

MINUTES
Georgia Trauma Care Network Commission

Tuesday, 20 November 2008

Thyme Room,
Mountain Creek Convention Center
Callaway Gardens
Pine Mountain, Georgia

Members Present	Members Absent
Dr. Dennis Ashley, Linda Cole Ben Hinson Bill Moore Dr. Joe Sam Robinson Kurt Stuenkel Kelli Vaughn Others documented as present: Pat O'Neal Renee Morgan Dwayne Morgan Danae Gambill Scott Lightsey David McCall Darrell Enfinger Craig Stubbs Sam Cunningham Marty Billings Billy Watson Michael Hagues Gina Solomon Seth Millican Lee Oliver Jamila Pope, Alex Sponseller Tom Wall Mike Polak Greg Bishop Jim Pettyjohn	Dr. Leon Haley Dr. Rhonda Medows

Call to order

Dr. Ashley called the meeting to order and ~1015.

DHR report**Continuance of medical review committee:**

Requested the GTCNC to continue with and rejuvenate the Medical Review Committee (MRC) established under a HRSA trauma grant a few years back. Dr. Vernon Henderson from Atlanta Medical Center chaired the committee, which was formed for system “process improvement” activities. The State Office of EMS/Trauma recognizes a need for the committee’s renewal and continuation in an advisory role to the GTCNC for future trauma system development process improvement activities. Dr. O’Neal recommended the GTCNC keep the medical review commission in place and that it would essentially report to the GTCNC and receives its directions from the GTCNC. Discussion about the duties of the MRC ensued. Dr. O’Neal stated it would focus on statewide system issues like system performance issues not individual hospital performance issues and said that he just needed the Chair to give him direction to continue with the MRC. Dr. Ashley gave Dr. O’Neal the direction to continue with the MRC. Discussion continued on the importance of having the MRC report to and be accountable to the GTCNC. Dr. O’Neal agreed.

DHR is undergoing a budget review process by the senate appropriations subcommittee and Dr. O’Neal has testified to that committee recently re trauma funding. That committee is very interested in knowing what is happening with the trauma funding from 2007, requesting reports of what dollars have been distributed and what money remains and what amounts are “frozen.” Dr. O’Neal has until 01 December to provide report(s) to the senate appropriations subcommittee. Dr. O’Neal specifically needs to report out how the GTCNC plans to award the hospital capital grants dollars if and when those funds become available for dispersal. (See meeting notes re capital grant awards)

Financial accounting and reporting

DHR is currently receiving monthly financial reports from the trauma centers for 2007 funding. Dr. O’Neal requested input from GTCNC re How should we be prepared to respond to requests for information re the accomplishments that can be expected as a result of receiving the 2007 trauma dollars? Dr. O’Neal believes that there is possibly some misunderstanding by the Governor’s Office and the state legislature that the 2007 dollars is going for additional activities to expand the state’s trauma system rather than for readiness costs and uncompensated care, which is how the money has gone out. Dr. O’Neal believes everyone should be prepared to remind those who ask the questions that the 2007 dollars were used to shore up a failing system that was in crisis. And addressing the uncompensated care and readiness activities of the trauma with 2007 dollars centers did that. Trauma center “readiness” is defined in the states trauma designation standards. To maintain designation is to have readiness. One cannot say that 2007 dollars were used for trauma center or system expansion and it would be a mistake to say so. System building and funds for that will be in next year’s request from the legislature. Dr. Ashley agreed with Dr. O’Neal’s comments and requested the Commission to remember Dr. O’Neal’s comments when speaking about 2007 trauma dollars. It was noted that if the

capital grant and EMS grant dollars were to be unfrozen that money would be considered “expansion” funding. No trauma centers have dropped out of the system since 2007 funding was allocated.

Dr. O’Neal continued to say that the hospitals were still being held up by the failure to provide a “state health benefit fee schedule” for use in determining uncompensated care payment to physicians. There is not one single statewide state health benefit plan or fee schedule. Hospitals are waiting for guidance. Plans are negotiated with hospitals and are usually different. Some hospitals may have more than one state benefit health plan fee schedule in effect. Ben Hinson made a motion to “direct the trauma centers to use a state health benefit contract that the hospital has negotiated, and if there are more than one, preferably the one with the highest rates.” There were comments that the fee schedule was only a way to proportionately distribute dollars among the specialties within each trauma center. The fee schedule is only a tool for those proportion decisions. Linda Cole seconded. The motion passed unanimously. Dr. Ashley will send letter to Dr. O’Neal reflecting GTCNC decision and DHR will notify the trauma centers. Any further needs for clarification should come from DHR (Dr. O’Neal.)

