

State of Georgia Georgia Trauma Care Network Commission

**Meeting Minutes
Thursday, February 19, 2009**

**Georgia State Capitol – Room 216
Atlanta, Georgia**

CALL TO ORDER:

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of Georgia Trauma Care Network Commission to order in Room 216 of the Georgia State Capitol Building in Atlanta at 1137 hours. Only one (1) member was not in attendance.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Dr. Dennis Ashley Linda Cole, RN Dr. Leon Haley Ben Hinson Bill Moore Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn, RN	Dr. Rhonda Medows

OTHERS PRESENT	REPRESENTING
Deb Bailey Betsy Bates Rich Bias Paula Brown Colette Caldwell Kesia Cobb Dr. Robert J. Cox Sam R. Cunningham, EMT-P, Program Director Rep. Elly Dobbs Judy Geiger Paula Guy Debbie Hall (for Commissioner Medows) Ethan James Melburn B. Kelly, Jr. Lauren Kubik, RN Jimmy Lewis, CEO C. David Loftin, EMT-P, Program Director Scott Maxwell Michelle McPhillips, RN Regina Medeiros, RN Lawanna Mercer-Cobb, EMT, RN, Program Director David Moore Deidra Moore Mona Moore Dwayne Morgan Renee Morgan, EMT-P Bennie Newroth Lee P. Oliver, III Dr. J. Patrick O'Neal, Director	Northeast Georgia Health System Grady Health System Medical College of Georgia – Health Office of Planning and Budget Georgia Board for Physician Workforce DHR – Division of Public Health – Budget Office Georgia College of Emergency Physicians Georgia Office of EMS / Trauma – Region 7 Georgia House of Representatives – District 53 DHR – Division of Public Health – Budget Office Georgia Partnership for TeleHealth, Inc. Georgia Department of Community Health Georgia Hospital Association Toombs – Montgomery County EMS Columbus Regional Medical Center Hometown Health, LLC Georgia Office of EMS / Trauma – Region 1 Burn Center – Augusta Columbus Regional Medical Center Medical College of Georgia - Health Georgia Office of EMS / Trauma – Region 6 Banks County EMS / EMA Georgia Partnership for TeleHealth, Inc. West Baldwin Fire / Rescue DHR DPH Office of Preparedness Columbus Regional Healthcare System EMSAC / Medical Center of Central Georgia EMS DHR DPH Office of Preparedness

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Nikki Paulk Glenn Pearson Jim Pettyjohn Marie Probst Betsy Robinson Tori Rodriguez Shirley D. Starling, EMT, Interim Program Director Sen. Cecil Staton Courtney Terwilliger, EMT-P Pam Thompson Chris W. Threlkeld, EMT-P, Program Director Tish Towns Cheryl Tucker Robert D. Vick, Sr., EMT-CT, Program Director R. Keith Wages Billy R. Watson, EMT-P, Acting Director Greg Whitaker Mary Eleanor Wickersham Sayers Wilson, RN	Taylor Regional Hospital Georgia Hospital Association GTCNC DHR DPH Office of Preparedness Georgia Partnership for TeleHealth, Inc. Georgia Office of EMS / Trauma – Region 9 Georgia Senate – District 18 EMSAC / GAEMS / Emanuel County EMS DHR - Division of Public Health Georgia Office of EMS / Trauma – Regions 5 & 10 Grady Health Systems Georgia Board for Physicians Workforce Georgia Office of EMS / Trauma – Region 8 Georgia Association of EMS, Inc. Georgia Office of EMS / Trauma – Pryor Douglas County E-911 Center Office of the Governor Columbus Regional Medical Center
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APPROVAL OF THE MINUTES OF THE JANUARY 15, 2009 MEETING:

The minutes of the meeting of January 15, 2009, had been distributed prior to the meeting via electronic means.

MOTION GTCTC2009-02-01: **I move that the minutes of the January 15, 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.**

MOTION BY: Dr. Robinson

SECOND BY: Ms. Cole

DISCUSSION: None.

ACTION: The motion **PASSED** with no objections, nor abstentions.

ADMINISTRATIVE REPORT:

Mr. Pettyjohn presented the Administrative Report. He began by acknowledging EMS Day at the Capitol and the individuals present representing the profession.

