The American Burn Association in the New Millennium

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Boston, Massachusetts

I’d like to welcome you all to the 33rd Annual Meeting of the American Burn Association (ABA). Because we are in Boston, I’d like to start with the Cocoanut Grove fire. The Cocoanut Grove was a popular night club in Boston, which was located just a few blocks from here (Figure 1). On November 28, 1942, it was to be the scene of a celebration after the Boston College and Holy Cross football game. Luckily, Boston College lost, and therefore, fewer people showed up for the celebration. Briefly, the fire began with a match igniting flammable decorations in the Melody Lounge in the basement of the Cocoanut Grove. Ultimately, 488 people lost their lives. Out of this tragedy, multiple important advancements arose not only in the fire and safety code as outlined in Figure 2 but also in many burn care advancements as described in Figure 3. The concept of inhalation injury became apparent because many of the victims died at the scene of something other than cutaneous burns. They also died en route to the hospital or later after walking into the hospital with apparently only minor injuries. Other medical advances also occurred, including surface and surgical treatments, fluid management, and using penicillin to fight infection (Table 1).

Just as the Cocoanut Grove fire was a seminal event in fire safety and medical care, the founding of the ABA in 1967 was a milestone in total burn care utilizing teaching, research, prevention, and rehabilitation activities. In the early days the ABA was more of a “mom-and-pop” volunteer organization. Today, it has evolved from an academic society to a major sociopolitical organization that is the sole spokesperson for the burn care field. During the past few years, an infrastructure has been established to support new programs needed by the burn care field, and this new structure has resulted in many successful accomplishments.

NEW PROGRAMS AND INITIATIVES OF THE ABA

Some of the more significant accomplishments, which I would like to highlight, were the result of a team approach to new programs and initiatives, with implementation through the Central Office (Table 2). Some of the new programs and initiatives include the Burn Center Verification Program, ABA/NTRACS Burn Registry, ownership of the Journal of Burn Care & Rehabilitation, the ABA/SHC Outcomes Project, and Current Procedural Terminology and Diagnostic-Related Group changes.

Keeping track of these and other programs has been made possible through the establishment of the central office. I would like to introduce our staff members in the central office. Senior members of the staff include John Krichbaum, who is the executive director; Susan Browning, who is the senior director; Jane Burns, who is a director and is responsible for the annual meeting planning and day-to-day activities of the Advanced Burn Life Support (ABLS) course; and Tom Gorey, who is a director and coordinates new initiatives including the Institutional Advisory Committee, ABA Foundation, and the revision of the ABLS course. The support staff includes Cynthia Ramirez, who works on the Journal of Burn Care & Rehabilitation; Mark Postillion, who answers the phone when you call and provides computer support; Cindy Rhodes, who supports graphic design; and Elaine Barrett, who supports ABLS.

We are very pleased with how the ABA has evolved as a professional organization. This spring, we did a customer satisfaction survey, and I would like to point out just a few of the results. To the statement, “The ABA meets my expectations as a professional organization,” 92% agreed or strongly agreed. To “The ABA meets my educational and career development needs,” 83% strongly agreed or agreed. To “The ABA provides information that keeps me current in my field,” 93% strongly agreed or agreed. To “I am satisfied with the annual meeting educational content,” 80% strongly agreed or agreed. To “I am satisfied with the ABA member benefits,” 87% strongly agreed or agreed.

The ABA has made major improvements in its educational program, including the ABLS course, home study programs, and enhancements in the Journal of Burn Care & Rehabilitation. Building upon the efforts of Bob and Pat Gillespie, the ABLS Advisory Committee has updated the content and presentation of the ABLS course, and I hope that those of you involved in the beta version, as presented at this meet-
ing, were pleased with the updated program. The ABLS course under the management of the ABA remains healthy. The number of participants in the course increased from 1,400 in 1997–98 to 1,700 in 2000. We hope to continue this growth both in North America and internationally.

Figure 1. The Cocoanut Grove-Melody Lounge fire.

