



ADMINISTRATIVE REPORT

February 2010

Trauma Commission FY 2010 Treasurer's Report:

Attached

FY 2011 Trauma Commission Draft Budget with formatting and line item changes:

At the January Commission meeting Ben Hinson suggested additional breakdown of Commission Operations to better reflect activities and associated costs. Those documents attached.

Regional Agreement/Contract

Discussion Draft attached. No changes over 28 January document

Georgia Partnership for Telehealth: TeleTrauma Pilot Project Report

Paula Guy (GPT) provided the attached report for Commission member's review. As of this date no Commission-directed trauma funds (FY 2010) have been distributed to Georgia Partnership for Telehealth. Report Attached.

Trauma Commission Procurements and Contracts Update:

Update presented by Curtis Chronister at 18 February 2010 Commission meeting, report attached.

Georgia eHealth Advisory Council Bill LC 33 3533

This Bill had first read on 11 February. It will establish the *Georgia eHealth Advisory Council*. If signed in to law, a representative from the Trauma Commission would sit on the Council. Draft Bill Attached.

Georgia Trauma Care Network Commission
Treasurer's Report
 January 1, 2010

	Actual Balance	
Beginning Balance		\$ 10,773,059.06
Revenues:		
January	1,820,833.33	
Total Revenues		1,820,833.33
Expenditures:		
Floyd Healthcare MGMT	\$ 534,036.00	
Fulton Dekalb Hospital Authority	4,210,054.00	
Tenet Health System GB INC	1,016,942.00	
Tenet Health System GB INC	517,018.00	
Childrens Healthcare of Atlanta	515,814.00	
Gwinnett Hospital System INC	839,959.00	
John D Archibold Memorial Hospital	565,373.00	
Classic Party Rental	81.21	
Total Expenditures		\$8,199,277.21
Ending Balance, January 31, 2010		\$ 4,394,615.18

Georgia Trauma Commission FY 2011 \$23 Million Budget			
General Trauma Fund Allocations			
DRAFT DOCUMENT			
Proposed¹	\$ 23,000,000		
2011 Available Budget		\$ 23,000,000	
State OEMS/T Allocation²	\$ 690,000	\$ 690,000	
Commission Operations³	\$ 300,000	\$ 300,000	
Communication Center			
Operations⁴	\$ 433,000		
Capital Expenditures⁵	\$ 1,333,000		
System Development, Access and Contingencies	\$ 934,000	\$ 934,000	
Total	\$ 3,690,000	\$ 3,690,000	
Available for Stakeholder Distribution		\$ 19,310,000	\$ 19,310,000
EMS Distribution⁶			\$ 3,862,000
Trauma Centers/Physicians Distribution⁷			\$ 15,448,000
		Remaining:	\$ -
Notes:			
¹ Governor's proposed FY 2011 budget released 15 January 2010 ² "up to 3%" of Commission's available budget (SB 60) ³ Commission operations including administration, regional infrastructure development and projects ⁴ Communication Center Operations and Capital Expenditures ⁵ One time purchases ⁶ 20% of funds after OEMS/T, Commission Operations and Communication Center allocations ^{2, 3, 4, 5} ⁷ 80% of funds after OEMS/T Commission Operations and Communication Center allocations ^{2, 3, 4, 5} All funds remaining unspent, not allocated or not under contract at the beginning of 4th quarter FY 2011 will be redirected to stakeholders			

Georgia Trauma Commission FY 2011 \$23 Million Budget			
Trauma Commission Operations(12 Months)			DRAFT DOCUMENT
Available Operations Budget	\$ 300,000		
Administration and Commission Support			
Administrator	\$ 138,000		Salary, benefits, travel and overhead via professional services contract
Administrator assistant	\$ 50,000		Administrative support, salary, office and overhead support via state contracted services
Conference call account	\$ 7,200		\$600.00 per month
Website design and maintenance	\$ 1,600		\$60.00 per month maintenance plus \$800.00 design services
Commission Travel/Per Diem	\$ 11,300		~\$105.00 per member (9) per month (12)
Monthly Commission meeting support	\$ 2,400		\$200.00 per meeting
Total:	\$ 210,500	\$ 210,500	
Contracts			
Bishop+Associates	\$ 50,000		Financial Consultants
National Foundation for Trauma Care	\$ 1,500		Annual membership
Other Consultants	\$ 38,000		
Total:	\$ 89,500	\$ 89,500	
Total:	\$ 300,000		

