

*Peter T. Masiakos, M.S., M.D., FACS, FAAP
Associate Visiting Surgeon
Associate Professor, Harvard Medical School
Tel. 617-726-8839
Fax. 617-726-2167*

Dear Chairwoman Chen:

I write this letter as you requested, to emphasize to the members of the State Trauma Advisory Council (STAC) about the need to establish a trauma registry subcommittee (TRS) of the STAC. This TRS will be a small working group that will be charged with evaluating, assimilating the data that is available in the Trauma Registry in the Department of Public Health.

The subcommittee will be a nine-member committee, chaired by Frederick Millham, MD (former Chair of STC) who is well versed on the design and components of the trauma registry. This committee will encourage new ways of using and sharing data from the DPH trauma registry to improve access to health care. The registry subcommittee members will effectively and at little or no cost, evaluate trauma registry and other data already in the Commonwealth's hands, to identify specific areas that we can improve care, reduce outcome disparities, and learn where and how to work to prevent injury.

We would argue that the STC cannot do this work effectively in its current makeup and the need for a subcommittee focused on the trauma registry is needed for many reasons.

1. In 2000, the legislature established the State Trauma Committee (STC) as a body charged with trauma system development and improvement. To inform STC, a State Trauma Registry was also created. The State Trauma Registry data, collected on every patient injured sufficiently to be admitted to an emergency department since 2008. To date, the registry data has not been used by any agency to generate any publically reported analyses.
2. In 2013, in response to a request to help in generating data reports, the State Legislature appropriated \$150,000 to the DPH to hire a data analyst and Epidemiologist to facilitate data synthesis and reporting. To our knowledge, the funds were not used for this purpose. One reason that was given by DPH officials was that the data in the Trauma registry was duplicative and the language in the state's regulations prohibited the analysis of such data.
3. In response to DPH concerns, a legislative change in the regulations provided the necessary language for analysis of duplicative data and still nothing was done.
4. In parallel, a formal STC was disbanded and had not existed for 5 years. Only recently has the DPH reestablished this important committee which is intended to advise the state on trauma access and efficiency. Our inability to effectively access the trauma registry data in real time compromises our ability to evaluate and improve on our existing trauma system, making the STC impotent. Just recently, a story about ambulance availability has raised concerns about our

States' trauma infrastructure and points towards a potential failure of our trauma system if a mass casualty situation occurs. Mass casualty events like the Orlando and Las Vegas Shooting, depend on a functionally robust trauma system. **If we cannot continually assess our emergency preparedness and trauma outcomes through data driven processes, our ability to care for large numbers of injured citizens is compromised.**

The state trauma community and its providers cannot exist in this state of disarray. Traumatic injuries and disability due to opioid use in the young and falls among the elderly are significant and poorly understood problems in Massachusetts. The trauma commission is needed to address gaps in procedures and processes currently under the purview of the DPH.

Massachusetts is blessed to have clinicians, epidemiologists and statisticians who are world-experts in trauma care and prevention. In our current system, these experts are unable to work with Massachusetts data. A functioning Trauma Registry Subcommittee will correct this problem and make Massachusetts' residents safer while making the health care system better prepared to handle unfortunate but likely catastrophic events. Therefore, we looked to you to add this important request to our next STC agenda so that it can be discussed and voted upon. I am confident that we can assemble a highly functioning group of experts (volunteer) to put existing data to use for the citizens of the Commonwealth.

Respectfully,

Peter T. Masiakos, MS, MD, FACS, FAAP
Associate Professor, Harvard Medical School
Director, Pediatric Trauma Service, MGH/C