Dr. Ashley asked if data were available to answer all the questions that the legislature may require. Dr. O’Neal stated the Office of EMS and Trauma has all the information needed to report out to the legislature on how 2007 funding was or will be spent. Dr. O’Neal (DHR) will produce a report for the legislature demonstrating general “readiness” maintained over the last year the 2007. He will utilize the States trauma center designation criteria data and the trauma center designation quarterly reports to develop the legislative. Dr. O’Neal stated the legislature would need to know how much money by trauma center was allotted for physician uncompensated care. That information is available. Dr. O’Neal cautioned the Commission to keep the report general based this year and could be much more specific next year and agreed the report could be ready in 10 days. Greg Bishop reported that he is in process of resurveying all trauma centers (first survey last year) and hopes the information resulting from the data will reflect improved readiness too.

Ben Hinson spoke of an opportunity for the Commission to take ownership of the physician uncompensated accounts, which were reimbursed using trauma trust fund dollars. He stated that in essence the “commission is technically buying that clam from the physicians” and if compensation is later realized on that account, the Commission should receive the funding. Ben Hinson told the Commission that the state insurance commissioner Oxidine is in favor of this idea and has the capability to assist in collections. Ben Hinson made a motion to: “the Commission research or study the possibility that the state get the right to a medical claim for compensation that has been paid deems “uncompensated” and has been paid by the trauma commission.” Dr. Robinson seconded the motion and Linda Cole suggested that Ben Hinson be the chair of a subcommittee to do the research as an amendment to the motion. Amendment was accepted and motion carried unanimously. Dr. O’Neal was requested to include this

motion into his report to the legislature to show that the Commission is “thinking outside the box” on getting funding for the trauma trust fund.

Dr. Ashley asked Dr. O’Neal about trauma center accountability and if the correct data points to show that are being collected. Dr. O’Neal suggested that this could be the first task assigned to the medical review committee (MRC) and not just for trauma centers but for all stakeholders in the trauma system....perhaps using the American College of Surgeons guidance. Dr. Robinson said that system accountability is ultimately one of the most powerful things the GTCNC could do....to put standards in place. He continued on with comments that prehospital trauma system is a great place to make quick improvements in trauma care. Linda Cole asked about the make up on the MRC and if there were representatives from pediatrics, EMS and non-trauma systems. Dr. O’Neal stated all MRC meetings were open but only physicians had voting rights. Also EMS regional program directors are represented. There is a pediatrician on the MRC ...but the MRC has not met in over two years and it is difficult to know who remains interested or on the committee. Ben Hinson requested DHR (Dr. O’Neal) to present to the GTCNC a more comprehensive report about trauma system accountability. He stated that with every commission meeting there seems to new information about the trauma system and data being collected. Dr O’Neal stated his office could put that together. Greg Bishop stated his group was putting together a trauma system plan that would address accountability to be presented to the legislature in January. Dr. Ashley summed up the discussion asking Dr. O’Neal to put something together by the next meeting or two and also identifies 5 or 6 reasonable pieces (clinical standards) that could be followed in the first year and could be reported to the legislature. He went on to direct the shoring up of the medical review committee, with pediatric, EMS and non trauma-designated hospitals representatives and come up with a list people on the medical review committee over the next month. He stated a need to get all this “tightened up.” He asked Dr. O’Neal if that was “doable” and Dr. O’Neal agreed that it was.

Dr. O’Neal reported that DHR is focusing on trauma this year, as it’s “wildly important goal” or WIG. He continued on with reporting out on benchmarking EMS response time (911 call to time in ED) rural vs. urban. Rural time is 34 minutes. Urban time is 25 minutes. Using state urban and rural county definitions. Scene time is greater for rural than urban. (Data from trip-sheet data from 2007 not trauma registry.) Dr. O’Neal suggested that the GTCNC routinely follow these benchmarks on a regular basis just as they are following the information from the data registry and definitive care indicators. State EMS office is also assessing EMS capacity in counties that are in I 75 corridor. That survey will be going out in a week or so. Office of EMS and Trauma has identified four hospitals in southern I 75 corridor that are doing a lot of trauma patients already and the goal is to get some commitment from those hospital to become trauma centers before the legislative session begins in January. Outreach is occurring with Tift, Valdosta, Satilla regional and Phoebe hospitals. Dr. O’Neal would like to report to the GTCNC on a monthly basis on the progress of the “WIG.”

