

MINUTES
Georgia Trauma Care Network Commission

Thursday, 18 December 2008

Weaver Board Room
Peyton Anderson Health Education Center
The Medical Center of Central Georgia
Macon, Georgia 31208

Members Present	Members Absent
Dr. Dennis Ashley, Linda Cole Dr. Leon Haley Ben Hinson Dr. Rhonda Medows (via telephone) Bill Moore Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn Others documented as present: Pat O'Neal Renee Morgan Ethan James Marie Probst David Moore Keith Wages Rebecca Cogburn Kelly Gallipeau Greg Bishop Alex Sponseller Debra Kitchens Asbury Stembridge Art Kellerman Lee Oliver Dierdra Davis Regina Medeiros Jim Pettyjohn	

Call to order

Dr. Ashley called the meeting to order and ~1017. And informed the attendees that Dr. Medows is attending the meeting by telephone. Dr. Ashley introduced Mary Eleanor Wickersham, the Health and Human Services Policy Advisor for the Governor. Ms. Wickersham stated that trauma was on the Governor's agenda and she is looking forward to working with the Commission.

20 November meeting minute's approval

Bill Moore made a motion to approve the 20 November GTCNC meeting minutes. Motion seconded by Ben Hinson. Discussion ensued. Ben Hinson noted he felt the minutes should be in the accepted "state format" used by Office of EMS and suggested the minutes be approved with the direction they be reformatted in the accepted state format. Motion passed unanimously.

DHR Report:

Dr. O'Neal stated that the Governor's Office of Planning and Budget has released the ~\$9.1 million of trauma funds for distribution. He said there was one question yet unresolved, which agency would handle the EMS capital equipment grants? It was planned for Georgia Emergency Management Agency (GEMA) to be the responsible agency for this fund but GEMA Director English is awaiting confirmation from the Governor's Office that this will indeed be the case. In the interim, Dr. O'Neal is working with staff from GEMA, under the assumption that GEMA will be the responsible agency, to develop processes on as to how the money will be managed. Dr. O'Neal is awaiting word from Governor's Office.

Dr. O'Neal also stated he is aware that there may be new recommendations from the Commission for the hospital capital grant awards and would like to have that information so his office can move ahead with those contracts.

Dr. O'Neal stated that the trauma system program continues to be the focus, this year, for DHR and its "wildly important goal" or WIG. In that vein, his office is looking at the state's traumatic injury and death rates and for data to substantiate that those rates are significantly worse in the south I-75 area as compared to other areas of the state. Recently his office was able to access data from the Office of Highway Safety and from the "CODES" project. For the I-75 area of the state, south of Houston County and as it flows through the rest of the state: the number of fatalities per 1000 motor vehicular crashes with serious injuries that occurred in that area this past year was 7.8 per 1000. The state's average was approximately 4 per 1000. Dr. O'Neal stated I-95 in the southern part of the state was looked at in comparison, and the rate for that areas was almost identical to the overall state rate of 4 to 4.1 per 1000 motor vehicle crashes with serious injuries. He said these rates would be followed closely as the state works to develop the trauma system to see if the death rates for the southern I-75 corridor could be improved.

Renee Morgan (state trauma program manager) spoke of the upcoming American College of Surgeons visit to Georgia for a state trauma system evaluation. Evaluation dates are

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04 through 07 January and all meetings and functions will occur at the Georgia Tech Hotel in Atlanta. Ms. Morgan stated she would notify Commission members as to what dates she would like them to attend meetings with ACS at the Georgia Tech Hotel. The first event will be a reception with the ACS reviewers from 5PM until 7PM on Sunday, 04 January. Immediately following the reception will be a meeting where the ACS reviewers will introduce the system review/consultative process and State Trauma System leadership will present an overview of the Georgia trauma system. Dr. Ashley encouraged all Commission members to be available for these meetings and spoke of the importance of the ACS review visit to future Georgia trauma system development activities.

