MO-ACHE Student Essay Award
Fostering Resilience in Trauma Care to Improve Outcomes and Social Program Solvency
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When faced with life-changing injuries, a major life status change often follows and can potentially lead to a path of disability and dependency (Tedeschi & Calhoun, 2004). Fear, depression, hopelessness, and anxiety are all common forms of psychological distress that accompany the physical pain and discomfort of severe injuries, which can exacerbate conditions further and lead to prolonged poor quality of life and the development of posttraumatic stress disorder (PTSD) (Sobel, 1995; Pirente et al., 2007). A traumatically injured patient faces two major issues: the injury itself and the trauma that created the injury. The physical, psychological, and social consequences of trauma all play a role in how a patient adapts during recovery. As with physical needs, if the psychological and social needs are not addressed, it's more likely that quality of life will deteriorate and optimal post-traumatic growth will not be achieved. Resilience is a crucial component of post-traumatic growth that helps one thrive when facing adversity (White et al., 2008). It is largely responsible for the way individuals adapt to extremely adverse circumstances and gain an understanding of both the trauma and its negative psychological impact. To ensure trauma patients achieve optimal posttraumatic growth, it is important to address several integral health-related constructs. Providing innovative holistic and patient-centered care that nurtures resilience will empower a patient to thrive during recovery.

Individuals who experience major trauma without health insurance are especially susceptible to having a poor recovery because they lack access to a level of care that gives them the best chances for an optimal recovery and a return to productivity (Sacks et al., 2011; Nehra et al., 2016). These uninsured major trauma patients (UMTPs) have less access to necessary comprehensive health services, which subsequently leads to poorer health, life-long dependency

on social services, and increased economic burden on society (Institute of Medicine, 2001; Committee on Consequences of Uninsurance, 2004). The current solution to this problem is a permeable safety net that includes the Emergency Medical Treatment and Labor Act (EMTALA), Supplemental Security Insurance (SSI) or Social Security Disability Insurance (SSDI), and Medicaid and Medicare (Rupp and Riley, 2016).

Unfortunately, for those injured enough to able to obtain Social Security (SS) and Medicaid, a necessary level of care isn't always covered by the state-run insurance plans. In Missouri (MO), a "209(b)" state, being eligible for SS does not automatically enroll one in Medicaid. Instead, we have a separate, more restrictive application process for Medicaid than SS. In fact, in MO, there's only a 38%-61% chance of gaining Medicaid eligibility during the first six months of being awarded SS benefits (Rupp and Riley, 2016). Medicare provides a more appropriate level of coverage than does Medicaid. Several studies report trauma patients with Medicare have greater access to a wider range of services and achieve better health outcomes than Medicaid trauma patients (Sacks et al., 2011; LePar et al., 2011; Hansen et al., 2014; Atlas et al., 2016; Nehra et al., 2016; Zogg et al., 2016). However, according to Section 226 of Title XVIII of the Social Security Act, an SS/Medicaid enrollee must wait two years to obtain Medicare coverage, forcing the patient to forego crucial care during a period that can influence the rest of the recovery (Nehra et al., 2016).

In 2015, SSM Health Saint Louis University Hospital (SSM SLUH) alone had almost 2,000 Level 1 and Level 2 Trauma cases in the emergency department, including industrial and agricultural accidents, motor vehicle crashes, amputations, gun shot wounds, assaults, falls from

greater than 20 feet, and many others causes of serious injury (Golden, 2016). Major trauma patients are brought to SSM SLUH emergency department from within city limits and as far as southern Missouri (MO) and Illinois (IL). Because the uninsured rate in MO and IL are near 10% (Wilbers et al., 2016; Illinois Dept. of Insurance, 2016), there are a potentially large number of MO and IL residents who will become severely injured and not have access to care that ensures a thriving recovery.

I was one of those individuals. In June 2012, I was catastrophically injured after being mauled by two adult male chimpanzees at a sanctuary in South Africa. I was physically torn apart and my world had been shattered. Furthermore, I was an uninsured, 26-year "young invincible". Although my condition improved while in the hospital in South Africa, it wasn't until I started receiving care at SSM SLUH that my real recovery began. My interdisciplinary health care team was already in place and planning my treatment by the time I arrived and immediately went to work. I also started receiving SSDI, Medicaid, and after two years, Medicare. After 26 surgeries and countless hours of holistic rehabilitation, I can truly say that I am thriving. I was even able to call SS and CMS, thank them, and discontinue my benefits because I became employed and started purchasing my own insurance.

Because not everyone is not able to receive charity care or has a group of friends that raised money to establish a medical fund, there is large number of UMTPs in the area that don't have the same access I did. For that reason, I've joined the SLU team and am leading the development of an institute for providing innovative, compassionate, and holistic trauma care. At the Oberle Institute (a named picked by generous benefactors), an expert team of physicians,

other healthcare providers from SLU, and me, as a peer patient advocate, will work as a team to provide each patient with a personalized treatment program designed to help them thrive. Care for this patient population will also be continuously enhanced by: providing SLU students a setting for interdisciplinary education, conducting groundbreaking clinical and translational research, and developing and advocating trauma care-related policy initiatives.

Over the last two years, we've created our vision, mission, formed a team, began planning, and recently launched a limited pilot program research study to determine if our new model of care will improve patient outcomes, including the crucial factor of patient resilience. I'm also out raising funds to support components of this program in perpetuity. Of utmost importance is the establishment of an endowed patient emergency fund that will be used to support UMTPs so each patient has an equal chance to thrive as I did. With a successful pilot, we will expand our services to the entire trauma patient population in the area and continue our path to becoming the premier Institute of Excellence for innovating trauma care, education, and research and ensuring all traumatically injured patients have an opportunity to thrive in the St. Louis community and around the world.

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