- **GEORGIA BOARD FOR PHYSICIAN WORKFORCE:** Mr. Pettyjohn stated he and Dr. Robinson met with the Georgia Board for Physician Workforce (GBPW) on 07 February. He and Dr. Robinson provided an overview of the Commission’s work and discussed ideas of how the GTCNC and the GBPW may work together to improve the supply and distribution of physicians who provide trauma care. The GBPW also offered to collaborate with the Trauma Commission on a survey to determine the number and rate of physicians by defined specialties that provide trauma care.
- **TRAUMA DAY AT THE CAPITOL:** Monday, February 23 is *Trauma Day at the Capitol*. It is sponsored by the Georgia Statewide Trauma Action Team (G-STAT). Registration will begin at 1000 hours at the Georgia Railroad Freight Depot. Among the speakers are: Tom Bell with Southern Properties; Pam Russell, the mother of a trauma victim; Chad Black, with Air Methods; George Israel; Sen. Cecil Staton; Sen. Austin Scott; and, Dr. Dennis Ashley. Scheduled events will end at 1430 hours.
- **SAM R. CUNNINGHAM:** Mr. Pettyjohn introduced Mr. Cunningham who is the Region 7 EMS Program Director for the Georgia Office of EMS / Trauma. He said Mr. Cunningham would be assisting with the minutes of the GTCNC.

Dr. Ashley acknowledged those present representing EMS and stated, “That’s where trauma starts.”

BYLAWS SUBCOMMITTEE REPORT:

Mr. Stuenkel presented the Bylaws Subcommittee Report. He said the group, which is composed of Mr. Stuenkel, Mr. Moore, Ms. Cole, Mr. Hinson, Mr. Pettyjohn and Alex Sponseller from the Office of the Attorney General met as a subcommittee to develop a draft document of GTCNC bylaws. Mr. Stuenkel mentioned the existence of limited terms and noted that some members will be rotating off this summer and fall as justification for Bylaws. He said the

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Subcommittee reviewed bylaws from other committees and councils, as well as called upon the individual member's past experiences.

He stressed the importance of having guiding principles for continuity. An outline of the draft bylaws were presented:

- Article I – Name of the organization
- Article II – Authority
- Article III – Duties
- Article IV – Membership, responsibilities, absences, resignations, vacancies and method to recommend removal
- Article V – Officers (Chair, Vice Chair, Secretary), duties of each officer, terms of officers
- Article VI – Meetings; annual / quarterly; allow telephone attendance; “simple majority vote”
- Article VII – Subcommittees (Chair to appoint); standing committees can be established or dissolved by 2/3 vote of the Commission; subcommittees will be chaired by a commission member, but open to participation by the public
- Article VIII – Quorum
- Article IX – Amendment of Bylaws
- Article X – Legal counsel
- Article XI – Reimbursement to members
- Article XII – Orientation of new members (Vice and Secretary) – Secretary will be archivist and historian for the Commission

Mr. Stuenkel said the Bylaws Subcommittee would meet one more time, after which they will send the final draft out to the Commission members for review. Members should be prepared to vote on the Bylaws at the next meeting of the Commission.

Dr. O’Neal requested that the Subcommittee review the bylaws of the Brain Injury Association of Georgia before finalizing the document, just to ensure that nothing was overlooked in the process. Mr. Pettyjohn was directed to obtain a copy and sent it to Mr. Stuenkel.

DHR DPH OFFICE OF PREPAREDNESS REPORT:

Dr. O’Neal presented the DHR DPH Office of Preparedness Report.

- **HOSPITAL CAPITAL GRANTS:** Dr. O’Neal said the contracts are ready and are to be brought to his office at 1400 hours this date. He asked Mr. Hinson to elaborate on the GTRI Contract (contract for development of the GPS-based vehicle locator system.) Mr. Hinson said additional resources are available from the Georgia Emergency Management Agency (GEMA) that can assist the GTCNC with the process in developing the communication system it needs. GTRI has rewritten the scope of work in the contract to better allow collaboration and incorporation with GEMA and it has been sent back to DHR. GTRI is drafting a white paper that will provide additional justification for funding and detail of better collaboration. Mary Eleanor Wickersham recently convened a meeting in the Governor’s Office to address the GTRI contract and process. Dr. O’Neal confirmed that an opportunity does exist to obtain an additional \$2 million from Homeland Security in 2010 to expand the GPS-based vehicle locator system and communication program. The initial GTRI contract is for \$1 million.
- **EMS CAPITAL GRANTS:** Dr. O’Neal said the process for this program is changing as recently as the previous night. Mr. Hinson noted that GEMA has been helpful in the process. They are receiving the applications for vehicle replacement grants from EMS services. The Commission decided early on to use GEMA to write the contracts between the state and the EMS agencies because they had a history with writing equipment grants to local agencies and services. GEMA, however, does not now have the manpower to administer the contracts. The proposal now is that GEMA send all the EMS vehicle replacement grant applications back to the GTCNC for assignment to the Hospital Grants Subcommittee for scoring. This subcommittee had great success in scoring the hospital capital equipment grants.