Dr. Ashley asked Dr. O’Neal if DHR needed an official request from the GTCNC for an expenditure report and putting together all the data point requests and report for the

legislature. Dr. O'Neal offered to share the spreadsheet that DHR is using to document the trauma fund activities with the trauma centers and offered to bring that to the GTCNC monthly or quarterly. Dr. Ashley asked DHR to make that spreadsheet report part of the monthly report to GTCNC. Ben Hinson suggested the data committee to get with DHR to make all reports coordinated in form. He also questioned rural and urban definitions and the use of the trauma registry information to judge EMS transportation time. It was also clarified that the GTCNC wants included in the DHR monthlies report what the hospitals are reporting back in their narrative report on what the money is being used. Dr. Ashley also requested a report when available on what the physician are reporting to back to the hospitals regarding what number of trauma patients they see are insured and what number is uncompensated. Dr. O'Neal stated that there was a discussion to have the physicians and hospitals report that information back to DHR but that deliverable was not included in the hospital's current contract. Ben Hinson suggests that deliverable be included in contracts going forward.

Ben Hinson spoke to the fact that all EMS uncompensated claims would be paid by the Medical College of Georgia. This is a deliverable within their current contract. Total in fund to be paid to EMS is: \$1,479,945. Mr. Hinson spoke to how EMS services are paid in Georgia by insurance companies. He stated the United Health plan pays EMS services "billed charges" and wanted the GTCNC to consider this and suggested a motion be passed. Mr. Hinson made the following motion: "Medical College of Georgia be advised that the State Health Benefit Plan fee schedule for the purpose of this contract (payments to EMS services for qualifying indigent trauma care) is 'Billed Charges' for EMS services in Georgia." Dr. Robinson seconded motion and discussion ensued. The EMS services have until the end of the year to submit their charges to the Medical College of Georgia. If there is not enough money to pay all the services at "Bill Charges" then a "pro rata" basis or divide proportionate to a certain rate dispersal will be used. The motion was agreed to by the assistant attorney general attending the meeting and was passed unanimously by the Commission. There was further discussion that this rate for payment for uncompensated care for EMS services may change in future years or "going forward."

The American College of Surgeon's trauma system assessment visit will occur the first week of January 2009 (4th thru the 7th). Dr. O'Neal stated that the state is anticipating a lot of deficiencies and look forward to the report as a way identify and justify what is needed to build a quality trauma system in Georgia. There will be a quick turnaround of a of 10 points report that will identify the major deficiencies and can be used in the Commission's planning for next year.

Sub-committee reports

Hospital capital grants

Kurt Stuenkel reported out award recommendations. The process for making award recommendations was also presented. The Commission unanimously approved the recommendations. However, immediately after the commission meeting, information was made available to capital grants subcommittee chair and administrator indicating an incomplete review of one hospital's application, which might affect grant recommendations and awards. The capital grants subcommittee will meet to consider the

additional information and will notify the GTCNC of any award change recommendations. Capital grant awards will be made public at that time.