Georgia Trauma Commission FY 2011 \$23 Million Budget			
Trauma Communication Center (12 Months)			
			DRAFT DOCUMENT
Available Communications Center Budget	\$ 1,766,000		
One Time Capital Expenditures:			
Communications Center Software	\$ 1,200,000		Estimated Costs
Hardware	\$ 100,000		
Backup generator	\$ 5,000		
Call recorder	\$ 8,000		
Workstations	\$ 20,000		
Capital Expenditures Total:	\$ 1,333,000	\$ 1,333,000	
Operations:			
Communication Center Staff (24/7 Operators)	\$ 308,000		5.5 FTE (\$56,000 per)
Communication Center Lead position	\$ 100,000		One FTE professional services contract
Building Lease and Utilities	\$ 25,000		Estimate
Total:	\$ 433,000	\$ 433,000	
Total:		\$ 1,766,000	

Georgia Trauma Commission FY 2011 \$23 Million Budget			
System Development, Access and Contingency Planning			DRAFT DOCUMENT
Available Budget	\$ 934,000		
Development and Access			
Regionalization	\$ 500,000		\$100,000 regionalization grants for 5 EMS regions
Bishop+Associates	\$ 50,000		Financial Consultants
National Foundation for Trauma Care	\$ 1,500		Annual membership
Telemedicine	\$ 100,000		Partnership for Telehealth
Pediatrics	\$ 100,000		Broselow system
Total:	\$ 751,500	\$ 751,500	
Contingency Planning			
Additional contracts and costs	\$ 182,500	\$ 182,500	For additional contracts, accommodating State budget short fall and or increased costs or other contingencies.
Total	\$ 934,000		

**Georgia Trauma Commission FY 2011
\$23 Million Budget**

Trauma Center / Physician Allocation

DRAFT DOCUMENT

	Existing Trauma Centers		New Trauma Centers	Total Trauma Centers	
	Amount	Fixed/Variable ⁸	Amount	Amount	Percent
Trauma Center Startup Grants ¹	\$1,000,000	Fixed		\$1,000,000	6.5%
Level IV Trauma Centers ²	\$27,000	Fixed	\$54,000	\$81,000	0.5%
Sub Total	\$1,027,000			\$1,081,000	7.0%
Trauma Center Readiness Payments ³	\$5,480,336	Variable	\$524,713	\$6,005,049	38.9%
Performance Based Payment (PBP) ⁴	\$1,370,084	Variable	\$131,178	\$1,501,262	9.7%
Sub Total Readiness Payments	\$6,850,421		\$658,358	\$7,506,312	48.6%
Uninsured Patient Care Payments ⁵	\$6,850,421	Variable	\$10,268	\$6,860,689	44.4%
Total Trauma Center Allocation⁶	\$14,727,841		\$668,626	\$15,448,000	100.0%

Hospital/Physician Fund Division ⁷	Hospital (75%)	Physician (25%)	Total
Trauma Center Readiness Payments	\$5,629,734	\$1,876,578	\$7,506,312
Uninsured Patient Care Payments	\$5,145,516	\$1,715,172	\$6,860,689
Subtotal	\$10,775,250	\$3,591,750	\$14,367,000
Trauma Center Startup Grants			\$1,000,000
Level IV Trauma Centers			\$81,000
Total Trauma Center Allocation⁶			\$15,448,000

Notes:

¹Grants program to foster the development of new trauma centers in regions of Georgia with the greatest need.

²Three Level IV Trauma Centers, including two new ones (predicted by OEMS/T to be designated by 01 July 2010) will receive \$27,000 each in total funding.

³Trauma Center readiness payments are described on "Readiness Costs" page.

⁴A state-of-the-art performance based payment (PBP) program continues to acknowledge trauma centers that meet defined criteria. For FY 2011, 20% of trauma center readiness payments or approximately 10% of total Trauma Center funding will be set aside for PBP. Specific FY 2011 PBP criteria will be determined by Trauma Commission.

⁵Uninsured trauma patient care payments are described on "Uninsured Patient Costs" page.

⁶Amount allocated to Trauma Centers by the Georgia Trauma Commission

⁷Payments for readiness and uninsured patient care received by Trauma Centers are to be proportionally distributed between the hospital and trauma physicians on a 75%/25% basis.

⁸Amounts that are fixed, or are variable depending upon changes in the overall Trauma Center allocation, are indicated.

