Governance Framework for a National Trauma System

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Current status: Civilian

- It's easy: There isn't any
- Our current national system is a patchwork
  - Some areas well served
  - Most areas underserved
  - An increasing number are likely overserved
- Very few systems built at a public policy level
  - Operating principles well established among stakeholders
  - Conflicts based on self-interested interpretations
  - Very few strong lead agencies with true authority and mandate

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Current Status: Civilian

- Increasing local challenges to existing systems
  - Trauma center designation has become highly contentious
  - System stability may be dependent upon market factors
  - The gains the have been achieved may be at risk
- A choice we have faced before. Is the problem of injury:
  - A ministry?: A huge public health problem in need of a policy solution
  - An industry?: A problem in commodities, to be solved by the market

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Current Status: Military

- It's easy, there isn't any
- Military trauma systems are built to care for war casualties
  - Injury care has not been a peace-time mission
  - Lessons learned in periods of conflict can be lost
  - Maintenance of training and readiness are difficult
- Responsibility for casualty care is distributed across services
  - No central command structure
  - No uniform approach
- Care in a current conflict has historically begun where the last conflict left off.

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Current Status: Military

- Imminent challenges to the existing system
  - Loss of experienced personnel
  - Loss of hard-earned knowledge
  - The gains that have been achieve may be at risk
- A choice we have faced before. Is the problem of injury care:
  - A dynamic system that must be consistent and operational at all times?
  - A system activated in time of war, that stands down in time of peace?

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What is new this time?

- The realization that injury is injury, regardless of circumstance
  - Military experience applies to the civilian world
  - Civilian experience applies to the military world
- A growing synergy between military and civilian providers
- An understanding that the systems are interdependent
- The NASEM committee was able to crystallize the vision
  - The need for a unified system for injury care
  - The need for strong central governance at the highest level

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Governance Structure: Military

- The top-down governance structure already exists
- The report recommends:
  - Authority flows from White House via the Secretary of Defense
  - Defense Health Agency be tasked with ensuring uniformity
- There 2017 NDAA contains language that prioritizes elements of a joint trauma system
- The military is actively engaged in establishing the elements of the Defense Trauma Enterprise
  - Identifying needed capabilities
  - Identifying and closing gaps

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Governance Structure: Civilian

- There is no clear structure or model for top-down governance
  - There hasn't been since 1776
  - It's not easy to develop policy solutions to anything
- The report recommends:
  - Authority flows from the White house via HHS
  - The exact locus is "a player to be named later"
- There is no clear public support for a policy level solution
- Establishing governance infrastructure is the first (and biggest) challenge

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The Constitutional Convention

"I do not conceive that we can exist long as a nation [trauma system] without... a power which will pervade the whole union."

- George Washington, 1786

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The Civil War

"Now we are engaged in a great civil war, testing whether this nation [trauma system], or any nation [trauma system] so conceived and so dedicated can long endure"

Abraham Lincoln - 1863

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Gaps/Challenges/Thoughts

- The public does not care about public health
  - **Imperative to focus on national security as the driver**
- No requirement to address injury as an issue
  - "Where you live determines whether you live"
- Maybe it's simply a matter of "herding cats with money"
  - Financial incentives don't align with system incentives
- What is the real "halo effect"?
  - Better patient care or better market share?
- Is the golden hour anything but a tool to gain market share
  - Trauma bocce/curling/shuffleboard

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The "Player to be Named Later"

- Nobody loves us within the Federal agencies
- Not clear where/what a central authority would be
- Trauma is only a small part of any given component
  - We should seek allies in specific operational areas
- Any new structure must integrate well with existing systems, especially the higher-functioning ones
- Standards should be developed by a multi-disciplinary non-governmental body, "the trauma community".
- Organ transplant program may provide an example

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Tactical Elements

- A needs assessment tool is critical: centers and systems
- Metrics for center/system performance are necessary
- A template for basic process improvement
- Public disclosure of outcome data may be useful
- Primary aim/motivation/urgency should tie to shortcomings of current system, in the context of readiness and national security

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Civilian Governance- Plan A Unified Central Authority

- Establish White House level directive
- Lead federal/national authority
  - Establishes requirement for states to address injury
  - Mandates minimal trauma system standards
  - Standards developed by a broad multidisciplinary community of trauma system stakeholders
- Local (e.g. state, regional, county) implementation of standards
- Enforcement of standards (teeth) through tie to existing Federal funding programs, and public reporting
- Leverage existing models (e.g. transplant)

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Civilian Governance- Plan B
Develop an Incremental Approach

- No unified central trauma system authority
- Multidisciplinary community of trauma system stakeholders develops minimal set of trauma system standards
- Develop incremental approach to provide incentives for specific system elements
    - Work with larger coalitions on areas of shared interest

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Next steps

- Proceed with option A, go big
- Establish primary focused aim of establishing comprehensive trauma system as a key element of national security
- Seek contact/support in new White House to support this aim
- Establish a working group, including external expertise, to determine where the central authority should best be located
- Establish a broad working group to establish basic trauma system requirements; high level, small number

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