Figure 2. Important advancements fire and safety codes resulting from the Cocoanut Grove fire.
ABA ACCOMPLISHMENTS

In addition to improvements in its educational program, the ABA has made major strides in the areas of public policy and advocacy and membership (Table 3). In the areas of public policy and advocacy, the ABA has had an impact on congressional consideration of children’s sleepwear issues, has organized a national outcomes research conference, has championed coding and reimbursement initiatives, and has initiated effective congressional lobbying efforts. In the area of membership, the ABA has added an entirely new category of institutional membership.

Medical Advances

- Victims died instantly at the scene with something other than cutaneous burns, after reaching safety, or en route to the hospital
- Most baffling, many walked into the hospital apparently with only minor injuries, then collapsed and died with little warning
- Inhalation injury—recognition of delayed pulmonary edema

Table 1. Medical advances

Surface and surgical treatments—Dr. Oliver Cope, at MGH studied “tanning process” versus “soft technique.”
Unprecedented survival—Boston City Hospital, a young coast guardsman, survived a 50% injury. Previously no one survived with >20% TBSA injury.
Fluid management—National Research Council, the NIH forerunner, funded MGH burn treatment center at MGH to study the pathophysiology of burns and the usage of blood and plasma.
Infection—For the first time in the US, patients received penicillin. Later in 1942, they learned that the dosage had been insufficient to be effective.

Table 2. New programs or initiatives since 1995

ABA/American College of Surgeons Burn Center Verification Program.
ABA/NTRACS Burn Registry software.
ABA-owned Journal of Burn Care & Rehabilitation journal.
ABA/Shriners Hospitals for Children Outcomes Project.
New DRGs for hospital and CPT codes for professional reimbursements.

Public Policy and Advocacy—Children’s Sleepwear

First, in the area of public policy and advocacy, the ABA has been working to reverse the 1996 consumer product safety commission’s decision that relaxed the flammability standards for children’s sleepwear (Figure 4). In collaboration with the Shriners Hospitals for Children, representatives on behalf of the ABA and the Shriners Hospitals for Children testified in May 2000 before the U.S. House of Representatives Subcommittee on Telecommunications, Trade and Consumer Protection. We presented data indicating that the number of children with sleepwear-related burn injuries has increased dramatically since the 1996 decision. We urged the repeal of the 1996 decision. We also asked Congress to broaden the protections by extending the flammability standards to
all clothing worn by children up to age 7 that could be used as sleepwear. Unfortunately, the hearing before the Senate Commerce Committee did not occur before the 106th congress adjourned. Other issues, such as the Firestone tire situation, took their attention. We are now focusing our strategy on the current legislative session and plan to use the same effective coalition-building approach.

Public Policy and Advocacy—Outcomes Research

Another advocacy initiative involves our efforts to secure funding to support some of our quality-of-care activities. Building on a contact our president-elect, Dr. Jeffery Saffle, had, we submitted an R13 small conference grant application to support a 2-day, national conference on outcomes measurement in pediatric burn care (Table 4). The purpose of this conference will be to build upon the pediatric outcomes tools developed by the ABA/Shriners Hospital for Children task force and to develop priorities for future research in outcomes measurement for burned children. Our grant application was awarded and funded. We’re hopeful that the conference will establish a positive track record with the agency, which will enhance our chances of obtaining additional grants in the future. This is a major step to broaden the financial underpinning of the ABA, and hopefully it will be the first of many programs receiving third-party funding within the ABA.

Public Policy and Advocacy—Reimbursement and Coding

Another area, in which the ABA has been very active, involves reimbursement and coding (Table 5). In response to our request to the American Medical Association (AMA), the ABA obtained formal representation on the AMA relative value scale update committee—“RUC” for short. The RUC makes recommendations to the Health Care Financing Administration (HCFA) on the relative values to be assigned to new or revised Current Procedural Terminology

Table 3. ABA accomplishments

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<td>ABLS</td>
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<td>Home study</td>
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<td>Journal of Burn Care &amp; Rehabilitation</td>
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Public policy and advocacy

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<td>National outcomes research conference</td>
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<td>Coding and reimbursement initiatives</td>
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<th>Membership</th>
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Figure 4. Public policy and advocacy in children’s sleepwear standards.
codes. Obviously, gaining a seat at the table makes the ABA a key player in the reimbursement arena. We are the first specialty society not represented in the AMA House of Delegates to gain a seat. This is a real coup for the ABA. Our eminently qualified RUC advisor is Dr. Robert Gillespie.