Georgia Trauma Commission FY 2011 \$23 Million Budget							
Trauma Center Readiness and Performance Based Payments (PBP)							
DRAFT DOCUMENT							
Trauma Center	Readiness Payments ¹	Potential PBP ²	Total Readiness Payments	New Trauma Centers	Readiness Payments ¹	PBP ²	Total Readiness Payments
Archbold	\$349,809	\$87,452	\$437,261	Athens Level II	\$349,809	\$87,452	\$437,261
Atlanta	\$349,809	\$87,452	\$437,261	Walton Level III	\$174,904	\$43,726	\$218,630
Columbus	\$349,809	\$87,452	\$437,261				
Floyd	\$349,809	\$87,452	\$437,261	New Trauma Centers	\$524,713	\$131,178	\$655,891
Gwinnett	\$349,809	\$87,452	\$437,261	Existing Trauma Centers	\$5,480,336	\$1,370,084	\$6,850,421
Hamilton	\$349,809	\$87,452	\$437,261	All Trauma Centers	\$6,005,049	\$1,501,262	\$7,506,312
North Fulton	\$349,809	\$87,452	\$437,261				
Egleston	\$349,809	\$87,452	\$437,261				
Scottish Rite	\$349,809	\$87,452	\$437,261				
Level II Totals	\$3,148,278	\$787,070	\$3,935,348				
Percent	57.4%	57.4%	57.4%				
Grady	\$583,015	\$145,754	\$728,768				
MCCG	\$583,015	\$145,754	\$728,768				
MCG	\$583,015	\$145,754	\$728,768				
Memorial	\$583,015	\$145,754	\$728,768				
Level I Totals	\$2,332,058	\$583,015	\$2,915,073				
Percent	42.6%	42.6%	42.6%				
Existing Trauma Center Totals	\$5,480,336	\$1,370,084	\$6,850,421				

Notes:

¹ From a total readiness fund allocation, each Level II trauma center received 60% (\$437,261) of the payment given to each Level I trauma center (\$728,768). Level III trauma centers receive 50% (\$218,630) of amount given to Level II trauma centers.

²Performance Based Payments (PBP), if fully earned, will be distributed to trauma centers based upon the readiness payment formula.

**Georgia Trauma Commission FY 2011
\$23 Million Budget**

Trauma Center Uninsured Patient Care Payments

DRAFT DOCUMENT

Trauma Center	Self Pay Patients Meeting SB 60 Requirements ¹ (Numbers are from 2007 data)					Cost Norm Based Allocation of Funds ²				New Trauma Centers	Allocation Based Upon 2010 Norm
	ISS 0-8	ISS 9-15	ISS 16-24	ISS >24	Total	Severity Adjusted Cost Norms	Total Based Upon Cost Norms	Allocation Based On % of Norm Cost Total			
Archbold	29	24	12	2	67	\$10,544	\$706,417	1.3%	\$91,448	Athens Level II ⁴	
Atlanta	122	108	38	30	298	\$14,345	\$4,274,826	8.1%	\$553,389	Walton Level III	\$10,268
Columbus	15	14	11	6	46	\$14,012	\$644,553	1.2%	\$83,439		
Floyd	13	21	7	1	42	\$10,923	\$458,786	0.9%	\$59,391		
Gwinnett	38	90	28	35	191	\$15,059	\$2,876,269	5.4%	\$372,341	Total New Trauma Ctrs	\$10,268
Hamilton	8	9	2	1	20	\$10,459	\$209,185	0.4%	\$27,080	Existing Trauma Ctrs	\$ 6,850,421
North Fulton	27	38	17	6	88	\$12,225	\$1,075,785	2.0%	\$139,264	All Trauma Centers	\$6,860,689
Egleston	9	9	3	2	23	\$14,100	\$324,306	0.6%	\$41,982		
Scottish Rite	6	15	3	2	26	\$12,107	\$314,790	0.6%	\$40,750		
Level II Totals	267	328	121	85	801		\$10,884,917	20.6%	\$1,409,085		
Grady	556	551	292	233	1,632	\$16,544	\$27,000,039	51.0%	\$3,495,234		
MCCG	55	68	34	15	172	\$15,303	\$2,632,032	5.0%	\$340,724		
MCG	96	78	67	34	275	\$16,667	\$4,583,543	8.7%	\$593,353		
Memorial	91	137	104	74	406	\$19,255	\$7,817,699	14.8%	\$1,012,024		
Level I Totals	798	834	497	356	2,485		\$42,033,313	79.4%	\$5,441,336		
Total LI/LII	1065	1162	618	441	3,286		\$52,918,230	100.0%	\$ 6,850,421		

Notes:

¹Trauma Centers will report number of uninsured trauma patients meeting SB 60 requirements by Injury Severity Score (ISS) category for calendar year 2008. Actual payments to hospitals for self pay patients meeting SB 60 requirements will be calculated from the 2008 data. That survey underway Jan/Feb 2010.

²Allocation is based upon the number and severity of patients meeting SB 60 requirements times cost norms. This derives a percent of total costs which is then applied to the total amount available.

³To develop a fair and consistent approach to estimating costs, national trauma center patient treatment cost norms by injury severity were used, for both community and academic hospitals.

⁴ Athens Regional was not a designated trauma center during calendar year 2008 so no self pay patients meeting SB 60 requirements.