MOTION GTCNC2009-02-02:

I move that the EMS vehicle replacement grants situation be referred to the Hospital Capital Grants Subcommittee of the GTCNC.

MOTION BY:

Mr. Stuenkel

SECOND BY:

Dr. Robinson

DISCUSSION:

Dr. Ashley asked if anyone knows of any delays that might occur as a result of this action. No one responded. Mr. Stuenkel said he would ask for specifics from Dr. O'Neal and Mr. Hinson regarding the applications and the process. Dr. Ashley said the applications have numbers that can be added up quickly to score them. The final date for submission of an application is February 27. Mr. Hinson stated Mr. Pettyjohn could go to GEMA and take possession of the applications and work with the Hospital Capital Grants Subcommittee to score the applications. The subcommittee will work closely with OEMS/T to get contracts written as soon as the applications are scored.

ACTION:

The motion **PASSED** with no objections, nor abstentions.

Formal notification of the action of the GTCNC will be sent to Director Charley English at GEMA.

- **CONTRACT PRIORITY:** DHR Commissioner B.J. Walker has directed her contracts office to assign priority to the contracts generated from funding from the GTCNC.

EMS UNCOMPENSATED CARE:

Mr. Hinson presented the report. He noted that the GTCNC had placed \$1.5 million in the EMS uncompensated care fund. He said the deadline has passed for receiving invoices (16 February 2009.) There are approximately three (3) ambulance services in the process of clarifying some issues. The total amount based upon all the invoices received is approximately \$1.3 million. Mr. Hinson commented this amount is very close to the amount identified and earmarked by the Commission for this purpose (\$1.49 million.) The deadline for releasing the checks is April 15, and it may be the Medical College of Georgia (MCG) will need to wait until that deadline. MCG's goal is to release the funds as quickly as they can. Mr. Hinson said the EMS and trauma communities have gained much through this process with EMS personnel and trauma registrars coming together to work on solutions to problems. It was noted that the remaining \$200,000 (difference between \$1.49 million and ~\$1.3 million) would be allocated, proportionally, to the ambulance services that received EMS compensated care funds in a grant that will be specific for trauma training.

"A NEW PUBLIC SERVICE FOR GEORGIANS": THE FIVE YEAR GEORGIA TRAUMA SYSTEM STRATEGIC PLAN

Dr. Ashley said that a considerable amount of time had been spent by the Commission in the development of a five (5) year vision for Georgia's trauma system. Prior to asking each of the Subcommittee Chairs to present their reports, he used a PowerPoint presentation (attached to these minutes in Adobe .pdf format) to provide an overview of the process and the vision. Dr. Ashley said that in 2007, Senate Bill 60 created the Georgia Trauma Fund and enabled the formation of the GTCNC. The Commission was charged to allocate the Fund fairly and effectively and oversee the dispersal of the funds into the entire Georgia system. The five-year strategic plan draft is also attached to these minutes.

DR. ASHLEY:

Dr. Ashley reviewed the fifteen (15) objectives of the 2009 – 2014 plan (short-term objectives 2009 – 2010 are in bold):

- **Obtain Permanent Funding**
- **Maintain and Expand Georgia's Trauma Centers Focusing On South Georgia**
- **Strengthen Emergency Medical Services Focusing On Rural Regions**
- **Develop Statewide Trauma Transfer System**
- Pilot / Build Trauma Telemedicine System
- Enhance Pediatric Trauma Subsystem
- Strengthen Physician Support For Trauma Care in Rural Georgia
- Expand System to Rehabilitation, Burn Care and Interstate Transfers
- Assist in Initiatives to Reduce Traumatic Injury
- Integrate Trauma System with Disaster / Terror Preparedness
- Expand System to Acute Emergency Care Needs
- Develop Trauma System Regionalization in Georgia