In its first RUC meeting, ABA work value recommendations were accepted by the RUC and subsequently transmitted to HCFA. The ABA continues to be represented on the RUC to ensure fair reimbursements for all burn care professionals. In addition, Richard Kagan, MD, Chair of the Government Affairs Committee, has developed a coding and reimbursement primer for burn surgeons. It is now ready for distribution at this meeting. We believe this document will prove to be an invaluable resource.

Public Policy and Advocacy—Congressional Lobbying Efforts

The ABA is actively concerned with federal advocacy. We have engaged a lobbying firm, Campbell & Crane, to provide advice and to coordinate congressional activities on behalf of the membership. The priorities for Campbell & Crane on behalf of the membership of the ABA in the near future are outlined in Table 6. The firm of Campbell & Crane is coordinating the 2001 fall leadership conference in Washington, DC to bring together ABA leadership, institutional members, third-party payors, HCFA and other governmental agencies, and congressional members. It will include seminars, visits to the hill, and unprecedented access to congressman, government agencies, and payors. Campbell & Crane are also paving the way for ABA access to special government funds and grants. They will continue to be extremely helpful for our legislative issues such as our safe children’s sleepwear, fire safe cigarettes, and reimbursement and coding issues at the federal level.

Table 4. Public policy and advocacy—Agency for Healthcare Research and Quality

| R13 application for a “Small Conference Grant.” Grant to support a 2-day national invitational conference on outcomes measurements in pediatric burn care. Purpose of the conference Build upon pediatric outcomes tools already developed by the ABA and the SHC. Develop priorities for future research in outcomes measurement in burned children. |

Table 5. Public policy and advocacy—reimbursement and coding

| May 2000, requested to the American Medical Association formal representation on the AMA/Specialty Society Relative Value Scale Update Committee—RUC. RUC—responsible to recommend to HCFA the relative values to be assigned to new or revised CPT codes. First specialty society not represented in the AMA House of Delegates to gain a seat on the RUC. |

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VISION FOR THE FUTURE

As we enter the new millennium, I feel our organization is positioned to help us all make a difference in our field. There are at least 4 areas that are worthy of our attention in the next few years as outlined in Table 8.

Membership

In the area of membership, I am very pleased to report that overall ABA membership is up 10% this year—and more importantly—our membership retention rate is now at 88%. We are truly a team organization out to win the pennant. Success in this area is essential to our long-term vitality.

The ABA Education and Research Foundation

This year, the ABA Board made a very bold and exciting decision to create a not-for-profit education and research foundation. Through the foundation, the ABA hopes to establish a unique and permanent partnership between burn care professionals and the broader community. This partnership of individuals and organizations will support the ABA vision of enhanced burn prevention, treatment, education, and research. It is our expectation that an array of important new initiatives will be possible through the foundation—programs that would not have been feasible
Table 6. Congressional lobbying efforts—Campbell & Crane

| 2001 Fall Leadership Conference in Washington DC |
| Federal Grants |
| Legislative issues |
  | Safe children’s sleepwear |
  | Fire safe cigarettes |
  | Reimbursement and coding |

Public Policy and Advocacy
Our new public policy and advocacy initiatives have made great strides. Further success in these programs will ensure a bright future for burn care as a field.

Governance and Long-Range Strategic Planning
Since the establishment of the central office, staff has continued to develop and strengthen the association’s administrative infrastructure. The creation of the central office has enabled the board to redefine itself and to refocus its efforts. Instead of being entangled in the day-to-day minutiae of the association’s operations—as it used to be—the board is now focusing more on governance, long-range strategic planning, and leadership for the new millennium. However, to accomplish our goals we will need the ongoing commitment and support of all of you.

CLOSING
I’d like to thank all of you for working with me during this past year and my family of course for their continued support of my busy schedule. I’d like to challenge all of you to continue to work with the ABA and the next president, Jeffrey Saffle, MD, to continue our progress in the new millennium.