Patient Treatment Cost Norms ³		
ISS	Community	Academic
0-8	\$5,267	\$6,373
9-15	\$10,428	\$12,618
16-24	\$19,626	\$23,747
>24	\$33,945	\$41,073

Georgia Trauma Commission FY 2011 \$23 Million Budget						
Trauma Centers: Individual Hospital Payments						
DRAFT DOCUMENT						
Trauma Center	Readiness Payment	Potential PBP Payments ²	Total Readiness Payments	Uninsured Patient Payment	Total Payments	Percent
Archbold	\$349,809	\$87,452	\$437,261	\$91,448	\$528,709	3.4%
Atlanta Medical	\$349,809	\$87,452	\$437,261	\$553,389	\$990,650	6.4%
Columbus	\$349,809	\$87,452	\$437,261	\$83,439	\$520,700	3.4%
Floyd	\$349,809	\$87,452	\$437,261	\$59,391	\$496,652	3.2%
Gwinnett	\$349,809	\$87,452	\$437,261	\$372,341	\$809,602	5.2%
Hamilton	\$349,809	\$87,452	\$437,261	\$27,080	\$464,340	3.0%
North Fulton	\$349,809	\$87,452	\$437,261	\$139,264	\$576,524	3.7%
Egleston	\$349,809	\$87,452	\$437,261	\$41,982	\$479,243	3.1%
Scottish Rite	\$349,809	\$87,452	\$437,261	\$40,750	\$478,011	3.1%
Level II Totals	\$3,148,278	\$787,070	\$3,935,348	\$1,409,085	5,344,432	34.6%
Averages	\$349,809	\$48,535	\$398,344	\$156,565	\$554,909	3.6%
Grady	\$583,015	\$145,754	\$728,768	\$3,495,234	\$4,224,003	27.3%
MCCG	\$583,015	\$145,754	\$728,768	\$340,724	\$1,069,492	6.9%
MCG	\$583,015	\$145,754	\$728,768	\$593,353	\$1,322,121	8.6%
Memorial	\$583,015	\$145,754	\$728,768	\$1,012,024	\$1,740,792	11.3%
Level I Totals	\$2,332,058	\$583,015	\$2,915,073	\$5,441,336	8,356,409	54.1%
Averages	\$583,015	\$80,892	\$663,906	\$1,360,334	\$2,024,240	13.1%
Total Existing Trauma Centers	\$5,480,336	\$1,370,084	\$6,850,421	\$6,850,421	13,700,841	88.7%
New Trauma Centers						0.0%
Athens Level II	\$349,809	\$87,452	\$437,261		\$437,261	2.8%
Walton Level III	\$174,904	\$43,726	\$218,630	\$10,268	\$228,898	1.5%
Total New Trauma Centers	\$524,713	\$131,178	\$655,891	\$10,268	\$666,159	4.3%
Trauma Center Startup Grants					\$1,000,000	6.5%
Level IV Trauma Centers					\$81,000	0.5%
Total Trauma Centers					\$15,448,000	100.0%

Georgia Trauma Commission FY 2011 \$23 Million Budget			
EMS Allocation			
			DRAFT DOCUMENT
Available EMS Budget	\$	3,862,000	
Center for Health Organization Transformation (CHOT)	\$	50,000	Statewide EMS Systems Study
Total :			

GEORGIA TRAUMA SYSTEM REGIONALIZATION DRAFT AGREEMENT

Direct Agreement between:
Georgia Trauma Care Network Commission and State EMS Regional Program Office

TWO MAIN OBJECTIVES:

1. Implementation of a Regional Trauma System Plan, and
2. Full participation in Georgia Trauma Communications Center (GTCC) operations.

Fulfillment of this agreement is stipulated by the following deliverables.

Deliverables List

1. Formation of a Regional Trauma Advisory Council (RTAC) comprised of regional trauma system stakeholders to include physicians, EMS, designated Trauma Centers, non-designated participating hospitals, hospital personnel, local government, and the public.
2. Creation by the RTAC of a Regional Trauma System Plan, based upon the *Framework for Regional Trauma System Planning*. Before entering into effect, this Plan must be approved by the GTCNC and ***State Office of Preparedness and Trauma (SOPT) or State Office of EMS and Trauma***. Formulation and content of the Plan should include:
 - a. Assessment of regional trauma assets and capabilities pertaining to the entire continuum of trauma care. This includes assessment of regional training needs, trauma system capacity, proper use of diversion, etc. (see Framework p. 15).
 - b. Assessment of existing plans and protocols for the transport of Trauma victims, including state, regional and county-level plans.