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- Continue Developing Trauma System Policy / Stakeholder Structure
- **Build Trauma System Infrastructure Under Department of Health**
- **Establish Mechanisms to Assure Exceptional Accountability**

Dr. Ashley made several comments related to the work of the Commission. Among them were:

- Stabilization and strengthening of existing trauma infrastructure was the intention of first year (2008) funding and has been accomplished. No trauma center has opted out of the system and most have found it easier to do their jobs. He itemized how the funds were allocated and noted that monies that were frozen by the Governor have been released and are in process of getting to hospitals and EMS.
- Readiness / preparedness costs differ for facilities of different sizes. The annual costs of maintaining readiness for Level I trauma centers was identified at \$5.2 million and \$2.2 million for Level II trauma centers.
- Georgia is experiencing a crisis in trauma care that has placed at risk anyone who is seriously injured in the state. He identified four (4) points:
 - Georgia has an unprecedented commitment to trauma care from State leaders.
 - The GTCNC has pursued an aggressive assessment and planning process and is focusing on a vision for developing a state-of-the-art trauma system that is the *New Public Service for Georgians*.
 - With an organized and coordinated approach, Georgia is poised to build a model trauma system for the nation.
 - Georgia has over a million patients in the databank that can be compared to national data. Best practices can be identified and used to improve centers and the system. He noted, however, that there are not enough personnel in the State Office of EMS / Trauma (SOEMS/T) to analyze the data and provide useful information back to the trauma centers. He said the SOEMS/T needs more people to perform these tasks. This is one of the top priorities for the upcoming year.
- Among the many positive aspects Georgia has for trauma system development, Dr. Ashley noted:
 - Aggressive assessment and planning processes
 - Committed stakeholder input
 - American College of Surgeons (ACS) trauma system consultation conducted in early 2009
 - Georgia Healthcare Policy Center economic analysis
 - Healthcare Georgia Foundation report
 - Trauma Commission monthly meetings, workshops, untold hours of Commission Subcommittee meetings and individual member's commitment
- Prior to moving to the next Subcommittee report, Dr. Ashley once again reviewed the immediate goals for 2009 – 2010:
 - Obtain permanent funding
 - Maintain and expand Georgia's trauma centers, focusing on South Georgia
 - Strengthen Emergency Medical Services, focusing on rural regions
 - Develop statewide trauma transfer system
 - Build trauma system infrastructure under the Department of Health and enhance personnel requirements of the SOEMS/T
 - Establish mechanisms to assure exceptional accountability

MR. MOORE:

Mr. Moore addressed objective #2 - maintain and expand Georgia's trauma centers, focusing on South Georgia. He said the goals Dr. Ashley mentioned are all important and that the members of the Subcommittee do believe the 2008 funding helped strengthen the network overall. Utilizing a map showing the location of current trauma centers and the distance citizens reside from them gave further evidence that development in South Georgia is a priority. He said it would be important to maintain the funding level as it was in 2008 and recruit more centers. Development of a statewide trauma transport system is also a priority. Dr. Ashley said the I-75 corridor is a "systems" problem. He noted that there are some great hospitals there and it is not to say that the care is not outstanding. There is some confusion, however, regarding where the patient goes. He said the GTCNC is trying to address decreasing the death rate in South Georgia by ensuring that the patient gets to the right hospital in a timely manner via an efficient transfer system.

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Mr. Moore also addressed objective #3 - strengthen Emergency Medical Services focusing on rural regions. He said this could be accomplished in part by:

- Support EMS readiness for all aspects of emergency care
- Build a GPS based vehicle locator system in conjunction with a coordinated transfer system
- Advocate on behalf of EMS in GA for better funding and resources
- Facilitate better coordination of EMS districts; increase efficiency and resource utilization (through consolidation into larger districts that would provide better benefits and more stability for employees and an improved response time for patients)
- Optimize air medical transport to ensure statewide coverage

MS. COLE:

Ms. Cole began her presentation by addressing objective #4 - develop a trauma transfer system to obtain statewide coverage. She said it is important to know quickly what the patient needs are and what the resources are for those needs. The trauma system would be strengthened by the development of statewide triage protocols or guidelines so that each location is not trying to develop their own set. Several states (MS, AL, and LA among others) have already accomplished this as they developed their trauma transfer systems. She said her trauma transfer system Subcommittee has talked with some of these state's system leaders and will be visiting some sites too. Georgia can use their experiences to develop the best system for our citizens. She emphasized that the Commission wants a system that stops the *dialing for a trauma center* that seems to be occurring in Georgia. What we propose is that if you call a trauma center and they can't handle the patient, they will know who can. An important aspect of this will be the regionalization of the trauma system and a centralized telephone number to call. Georgia could be divided into four (4) trauma regions, each anchored by a Level I trauma center.