Ms. Morgan informed the Commission that her office has received inquiries from EMS services regarding an extension to the date that EMS services had to provide documentation for the EMS uncompensated trauma care funding. Ms. Morgan stated she and staff from MCG are working to get the EMS services all the information they need to speed the process but requested the Commission to consider an extension until the end of January 2009 for EMS services. Discussion ensued. Concern was expressed on the continued delay in getting trauma funding to EMS. Ben Hinson recognized the huge amount of work that is needed by an EMS service to acquire all the documentation necessary to justify uncompensated trauma patient care and agreed that an extension-granting process was needed. Discussion continued. Regina Medeiros from MCG described the numerous requests for information and guidance she has received from EMS services and the amount of work necessary by EMS services to validate eligibility of each individual uncompensated claim. Ms. Medeiros stated she has received two requests for extensions and Dr. Ashley stated he has received one extension request from the Medical Center of Central Georgia EMS. Ms. Medeiros stated she has received only 8 submissions from EMS services out of the possible hundreds that could be submitting. She also said that all payments to EMS services from MCG must be paid out by 15 March 2009. Ben Hinson made the motion that the overall deadline for EMS services to submit invoices to MCG to be moved to 31 January and because of a written requests from the Medical Center of Central Georgia EMS and the other two services (not identified by Ms. Medeiros) who have made extension requests that those services be extended to 28 February. Bill Moore seconded the motion. Discussion ensued regarding the problem with granting different extension dates for specific services. Dr. Ashley asked that an amendment be made to the Mr. Hinson's motion making the date for everyone 14 February. Dr. Haley suggested the extension date for all services be changed to 31 January with no exceptions. Mr. Sponseller from the attorney general's office stated that an extension date for all services would be more favorable but ultimately the decision would be a policy decision from the Commission. He stated that there could be angry people because of the differing dates and recommended that a blanket date would be better but a decision for differing dates would not be illegal. Mr. Hinson made an amendment to his motion that the extension date be moved to Monday, 16 February 2009 for EMS documentation to be submitted to the Medical College of Georgia and no extensions, after that date, be granted. Bill Moore made a second to that motion indication his acceptance to the amendment. Motion passed unanimously.

Ms. Morgan stated she had received some questions from hospitals regarding the state health benefit plan fee schedule they must use in determining their physicians' payments for uncompensated trauma care. She indicated two hospitals (trauma centers) have notified her that they have no existing state health benefit plan contract or a contract in 2007, which has a state benefit health plan fee schedule (covering all trauma service lines) and are requesting assistance in determining the payment ratio for their trauma physicians. Discussion ensued. Kurt Stuenkel stated his facility had similar issues regarding payment for trauma physician services not covered in their state benefit health plan fee schedule. Specifically, his hospital does not employ all specialties hence he did not have access to all physician service fees. He stated his hospital decided to use a percentage of the Medicare payment schedule, which is the basis for the specialties his hospital does employ and for which his hospital is contracted for under the state health benefit plan. Mr. Stuenkel offered this idea as a possible way for the other hospitals to determine the percentage of allocation to physicians by specialty. Mr. Stuenkel made the motion that hospitals can use the Medicare fee schedule to calculate physician payment rates (uncompensated trauma care) if the hospital does not have a state benefit health plan. Motion seconded by Dr. Robinson. Discussion ensued. Motion passed unanimously. Mr. Stuenkel and Mr. Moore both offered their assistance to other trauma centers in determining their physicians' percentages of payments.

Dr. Ashley reiterated that the American College of Surgeons (ACS) trauma system assessment and consultation visit is a golden opportunity for Georgia to receive expert analysis on the current state trauma system and receive solid recommendations from national experts that will identify and describe what work lies ahead for Georgia trauma system stakeholders in their system development work. He said the assessment visit is a valuable opportunity for Georgia trauma system stakeholders to share problems and issues regarding the system. He encouraged those invited by the Office of Trauma to attend the sessions and be candid and specific with the ACS reviewers. ACS will produce a final report in 60 to 90 days and a brief 10-point report with recommendations could be provided very quickly and would be beneficial to the GTCNC work with the legislature in January. Discussion ensued regarding having press at the ACS visit. Dr. Ashley stated a press release re ACS visit is warranted and that the press be invited to the closing interview with ACS on Wednesday, 07 January 2009. Ms. Morgan stated she would contact ACS requesting their recommendations for involving the press.

EMS capital grants and funding

Mr. Hinson stated the EMS capital equipment grants money has been released by the Governor's office and that current concern is: what agency will be responsible for holding the funds for dispersal to EMS services? Mr. Hinson is concerned that the money could be frozen again if things do not happen quickly. Dr. O'Neal stated "language" is available for the contract between DHR and GEMA as soon as the Governor's Office makes the decision regarding GEMA's role in the process. Dr. Ashley asked how the scoring for the EMS capital equipment grants would come about. Ben Hinson stated the grant scoring would be objective and that the GTCNC has already approved the scoring guidelines that would be followed by the contracting/responsible agency (GEMA if approved by Governor's Office). Mr. Hinson stated that GAEMS has

volunteered to draft letters for Dr. Ashley's signature and to go out to EMS services but is holding off until GEMA is identified or not. There would be a one-page form to fill out as well as sign a letter during the contracting process indicating the service will adhere to the prescribed use of the equipment. Mr. Hinson went on to say that GEMA (if identified as the responsible agency) would need a contract with each EMS service or county commission receiving funds for ambulance replacement. Discussion ensued about the importance of getting information out to the EMS services as soon as possible. Mr. Hinson made a motion that the Commission request from the Governor, clarification regarding the role of GEMA in the EMS capital equipment program. Motion seconded by Dr. Robinson. Dr. Ashley asked Dr. O'Neal if that was okay with him and if he could make a telephone call or send an email to the Governor's office today. Dr. O'Neal agreed. Motion passed unanimously. Mr. Hinson stated that all EMS services could apply for ambulance replacement but the ambulance can only be used in a 911 zone. Mr. Hinson reiterated that the GTCNC passed the formula for the awarding the vehicle replacement grants during the June meeting but he would send that information out again to the GTCNC.