Data

Ben Hinson says committee will spend efforts over the next 30 days finding sources of data rather than gathering raw data. He reported on and named the many sources of trauma data “out there” and that not all that data support the same information or conclusions. Mr. Hinson’s concern is that the data committee provide to the GTCNC “real data that can be used to make real changes to save real lives in Georgia.” He wants to make sure all the numbers are correct before reporting out to the legislature. He recommended the CDC site WISQARS (<http://www.cdc.gov/NCIPC/WISQARS/>) as a good place to get data. Dr. Ashley asked if there known sources the Commission should be using or perhaps other data that should be collected or other areas of the state that should be assessed in building the system. Mr. Hinson says he knows something should be done along I 75 corridor and in Tifton and he is committed to trying to make that happen but added the whole system needs to be looked at not just focus on specific pieces. He cautioned the Commission to be careful about saying anything without data as backup. Dr. O’Neal stated there is very little (12 cases) data in the trauma registry from the lower I 75 or “Corridor of Death” and that if the hospitals there become trauma centers and registry data begin to flow, that the state may be surprised at how well trauma care is being provided there and that the death rates may not be that bad. He went on to say that there is a lot of media focusing on the “Corridor of Death” that it is a specific area with specific needs that the Commission could report out a plan of action on to legislature and then show great improvement relatively quickly next year. Dr. Ashley agreed that the focus should remain and that an assessment of the capacity/capabilities in the area should proceed. Ben Hinson cautioned to go carefully when working with the local folks because there could be a presumption of inadequacy of EMS or the hospitals because they are being looked at or focused on at that they have been identified as working in the “Corridor of death.”

Pediatric trauma planning

Linda Cole reported that she has begun to write the pediatric state trauma plan and will include; coordination, education, transportation, prevention, and physician recruitment. Particular focus is on pediatric transfer centers. A trip is scheduled to visit Augusta; Savannah and Macon centers to see how these facilities are working and see possible areas for collaboration. The goal is for Georgia EMS or community hospital EDs to be able to make one call to get the injured child to the write place quickly. Also working with the Georgia Hospital Association who has begun a hospital diversion project to look at overcrowding of EDs statewide. Trauma is just a subset of that activity. This project just began in November. The Commission’s goal is to collaborate not reinvent. Also looking at telemedicine. Telemedicine will be key to pediatric care in the state of Georgia. Ms. Cole is also focusing on interfacility transport and back transport (repatriation.) Ms. Cole will have the final pediatric plan by the end of the year and will have a final draft for the Commission to review.

Transfer centers

Greg Bishop gave the report for Dr. Haley and states the transfer center activities were leveraging of the pediatric transfer centers work and that the visit to the pediatric transfer centers to begin to evaluate then to possible broaden their scopes to include adult cases as well as pediatrics.

Rural physician support

Dr. Robinson stated he wanted to speak to the dysfunctions of the American health care system. Dr. Robinson spoke to hospital catchment areas and how many patients who use the hospital's Ed and trauma center often cannot pay. This same reality exists for physicians. He recalled his work on the "Georgia Board for Physician Workforce" (GBPW) and the physician shortfalls that exist in parts of the state. Dr. Robinson feels physician are avoiding working in areas where there are trauma centers, due to the demand and high uncompensated care, and believes the GBPW has not paid attention to that reality. Dr. Robinson made a motion: "the Commission send a suggestion to the GBPW that they consider the physician-underserved areas of Georgia in regards to trauma, specifically areas where hospitals cannot recruit trauma physicians." Motion seconded by Bill Moore. Dr. Ashley asked exactly what the Commission would ask. Dr. Robinson said the GBWP has the ability to determine what is needed to recruit physicians to certain areas and could be useful in identifying what capacity exists or not in Georgia. Linda Cole suggested GBPW also include in their query questions about pediatricians. Motion passed unanimously. Dr. Ashley to write a letter to the Chairman of the Board, Dr. Ralph Austin.

Administrative report**Meeting minutes**

Jim Pettyjohn introduced the meeting minutes books provided to each Commissioner and pointed out that within the book was a tab for each month and behind the tab were the court reporter-transcribed minutes for the months the Commission had meetings. There was not a meeting in May or July of 2008 and the August 2008 minutes were not available at the time the book was put together. Mr. Pettyjohn pointed out that the Commission minutes for December 2007, January 2008, and February 2008 have already been approved. Mr. Pettyjohn suggested the Commission could read the outstanding minutes send edits or changes to him for incorporation into a final document and approves all the outstanding minutes together at the next meeting in December. Dr. Ashley suggested that Mr. Pettyjohn do a one or two page quick summary of the minutes and Ben Hinson suggested that the quick summary include action items.

Letter of support E-911 services

Jim Pettyjohn asked for approval of the letter of support for statewide E 911 letter. Discussion as to who should receive this letter ensued. GEMA should receive letter and OneGeorgia Authority.

Other business

No other business was brought forward

Summation/next meeting

Next GTCNC meeting will be on 18th December at 1000 in Macon Georgia.

Adjourn

Meeting adjourned at 1220.