



MEETING MINUTES
Thursday, July 30, 2009
 The Medical Center of Central Georgia
 Macon, Georgia

CALL TO ORDER:

The scheduled monthly meeting of Georgia Trauma Care Network Commission (GTCNC) was called to order in the Weaver Board Room of the Peyton Anderson Health Education Center at The Medical Center of Central Georgia in Macon at 1000 hours by Dr. Dennis Ashley, Chair.

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

STAFF MEMBERS PRESENT	STAFF MEMBERS ABSENT
Sam R. Cunningham, EMT-P Renee Morgan, EMT-P J. Patrick O'Neal, M.D. Jim Pettyjohn	DCH DEPR Office of EMS and Trauma – Region 7 DCH DEPR Office of EMS and Trauma DCH Division of Emergency Preparedness & Response Administrator, Georgia Trauma Care Network Commission

OTHERS PRESENT	REPRESENTING
Chuck Almond David Bayne Rich Bias Rena Brewer Bambi Bruce Don T. Cargile Fran Fortson Danae Gambill Cynthia George Liz Goodman Rebecca Greener Paula Guy Charles Hayslett Julie Kerlin Debra Kitchens, RN Kevin Johnson Kelly Joiner	Elbert County EMS Senate Budget Office Medical College of Georgia - Health Georgia Physicians Taskforce Walton Regional Medical Center National EMS Wills Memorial Hospital Georgia Hospital Association Phoeby Putney Memorial Hospital Genentech Medical Association of Georgia Georgia Physicians Taskforce Hayslett Group Medical College of Georgia Medical Center of Central Georgia Newton County EMS Medical Center of Central Georgia EMS

Josh Mackey Trip Martin Scott Maxwell Ashley Meggitt David Moore Irene Munn Brian Noyes Lee Oliver, EMT-CT Gary Pinard Scott Sherrill Gina Solomon Alex Sponseller Courtney Terwilliger Blake Thompson Chris W. Threlkeld R. Keith Wages David Williams	Brock Clay Georgia Link Medical College of Georgia – Health Association County Commissioners of Georgia Georgia Association of EMS Office of Lt. Governor Casey Cagle Georgia Association of EMS EMSAC / GAEMS / Medical Center of Central Georgia Screven County EMS Georgia Tech Research Institute Gwinnett Medical Center Office of the Attorney General EMSAC and Georgia Association of EMS Wilkes County EMS DCH DEPR Office of EMS and Trauma – Regions 5 & 10 Georgia Association of EMS Peachtree City Fire Department
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WELCOME AND INTRODUCTIONS

Dr. Ashley welcomed the members of the Commission and guests.

QUORUM:

Dr. Ashley declared a quorum present for the meeting and that Dr. Haley was attending via teleconference.

ADMINISTRATIVE REPORT REVIEW:

Mr. Pettyjohn reported he sent the Administrator's Report electronically to the members of the Commission prior to the meeting and he would take questions. The Administrator's Report would become part of the meeting minutes. There were no questions.

APPROVAL OF THE MINUTES OF THE JUNE 18, 2009 MEETING

The minutes of the meeting of June 18, 2009, had been distributed prior to the meeting via electronic means and were also available to members in printed form.

MOTION GTCTC 2009-07-01:

I move that the minutes of the June 18, 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.

MOTION BY:

Ms. Vaughn

SECOND BY:

Ms. Cole

DISCUSSION:

None.

ACTION:

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

DISCUSSION: TRAUMA FUNDING AND THE 2010 LEGISLATIVE SESSION:

The discussion was led by Charlie Hayslett of the Hayslett Group and Brian Noyes of Brock Clay.

Mr. Hayslett reviewed the 2008 – 2009 public awareness campaign funded by the Georgia Healthcare Foundation, noting that the campaign actually began in 2006. He noted that assets from the campaign remain in place, but depreciate every day that they are not used. (Mr. Hayslett's PowerPoint presentation attached.)

Mr. Haslett reviewed data related to trauma support:

- Regarding the number of Georgians willing to pay for trauma, Mr. Haslett presented data that indicated a higher percentage of people were willing to pay for trauma in 2008 than in 2007, even though the economic downturn was well underway and being felt by the citizens.

Mr. Haslett reviewed active legislation:

- HB 480: This bill will impose a 7% tax on motor vehicle sales. It passed House in the 2009 Session and is pending in the Senate. Opposition has risen from the Association County Commissioners of Georgia (ACCG) and the Atlanta Journal and Constitution.
- SR 277: This bill will allow the public to vote on a Constitutional amendment that would impose a \$10 fee on license plates. It passed the Senate during the 2009 Session and is pending in the House. If passed, it would be on the ballot in the November 2010 General Election. It may be competing with a transportation amendment.