- c. Identification of actionable items to prevent injury within the region, based upon available data.
- d. Identification of specific data points to be regularly collected and reviewed by the RTAC for data-driven performance improvement. The standardized pre-hospital dataset, Trauma Registry data, and data collected by GTCC will also be supplied to the RTAC for regional performance improvement.
- e. Establishment of protocols for GTCC communication with pre-hospital and hospital components. Prerequisites to successful establishment of communication protocols include all of the following bullet items.
(Completion of these prerequisites should be formally documented within Plan.)
 - i. Identification of regional Trauma Centers;
 - ii. Identification of non-designated participating hospitals;
 - iii. Resource Availability Display (RAD) installation at all participating facilities;
 - iv. Identification of personnel at each Trauma Center and hospital responsible to maintain RAD;
 - v. Creation of protocol for EMS interaction with GTCC including patient information to be provided to GTCC (see Framework pp. 17-18);
 - vi. Creation of protocol for hospital interaction with GTCC including patient information to be provided to GTCC (see Framework pp. 17-18);
 - vii. Adoption of Trauma System Entry Criteria (TSEC) as criteria for victim enrollment in the Trauma System via assignment by GTCC of unique System I.D. Number;
 - viii. Training of pre-hospital and hospital personnel to appropriately identify patients who meet TSEC;
 - ix. As a supplement to TSEC, establishment of regional destination protocols for TSEC patients, based upon the geographic distribution of participating designated and non-designated

hospitals (see Framework pp. 19-20). Provision of regional destination protocols to GTCC.

3. Once approved, implementation of the Plan overseen at regular intervals by the RTAC for a period of one year. RTAC will monitor compliance.
4. Within the one-year pilot period, Plan revision as determined necessary by the RTAC to accomplish regional performance improvement or correct faulty practices, to be approved by GTCNC and OEMST (or OPT)
5. At the end of the one-year period, evaluation by RTAC, GTCNC and State Office of EMS of Framework's efficacy as a regional Plan development guide and of TCC operations in making transport and destination recommendations.

DISCUSSION DRAFT

GPT TeleTrauma Pilot Project
 Georgia Rural Health Network Grant – 90083G
 Report on Progress
 FEB 12, 2010

TeleTraumaPartners:
 Level I Trauma Center: Medical Center of Central Georgia, Macon

Rural Hospitals: Dodge County Hospital, Eastman
 Fairview Park Hospital, Dublin
 Peach Regional Medical Center, Ft. Valley
 Taylor Regional Hospital, Hawkinsville

Progress:

- JULY 2009: Credentialing Process for MCCG trauma surgeons initiated. (Process completed or near completion @ 3 of the 4 rural hospitals.)
- AUG 2009: Installation of T1 lines and Network initiated.
- SEP 2009: T1 lines and Network installation completed at all sites.
- OCT 2009: Mobile TeleTrauma carts & equipment installation initiated.
- NOV 2009: Cart & equipment installation completed at all sites.
- NOV 2009 & ongoing: Clinical and technical testing initiated.
- NOV 2009 & ongoing: Clinical and technical training of staff initiated.
- NOV 2009 & ongoing: Development of TeleTrauma protocols initiated.
- DEC 2009 & ongoing: Multi-Point Teleconference between sites initiated.
- DEC 2009 & ongoing: Continuing Education via Teleconference initiated.
- FEB 2009: Multi-Point Teleconferences between Dr. Ashley & Dr. Sykes @ MCCG and rural hospitals Medical Staff, ED Physicians & ED Staff on FEB 2nd & FEB 9th.
- FEB 2009: First Community Event in Dodge County FEB 18th to promote Trauma Prevention.
- MAR 2009: Anticipated Launch Date.

