

# Prices for trauma care at CT hospitals vary by thousands

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Two years after Connecticut lawmakers required hospitals to make the prices they charge to seriously injured patients public, reports from the state's trauma centers show the bills patients face can range by thousands of dollars.

Called trauma activation fees, the prices in question are charged to patients who came to the hospital with traumatic injuries, like severe burns, lost limbs, head injuries or gunshot wounds. In 2019, Connecticut's lawmakers were grappling with how to respond to reports of astronomical fees for the highest levels of critical care. They considered banning the fees — which only cover the expense for a team to respond to a trauma patient — entirely. Hospitals pushed back. The bipartisan measure in favor of price transparency was regarded as a first step.

But the move just to make the prices public achieved part of the goal already: Stamford Health, the Connecticut hospital with by far the highest prices, lowered its costs to line up with other trauma centers in the state.

While a trauma patient taken to the Stamford Hospital in 2019 could be charged as much as \$21,000 for the fee alone, the most that same patient would be charged this year is about \$9,000. Andie Jodko, communications director for Stamford Health, said in a statement the hospital revised its prices because of the transparency rule.

“Based on the reports issued last year, we were an outlier, so we worked to revise our charges to be more in line with other hospitals in our region,” Jodko said.

The revision took effect in September of 2020, she said, and isn't yet reflected in the two annual reports given to the Connecticut Office of Health Strategy and analyzed by Hearst Connecticut Media.

Sen. Martin Looney, D-New Haven and the Senate president, said trauma fees had been spotted as a potential problem in other states. The fees “seemed a little bit suspect,” Looney said, and with the information released showing a wide range in prices, he said he is interested in considering a law setting a cap on the fee.

“There may be some fee padding in certain places, if you have a range of that much,” he said. Stamford Health was not the only outlier to adjust its prices. The Backus Hospital in Norwich, part of the Hartford Healthcare system, dropped its rates after the price transparency rule, leading to a reduction of \$4,000 in the average charge per patient. But the hospital said in a statement the

change was unrelated to the legislation and was due to regular adjustments that happen each year.

Dr. Jonathan Gates, chief of trauma at Hartford Healthcare, said in testimony to state legislators in 2019 the trauma fees “provide marginal support against the high cost” of providing trauma services and “do not really reflect the expenses for all these resources required to be ready at all times.”

Gates said in an interview he would be open to engaging legislators on a price cap. “If they come to a logical fee cap, I think we would probably embrace that,” he said. “I think our range of fees is really reasonable.”

It is difficult to quantify the expense of everything that goes into having a trauma team ready at all hours, he said. Specialists often have decades of experience as well as constant training to stay sharp, and there is a cost to attracting and retaining those highly trained people, Gates said. The system operates three trauma centers in Connecticut, each designated at a different trauma level. The Backus Hospital, though it is assigned the lowest trauma level, sees many car and motorcycle crash victims because of its proximity to the highway.

“You can’t improve what you don’t measure,” Victoria Veltri, executive director of the Office of Health Strategy, said. “It makes the problem more actionable.”

The prices hospitals disclose to Connecticut’s Office of Health Strategy don’t reflect the reality of what most patients will end up seeing once they receive a bill. Hospitals generally negotiate a special rate with insurance companies for each kind of procedure or diagnosis, and that is the number patients will see on their bill. But if the person lacks insurance, the high numbers the Office of Health Strategy reports might be exactly what the patient sees on their bill, Veltri said. Depending on the specific plan the person has and whether they have hit their deductible, the patient will likely be liable for at least a portion of that price. About 5% of Connecticut’s population lacks insurance, according to the Kaiser Family Foundation.

Connecticut has 12 trauma centers, five of which are located in Fairfield County. Middlesex, Tolland and Windham counties lack a trauma center. About 8,600 patients received trauma care across those dozen hospitals.

Dr. Kevin Schuster, a general surgeon with the Yale School of Medicine and chair of the Committee On Trauma for the state of Connecticut, said a trauma response is expensive for a hospital and can involve many specialists.

In many instances, emergency responders let the hospital know they are incoming with a patient who will need a trauma level of care.

“A whole host of people that could be otherwise engaged in something else sort of descend upon the emergency department to provide immediate care to the patient that's arriving,” he said. But other providers could also initiate a trauma response after the patient arrives in the emergency department and it becomes clear they need a heightened level of care, Schuster said. Trauma and emergency teams are continuously trying to strike a balance between over-

responding to a patient who might not need the highest levels of care and missing patients who could fare worse if the right team doesn't respond immediately, he said.

Each hospital forms its own policies around trauma response, Schuster added.

Data available from the Office of Health Strategy shows the prices trauma centers tended to charge for their trauma fees were unrelated to how many cases they handle each year. For example, in 2019 the Hartford Hospital handled the most trauma cases of any hospital in the state — nearly 1,600 — but charged among the lowest fees, an average of about \$2,000 per patient. The Stamford Hospital, meanwhile, charged the highest fee of any hospital in 2020 — an average of almost \$16,000 per patient — but handled a below-average number of cases compared to its peers.

Ted Doolittle, the Connecticut's Healthcare Advocate, said he "doesn't like trauma activation fees and it would be wonderful if we could get away from them."

The costs present a particular problem because they are assessed just as a patient is seriously injured, likely out of work and low on expendable income, he said.

"It goes down the really bad American health care policy road of loading more and more expense onto people right when they're sick or injured and also right when their income could be impacted," Doolittle said. "It's exactly the wrong way to go."

Olga Armah, a research analyst with the Office of Health Strategy, said the office is awaiting a third year of reports from hospitals before drawing too many conclusions. She said another challenge is the fact that hospitals don't have to provide information about what they charge for different diagnoses, making it hard to judge the appropriateness of their prices.

With three years of information in-hand, the office will be able to draft a report to legislators, Armah said.

Len Fasano, the Republican leader in the state senate until his departure at the beginning of this year, worked with Looney on the legislation and said making prices public has value in of itself. "Price transparency breeds competition," he said. "It does breed a healthy environment where patients actually could make choices."