Ms. Cole then addressed objective #5 - build and pilot a trauma telemedicine system that would allow hospitals to obtain a consultation via teleconference from a trauma center. She said she was extremely impressed with the quality and clarity of existing telemedicine systems, one of which will be demonstrated during the meeting. Collaborative grants are being sought to establish pilot sites at three (3) centers with consult sites at five (5) others.

Objective #6 involves the enhancement of the pediatric trauma sub-system. Pediatrics account for twelve percent (12%) of the trauma cases seen, so it is important to work to ensure pediatrics is included in our trauma system development. The Subcommittee is reviewing surge capabilities and working with disaster management personnel. Data has been obtained on pediatric patients showing the most prevalent injuries. Baselines have been established so the outcomes can be analyzed and a determination can be made as to whether or not the system has made a difference.

DR. JOE SAM ROBINSON:

Dr. Robinson addressed objective #7 - strengthen physician support for trauma care in rural Georgia. He said there are a substantial number of places across the state where disjunctions occur. The subcommittee reviewed ways to ameliorate shortages – for example, can physician extenders (PAs, NPs, etc.) be used to expand and leverage scarce trauma physician resources? He also stressed that preservation of legal protection for physicians must be kept intact. Another area of concern is the payment mechanism, which he also called dysfunctional, noting that it keeps patients away from appropriate care.

NOTE: The agenda was temporarily suspended at this time for brief comments by Senator Cecil Staton who stopped by the meeting. Sen. Staton began his remarks by saying he feels better than he has in the last couple of months about obtaining sustainable funding for the trauma system. He said that the Health and Human Services Committee would review a bill at 1300 hours this date related to the work of the GTCNC. This morning the Finance Committee of the Senate passed out a bill that will add \$10.00 to the car tag fee. The bill has been sent to the Rules Committee, a placeholder for the next few days. He added that there are other recommendations pending as well and he senses a serious good feeling about what may happen with the ability to build the trauma network. Mr. Hinson expressed appreciation from the EMS community for Sen. Staton's support. Dr. Robinson added that the GTCNC would not exist without his efforts.

The meeting returned to the agenda at this time with Dr. Robinson continuing his report.

Dr. Robinson addressed objective #8 – expand system to rehabilitation, burn care, and interstate transfers. He said burn injuries must be included and centers caring for burn patients will be incorporated into the trauma apparatus. A

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substantial issue is also present regarding transfers across state lines. Savannah is next to South Carolina, Columbus is next to Alabama, and conversely, Erlanger takes a lot of Georgia patients.

Regarding objection #9 – assist in initiatives to reduce traumatic injury, Dr. Robinson said injury prevention would be a useful allocation of government and private resources.

Objective #10 – integrate trauma system with disaster / terror preparedness is underway - requires more attention. He said that we have to be ready for anything.

Regarding objective #11 – expand system to acute emergency care needs – Dr. Robinson said we can get more value for taxpayers by putting the trauma system in place, then take care of other disease processes that affect people.

MR. STUENKEL:

Mr. Stuenkel began his presentation by addressing objective #12 - develop trauma system regionalization in Georgia. He referenced the four regions mentioned earlier, each of which would be anchored by a Level I trauma center. The 10 EMS regions would be integrated into the 4 trauma regions.

Objective #13 – continue developing trauma system policy / stakeholder structure. Mr. Stuenkel said a stakeholder structure must be developed. Various elements of the system are represented on the GTCNC, but not all. That issue will be addressed in the bylaws. Input will be solicited from various stakeholders.

Regarding objective #14 – build trauma system infrastructure under Department of Health – Mr. Stuenkel said it is important that we have a strong infrastructure within the state government. We don't have enough administrative support for trauma, nor does the SOEMS/T. We need to make sure they have the resources to make certain things happen, such as the collection of data, analysis of data, and implementation of measures to improve the system.