GTCNC FY 2010 Budget Procurements and Contracts Update Worksheet					
Budget Item	GTCNC FY 2010 Approved Budgeted Amount	Status	07 February 2010 (Jim Pettyjohn)	Curtis Chronister 12 February update	Jim Pettyjohn 14 February 2010
Center for Healthcare Organization Transformation Membership	\$ 50,000	Pending	No information available to J. Pettyjohn to report.	DCH has determined that this needs to be drafted in the form of a contract with emphasis on Data Use Agreement and Business Association Agreement. CLC will work with PH Legal to draft this contract.	
EMS Vehicle Equipment Replacement Grants Program	\$ 2,125,000	Pending	Grant application and instructions to be posted to GTCNC.org website no later than 15 February. The application period is from 15 February through 07 March 2010. Awards will be announced during the 18 March GTCNC meeting.	DCH has determined that any proposed grant must be approved by the DCH Commissioner. Therefore, CLC will work with Jim and Dana Greer (at DCH) to ensure the grant is drafted and forwarded to the Commissioner.	Application and instructions complete...to have been posted to www.gtcnc.org on 15 February. Hold on posting per Dana Greer (12 Feb) until DCH grants P&P addressed. C. Chronister to detail specifics.
GAEMS sole source/ sole brand Contract for first responder training and trauma-related equipment for 911 zone ambulances.	\$ 676,900	Pending	Approved SOW provided to C. Chronister on 08 February	CLC and Jim will work to draft this contract.	
GPT matching funds Grant	\$ 200,000	Pending	No information available to J. Pettyjohn to report.	DCH has determined that any proposed grant must be approved by the DCH Commissioner. Therefore, CLC will work with Jim and Dana Greer (at DCH) to ensure the grant is drafted and forwarded to the Commissioner.	
GTRI Amendment	\$ 15,000	Pending	Amendment to add additional funds to GTRI contract for increase hours (200) for Rachel Duke through 30 June 2010 to be approved, hopefully, at the 18 February meeting. C. Chronister provided copy of proposed amendment on 08 Feb.	After speaking with PH Legal, the current contract will need to be extended and amended. Claudette Bazile (PH Attorney) will work with CLC to draft the extension and amendment.	
New Trauma Center Startup Grants	\$ 1,000,000	Pending	Application and process approved by GTCNC on 28 January. Application and process information posted on GTCNC.org website. 60 day window for applications. Application and process posted to gtcnc.org. Commission will decide awards at 15 April GTCNC meeting.	DCH has determined that any proposed grant must be approved by the DCH Commissioner. Therefore, CLC will work with Jim and Dana Greer (at DCH) to ensure the grant is drafted and forwarded to the Commissioner.	On 12 February per Dana Greer, hold on verbal communications (Q&A) with applicants, all questions for potential applicants to be in writing and grants program must be approved by DCH. C. Chronister to detail specifics.
OEMS/T 3% Allocation	\$ 655,000	Pending	Aware that 50% of Curtis Chronister position is funding with part of these funds. No further information available for J. Pettyjohn to report.	Here is the current breakdown of the 5.5 FTE positions: (1) IT Position; (1) Compliance Officer; (1) Trauma Nurse; (2) Regional EMS Directors; (.5) EMS Medical Director. I will need to double check the status of each of these positions.	
Regional EMS Agreement	\$ 100,000 for FY 2010 and 5 \$100,000 awards for FY 2011	Pending	Agreement Draft reviewed at 20 January GTCNC.ORG meeting. Final approval for contract will be at 18 February Commission. Draft agreement sent to C. Chronister on 08 February.	CLC to work with Jim to draft contract.	Awaiting AG's Office opinion as to most appropriate entity for Commission to contract with (District Health Office??) Alex Sponseller to report during 18 Feb Commission meeting.
Web-based Registry Support	\$ 49,550	Pending	C. Chronister to discuss progress on this item with R. Morgan and M. Probst.	CLC to work with Renee and Marie to draft contract.	
Website Design	\$15,000 (Reduced to \$4,995)	Pending	As instructed, J. Pettyjohn sent necessary documents for contract/agreement development to J. Howgate on 23 January. Documents also sent to C. Chronister on 07 February. No other information to report.	Initially drafted as a purchase order, the determination was made that this needs to be a contract. CLC will work with Archie Banks to ensure the contract contains the appropriate provisions that cover DCH/IT concerns.	
Administrative Assistant	\$ 50,000	Human Resources	Meeting with C. Chronister on 05 February at OEMS. Mr. Howgate unable to attend. No further information available to J. Pettyjohn for this report.	Position has been approved. Jim is working with Keisha Dixon at the Office of EPR to coordinate with a temp agency to take applications and set up interviews once the position closes.	
Commission Travel/Per diem	\$ 10,000	Human Resources	Email to R. Morgan on 08 Feb for update on this issue.	Renee is still waiting on 4 TC members to forward their paperwork to her.	
Communications Center Lead Position	\$ 100,000	Human Resources	No information available. JD sent to Curtis Chronister on 08 February.	Position is in the process of being posted by DHS. Will contact DHS on Feb 12 to determine when position will be posted to include position number.	Revised update on this position to be provided by C. Chronister.
Broselow and Lutin System	\$ 200,000	Contract	No information available to J. Pettyjohn to report.	Sole branding was approved. Contract was posted between Feb 1 and Feb 8, with no responses. Contract is being signed.	
Communications Center Software	\$ 500,000	Contract	Issued discussed at 05 Feb meeting with C. Chronister. Connection made with C. Chronister and S. Sherrill (GTRI) to continue to monitor and shepherd the RFP development process with DCH.	Meeting scheduled for Monday, Feb 15th to discuss the software and any gaps that might be associated with the current contract.	
Trauma Centers and Physician Funding Contract (readiness and uncompensated care)	\$ 14,153,600	Contract	Contract edited and Performance Based Payment Program added to contracts. Contracts sent to hospitals with return date of 07 February.	Most contracts have been signed by the respective hospitals; returned to Dr. O'Neal for his signature; and now are at the DCH Commissioner's office for signature.	