Data committee

No report available.

Hospital capital grants

Kurt Stuenkel stated that at the last Commission meeting hospital capital equipment grant award recommendations were made and approved by the Commission. After that GTCNC meeting, it was discovered that Memorial Health's application had not been completely reviewed during the initial process. The subcommittee subsequently met and reviewed the additional information and developed new award recommendations. (See attached.) The new award recommendations passed the GTCNC unanimously.

Award particulars will be communicated to each trauma center by DHR. Dr. O'Neal stated that DHR has existing contracts with the trauma centers and that getting these funds to the hospitals will go quickly. Jim Pettyjohn stated he would get the necessary information to Dr. O'Neal for contract language during the first week in January. Dr. O'Neal stated that DHR would be responsible for developing and the management of the contracts for the trauma centers capital equipment grants and that the grants could be ready by 15 January.

Pediatric trauma planning:

Ms. Cole stated that she was happy with the progress the pediatric trauma planning committee was making and that during the afternoon workshop; she would be presenting the draft plan and proposed funding suggestions.

Transfer centers

Jim Pettyjohn reported on the recent (04 – 05 and 19 December) statewide Level I trauma center/pediatric trauma center transfer center tour that he, Linda Cole and Cyndie Roberson did across the state. Transfer Centers surveyed were: Children's Healthcare of Atlanta, Medical College of Georgia (Augusta,) Memorial Health (Savannah,) Medical

Center of Central Georgia (Macon,) and Grady Health System (Atlanta.) The following areas within the centers were reviewed: scope of services within transfer centers, call and transfer volume, center staffing mix and numbers, role of the physician specialists in ED to ED and inpatient transfers procedures, role of utilization management in process, and software use and needs. A preliminary report has been generated and shared with visited transfer centers. This report will be finalized and will inform the current regional transfer center/system planning work of the Commission. All visited transfer centers were forthcoming, open with information and willing to share with the survey team. All were interested and eager to develop a system of collaboration and sharing of best and promising practices among the centers. All advocated for a statewide web-based “dashboard” where all hospitals (not just trauma centers) would report their capacity in real time and by service line. Discussion ensued. No motions made.

Administrative

Jim Pettyjohn asked for a motion to approve all past outstanding Commission minutes he sent to the Commission members. Mr. Hinson stated he felt the Commission members needed more time to review the minutes and that approval could occur during the January meeting. No motion made.

Mr. Pettyjohn reported that he and Kelly Gallipeau from Bishop and Associates recently met with Cherri Tucker (Executive Director) and Collette Caldwell (statistician) from the Georgia Board for Physician Workforce (GBPW) regarding GTCNC recent letter asking for assistance in obtaining the number and geographical dispersal of trauma physicians in Georgia (as defined by GTCNC uncompensated trauma care reimbursement formulas.) The GBPW recently issued a report: “Fact Sheet on Georgia’s Trauma Physicians” in August 2008 (see attached). This was an update to a similar report produced in 2006. The report is very informative but does not include the trauma physician specialties: hand, plastics, maxillofacial, anesthesiology nor pediatrics. Ms. Tucker and Ms. Caldwell agreed to revisit their data and provide this information to the Commission. They will provide the physician information breakdown by county. GBPW funds graduate and undergraduate medical education in Georgia through the medical schools. A discussion occurred with GBPW staff regarding the possibility for collaboration between the GTCNC and GBPW on trauma physician shortages and education and a new Acute Care Surgery residency fellowship. Mr. Pettyjohn reported that Ms. Tucker made a suggestion that someone from the GTCNC meet with the GBPW during their 07 February board meeting to discuss the issues. Discussion ensued. No motions made.

Other business

Renee Morgan will send out emails to all identified individuals needing to attend specific parts of the American College of Surgeons trauma system assessment meetings coming up during 04 through 07 December in Atlanta at the Georgia Tech Hotel.

Dr. Ashley reminded attendees of the Georgia Hospital Association’s meeting on 19 December in Macon (Peyton Anderson Health Education Center, first floor, room 8) to update Georgia’s hospitals on GTCNC current funding areas and plans for future system development.

Mary Eleanor Wickersham (Governor's health and human services policy advisor) notified the Commission that she just received an email during the Commission meeting that the Governor has reaffirmed GEMA to be the agency responsible to administer the EMS capital equipment grants. GEMA director English has been informed of the Governor's decision.

Dr. Ashley has plans to meet with Dr. Harvey from the Medical Association of Georgia re trauma system development support.

Next meeting

January, February and March meetings will be in Atlanta and at the Capital complex. Next GTCNC meeting is planned for Thursday, 15 January 2009 and scheduled for 1000 until 1200.

Adjourn

Meeting adjourned at ~1120.