Addressing objective #15 – establish mechanisms to assure exceptional accountability – Mr. Stuenkel said we need the infrastructure to establish an accountability system to assure exceptional outcomes. We must show that the state has spent its money wisely. He said one of the ways to accomplish that has already begun with the recent ACS review and noted that it will occur again in three (3) years, providing an opportunity to gauge how well the objectives have been met.

MOTION GTCTC2009-02-03:

I move that the Georgia Trauma Care Network Commission approve the five year strategic plan for Georgia trauma system development, as presented today, and that the strategic plan approved will be the starting point for the Trauma Commission's work moving forward

MOTION BY:

Mr. Stuenkel

SECOND BY:

Dr. Robinson

DISCUSSION:

Dr. Haley asked Dr. O'Neal if three (3) years is an appropriate length of time before the American College of Surgeons returns with a review team. Dr. O'Neal said he would suggest five (5) years as more appropriate. He added that the preliminary report from the site visit has been received and his office has to respond today as to whether or not there were any errors in it. He said that overall the report was as the team indicated in their verbal review.

FRIENDLY AMENDMENT:

Mr. Stuenkel moved to modify the plan to replace "in three years" under item 15 in the plan (page 10) with "an appropriate time as the Commission determines."

SECOND AGREEMENT:

Dr. Robinson agreed.

REVISED MOTION:

I move that the Georgia Trauma Care Network Commission (GTCNC) approve the five (5) year strategic trauma system development plan for Georgia as amended as a starting point for the Trauma Commission's work moving forward.

ACTION:

The motion ***PASSED*** with no objections, nor abstentions.

TELEHEALTH TECHNOLOGY PRESENTATION:

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Paula Guy, Executive Director of the Georgia Partnership for TeleHealth, Inc., conducted the TeleHealth Technology presentation with assistance from Tori Rodriguez and Mona Moore. A connection was established outside the room from which Ms. Moore demonstrated on herself, showing the inner ear, mouth and eye. She transmitted her heartbeat through the system to a headset. The software used by the system was also demonstrated, showing radiologic images, CT scans, an angioplasty clip, and EKGs. Forty-five (45) specialties are available. Mr. Hinson asked if the agency would have access to any of the \$20 billion in funds allocated in the federal stimulus package. Ms. Guy said they are seeking all funding opportunities that may exist, with current emphasis on trauma and how the system can support trauma systems. The hub of the telehealth system is in Thomasville, GA, a rural county, which makes the system eligible for specific funding. The network is supported by a federal fund from the FCC and is an intranet system that has access to the Internet.

Ms. Guy utilized a PowerPoint presentation (attached to these minutes in an Adobe .pdf format) to quickly review the history of telehealth, infrastructure of the system, credentialing, opportunities that may exist, trauma programs, grant opportunities, the telemedicine law, and reimbursement.

In response to a question from the Commission, Ms. Guy stated that telemedicine is defined in O.C.G.A. § 33-24-56.4, which states:

3) 'Telemedicine' means the practice, by a duly licensed physician or other health care provider acting within the scope of such providers practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical visit with a patient or which are used to transfer medical data obtained during a medical visit with a patient. Standard telephone, facsimile transmissions, unsecured electronic mail, or a combination thereof do not constitute telemedicine services.

Ms. Guy concluded her presentation by briefly discussing their TeleTrauma program and stating that TeleTrauma saves lives, is cost effective and improves the level of care. She said the most successful of all the programs in the country are those in Arizona and Vermont. Those interested in learning more about the Southern Arizona Telemedicine and Telepresence (SATT) Program directed by Dr. Rifat Latifi may do so by visiting their website at <http://www.azumc.com/body.cfm?id=953>.

Contact information for the Georgia Partnership for TeleHealth is as follows:

1718 Reynolds Street
Suite 100
Waycross, GA 31501
866.754.4325
Email: GPT@gatelehealth.org

OTHER BUSINESS:

None.

NEXT MEETING:

The next meeting of the GTCNC will be held on Thursday, March 19, 2009 in Atlanta. Venue to be announced

ADJOURN:

Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1312 hours.

ATTACHMENTS:

- GTCNC Bylaws subcommittee update report PowerPoint presentation
- Our Emerging Vision: A New Public Service for Georgia – DRAFT document
- Our Emerging Vision: A New Public Service for Georgia – PowerPoint presentation
- TeleHealth and TeleTrauma: The Time Has Come – PowerPoint presentation