GTCNC FY 2010 Budget Procurements and Contracts Update Worksheet					
Budget Item	GTCNC FY 2010 Approved Budgeted Amount	Status	07 February 2010 (Jim Pettyjohn)	Curtis Chronister 12 February update	Jim Pettyjohn 14 February 2010
Administrator	\$ 135,200	Complete	J. Pettyjohn invoicing B+A and being paid. At 28 January GTCNC meeting, commission directed DCH to begin Professional Services Contract development with J. Pettyjohn for FY 2011 as administrator. 07 February, documents for that sent to C. Chronister via email.		
B+A Amendment	\$ 110,750	Complete			
Conference Call Account	\$ 7,200	Complete			
Federal Stimulus Funding Solicitation	no funds	Complete	C. Chronister to update on this.	PH Grant office was unsuccessful in locating any ARRA grant funds that could be used for the TC. Recommend that the Administrator and the Administrative Assistant conduct their own inquiry to ensure the search parameters highlight the true efforts of the TC.	C. Chronister to investigate status. Original email request with required documents sent to R. Morgan on 23 October forwarded to C. Chronister. .
FedEx Office Account	\$ 2,400	Complete	B+A reimbursing for printing expenses.	This expense will be included in the total budget request for the TC Administrator for 2011. CLC is working to draft the contract for solicitation.	
Trauma Center Association of America a/k/a National Foundation for Trauma Care	\$ 1,500	Complete			
<p>Complete - Business related to item closed Procurement - In procurement process or pending decision from DCH Procurement to begin process Contract - In contract approval process, which could include a legal decision, drafting of contract or approval process of final contract Human Resources - In HR process for approval Pending - None of the above or tabled or pending a decision from other than DCH Procurement, DCH Contracts or DCH Human Resources.</p>					
<p>1) R. Morgan defined "in process" as going through DCH channels for review and multiple signatures... between 8 to 10 different reviews.</p>					
<p>previously completed</p> <p>recently completed</p>					
FY 2011 Budget Item	GTCNC FY 2010 Approved Budgeted Amount	Status	07 February 2010 (Jim Pettyjohn)	Curtis Chronister 12 February update	Jim Pettyjohn 14 February 2010
Professional services contract for J. Pettyjohn as Commission administrator FY 2011 Contract (01 July 2010 - 30 June 2011)	\$ 138,000	Pending	Supportive documents for FY 2011 contract (beginning 01 July 2010) provided to C. Chronister on 08 February	This has been determined not to be a professional services contract and must go out for solicitation. CLC will draft a contract with input from the TC to ensure the expected deliverables of the TC are addressed in the contract for services. This contract will all inclusive of salary, benefits, and expenses. A separate contract will not be generated for FedEx/Kinkos or any other expense account as the amount stated in the contract will take these expected expenses into account.	Notified C. Chronister and Dana Greer to work directly with Dr. Ashley and or Commission member representatives on this contract.

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 1 of Title 31 of the Official Code of Georgia Annotated,
2 relating to general provisions regarding health, so as to provide for legislative findings
3 relating to electronic health initiatives; to create the Georgia eHealth Advisory Council; to
4 provide for its composition and powers; to provide for a strategic plan and annual reports;
5 to provide for cooperation from state agencies; to provide administrative support; to provide
6 for related matters; to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

8
9 Article 1 of Chapter 1 of Title 31 of the Official Code of Georgia Annotated, relating to
10 general provisions regarding health, is amended by adding a new Code section to read as
11 follows:

12 "31-1-11.

13 (a) The General Assembly finds that:

14 (1) The State of Georgia is suffering from decreasing access to quality health care and
15 escalating health care costs while at the same time undergoing a serious budget shortage;

16 (2) Electronic health initiatives such as telehealth and electronic health care records are
17 emerging as vital components of the solution to our current health care crisis and hold the
18 potential to answer some of the most challenging issues of providing quality health care
19 in Georgia;

20 (3) Telehealth greatly expands access to quality health care and health care professionals
21 while also providing cost-effective delivery;

22 (4) Telehealth allows health care providers to see and diagnose inmates in prisons and
23 improve inmate health care by providing remote access to more medical specialists while
24 reducing prisoner transport costs and related security management costs;

25 (5) Telehealth is one of the most effective ways to increase access to psychiatric care for
26 individuals living in underserved areas;

