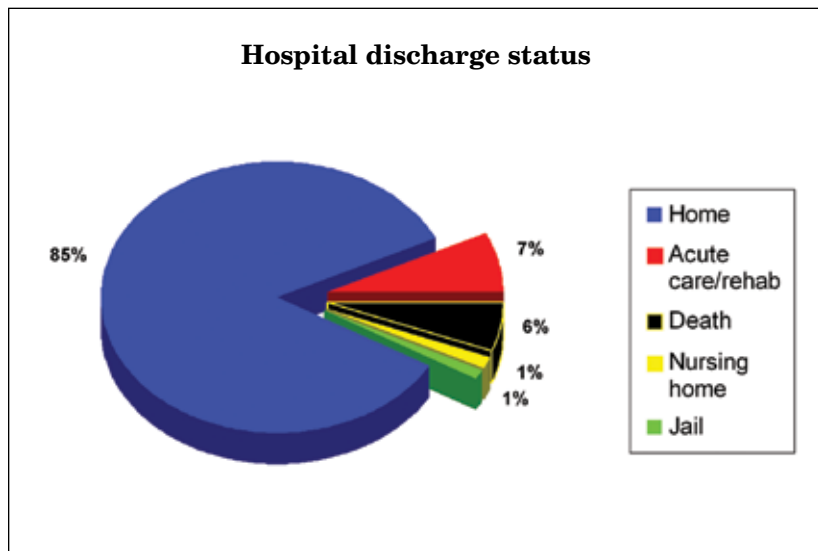
by Richard J. Fantus, MD, FACS

We are in the midst of a Presidential election and the final answer for the next four years is right around the corner. Unfortunately, most of the rhetoric during the primaries has been bickering among the candidates as opposed to addressing the real issues, including the looming public health crisis: the continually growing number of Americans without health insurance.

Annual census bureau estimates for 2006 revealed that there were 47 million people (almost 16 percent of the U.S. population) without health insurance. The number of uninsured Americans has increased 22 percent since 2000. It is getting harder for working people to get insurance.

A large number of the young workforce is in entry-level jobs that do not provide health care benefits. In fact, the number of uninsured full-time workers rose to a staggering 22 million in 2006 (<http://www.census.gov/hhes/www/hlthins/hlthin06.html>).

In order to examine the occurrence of patients without health care coverage in the National Trauma Data Bank® Dataset 7.1, records were searched by the “self-pay” payment type. Out of 1,926,245 incidents, there were



278,473 incidents where the payment type was self-pay—approximately 15 percent of the total incidents. Among the self-pay records, there were 253,336 records that had discharge status recorded, including 214,023 discharged to home, 18,082 to acute care/rehabilitation, 3,119 to nursing homes, and 3,046 to jail; 15,066 died. (These data are displayed in the graph on this page.)

The patients were 78.1 percent male and on average 32.4 years of age, with an average length of hospital stay of 4.2 days and an average injury severity score of 9.6. Of

those also tested for alcohol, 40 percent tested positive and of those tested for drugs, more than half tested positive.

Health care is often considered a right, not a privilege. Individuals in all walks of life, of all ages, of all races, and of all colors should have health care and proper coverage. As one goes to the polls this fall, it is incumbent upon him or her to cast a vote in a way that will improve the state of health care for all. The current system is not sustainable, the American people cannot continue to be uncovered, and the health care system cannot continue

to be underpaid.

The full NTDB *Annual Report Version 7.0* is available on the ACS Web site as a PDF and a PowerPoint presentation at <http://www.ntdb.org>.

If you are interested in submitting your trauma center's

data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.

Acknowledgment

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Dr. Fantus is director, trauma services, and chief, section of surgical critical care, Advocate Illinois Masonic Medical Center, and clinical professor of surgery, University of Illinois College of Medicine, Chicago, IL. He is Chair of the ad hoc Trauma Registry Advisory Committee of the Committee on Trauma.

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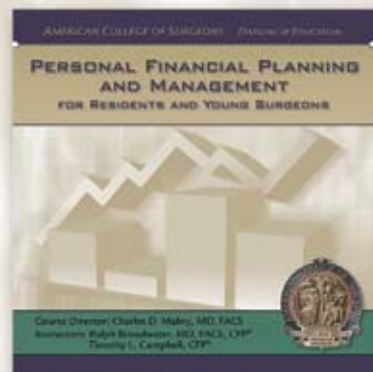
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