- 27 (6) Telehealth can reduce the frequent unnecessary transfers of nursing home residents
28 with multiple chronic conditions while reducing cost, liability, and the chances that
29 residents are injured;
- 30 (7) For schools that are faced with having to decrease nursing staff, telehealth can allow
31 access to a nurse who is located at a central location serving multiple schools via a
32 telemed connection in real time;
- 33 (8) The expansion of telehealth services in Georgia would greatly benefit from an entity
34 that would coordinate the implementation of telehealth services across Georgia, helping
35 to consolidate contracts, share developments, and accelerate the use of rapidly developing
36 telehealth methods and technology;
- 37 (9) In the absence of an efficient system for sharing medical information among the
38 Georgia provider community, health care providers must order costly duplicative medical
39 tests and procedures;
- 40 (10) The health care system would benefit from reducing the time needed to evaluate
41 promising medical techniques, devices, and drugs, and bringing safe and effective
42 products and procedures to the marketplace more quickly;
- 43 (11) Providing consumers with online access to tools that gather data from their medical
44 records, and assisting them in reviewing and monitoring the data in conjunction with their
45 health care providers, would permit them to become better informed and more proactive
46 in managing their health and wellness, thereby reducing strain on and increasing
47 efficiency of the health care system;
- 48 (12) With the advances made in technology and connectivity, it is feasible to implement
49 an effective information infrastructure capable of aggregating health information from
50 multiple sources and presenting that information to authorized parties in a usable format
51 to support sound health care decisions by providers, consumers, public health officials,
52 and researchers;
- 53 (13) Such health information infrastructure is a necessary and important part of
54 effectively addressing the challenges and opportunities described in this subsection;
- 55 (14) Safeguarding the privacy and security of personal health information is of great
56 importance to the citizens of Georgia; and
- 57 (15) The creation and promotion of a unified plan for the development and
58 implementation of eHealth initiatives is of crucial importance to, and in the best interests
59 of, the people of the State of Georgia.
- 60 (b) There is created the Georgia eHealth Advisory Council. The council shall be
61 composed of:
- 62 (1) The commissioner of the Department of Community Health or his or her designee;

63 (2) The director of the Division of Public Health of the department or his or her
64 designee;

65 (3) The commissioner of the Department of Corrections or his or her designee;

66 (4) The commissioner of the Department of Behavioral Health and Developmental
67 Disabilities or his or her designee; and

68 (5) A representative of the Georgia Trauma Care Network Commission, as designated
69 by the chairperson of such commission.

70 The member designated pursuant to paragraph (5) of this Code section shall serve at the
71 pleasure of the chairperson of the Georgia Trauma Care Network Commission, and all
72 other members shall serve terms concurrent with their positions.

73 (c) The commissioner of the Department of Community Health or his or her designee shall
74 serve as chairperson of the council. Members of the commission shall serve without
75 compensation.

76 (d) The council may:

77 (1) Appoint advisory members including representatives from the Georgia health care
78 provider community, Georgia telehealth providers, local government representatives,
79 sheriffs, local school system representatives, and others whose expertise may benefit the
80 council; and

81 (2) Establish various subcommittees with subject matter expertise to advise the council
82 on specific matters. In such cases, subcommittees may include appointed advisory
83 members in their membership, but the chairperson of each subcommittee shall be a
84 member of the council.

85 (e) The council shall:

86 (1) Advise and support appropriate parties within state government relating to
87 development and implementation of an overall strategy for the adoption and use of
88 telemedicine techniques and services in state funded health care and mental health
89 programs;

90 (2) Develop strategies for sharing of services and coordination across agencies and state
91 funded programs as they develop and implement telemedicine programs so as to
92 eliminate duplicative efforts in this area;

93 (3) Advise appropriate parties within state government on issues related to the
94 development and implementation of the health information infrastructure so as to
95 promote electronic health record development and health information exchange; and

96 (4) Review all state contracts in the areas of telemedicine and electronic health records
97 in order to ensure coordination with other agencies, to promote consolidation of contracts,
98 and to encourage state contracts with nonprofit entities that promote and support
99 telemedicine initiatives.

100 (f) No later than July 1, 2011, the council shall establish a five-year strategic plan
101 regarding electronic health initiatives and shall submit such strategic plan to the General
102 Assembly, the Lieutenant Governor, the Governor, and the Speaker of the House of
103 Representatives. Annually thereafter, the council shall report on its findings to the General
104 Assembly, the Lieutenant Governor, the Governor, and the Speaker of the House of
105 Representatives during each regular legislative session.

106 (g) All executive departments, agencies, boards, and commissions and any other divisions
107 of the executive branch of state government shall fully cooperate with the council, and any
108 nonprofit entities designated by the council that promote and support telemedicine
109 initiatives, in the performance of its duties and shall provide staff assistance and any other
110 assistance as requested.

111 (h) The council shall be attached to the Department of Community Health for
112 administrative purposes. Staff support for the council shall be provided from the
113 Department of Community Health, Department of Corrections, and the Department of
114 Behavioral Health and Developmental Disabilities."

115 **SECTION 2.**

116 All laws and parts of laws in conflict with this Act are repealed.