Mr. Noyes reviewed the changes that have taken place in the political climate since the end of the 2009 Legislative Session. Following that, he reviewed other options for funding trauma and said the GTCNC must identify the course it will take.

- The GTCNC needs to begin now, not wait until the Legislative Session. He suggested that GTCNC:
 - Listen to the Legislators and determine where they want to go, but be realistic. It is an election year.
 - Determine if the options available now will be available in 2010.
 - Determine if those options be viable for the GTCNC.
 - Determine how much the options will cost.
 - Stick with the decision; negotiate it, but realize that asking for funding will be difficult in the next session.
 - Remember that it is better to select a primary option and move forward rather than waiting to see what will happen.

Questions and Answers:

- Dr. Robinson asked if the health debate on the national level will have an impact on what the GTCNC is attempting to accomplish.
 - Mr. Noyes said it could cause significant changes; however, he again emphasized that not knowing and waiting for action from Washington is not a good course. The GTCNC should move forward with the realization that the Commission might need to change direction.
 - Mr. Stuenkel said the need will remain regardless of national healthcare reform.
- Dr. Robinson asked if there will be a national mandate to fix trauma.
 - Mr. Stuenkel said he has not heard trauma addressed in the reform proposal.
 - Mr. Hinson said reform could make the number of uninsured disappear without increasing the amount of money available for reimbursement.
 - Mr. Noyes said new funding has been a priority for trauma all along. The federal government is focusing on access, not additional funding.
 - Dr. Ashley said insuring everyone does not solve the problem of having major trauma teams present and ready at appropriate facilities. The GTCNC has a different focus.
- Mr. Moore said the GTCNC supported all the bills in the last Session. He asked why Mr. Noyes feels the Commission should focus on just one.
 - Mr. Noyes said the options followed in the past have not resulted in a long-term, stable funding process. In the legislative business, nothing is in concrete until the gavel falls. If you select one, you have the details required by the legislators and you will be able to drive the agenda better.
 - Mr. Haslett said the Session last year resulted in legislators having the ability to say that they did vote for trauma funding, even though little was gained from it.
- Dr. Robinson asked about the timing. Will there be additional Medicaid obligations levied on the states? If so, he said trauma funding will be a difficult sell.
 - Mr. Noyes said it would have a negative effect.
- Dr. Robinson asked if the GTCNC should wait until November after a decision has been made on healthcare reform.

- Mr. Noyes said the GTCNC should be talking with the legislators now because there may or may not be an answer to the federal question and the need for trauma funding in Georgia will still exist.
 - Mr. Hinson said if multiple options are made available in the next Session the way they have been in the previous two, then all legislators will be able to say they voted for trauma funding even though they could not all agree on a proposal that did pass. He expressed his support for the \$10.00 vehicle tag fee. If the Legislature decides they would prefer another method for funding, then the GTCNC can move into negotiations. He noted that some leaders in the House have told him the \$10.00 vehicle tag fee will not pass while others have said it will.
 - Dr. Robinson asked how much money would be generated by the fee and Mr. Hinson said approximately \$80 million.
 - Mr. Moore said his next question was going to be which funding mechanism the GTCNC should support.
 - Mr. Noyes said he purposefully did not select one. It is important for the GTCNC
- MOTION GTCTC 2009-07-02:** **I move that the Georgia Trauma Care Network Commission (GTCNC) create a subcommittee focused on working with the State Legislature to determine the best mechanism for sustained and adequate funding and further, that the subcommittee be chaired by Ben Hinson.**
- MOTION BY:** Ms. Cole
SECOND BY: Ms. Vaughn
DISCUSSION: None.
ACTION: The motion ***PASSED*** with no objections, nor abstentions.

After the motion passed, Dr. Ashley appointed Mr. Stuenkel, Dr. Robinson and Mr. Moore to serve on the subcommittee with Mr. Hinson.

GTCNC SUBCOMMITTEES UPDATE:

- **TRAUMA COMMUNICATIONS CENTER UPDATE:**

Ms. Cole said the subcommittee has had a very active month.

 - She introduced Scott Sherrill, with the Georgia Tech Research Institute (GTRI), who will be working with the subcommittee.
 - Rachel Duke, also with GTRI, will assist with the development of a document similar to that used by the Birmingham Regional Emergency Medical Services System (BREMMS).
 - A small group of subcommittee members met earlier this week to determine hardware requirements. Mr. Sherrill will conduct further research in this area to determine priorities. The group will then develop an RFP that should go out for bid by the end of August.
 - Ms. Cole met with leaders of EMS Council in Region 5 earlier this month to determine how to move forward with the development of the Georgia Trauma Center Communications Center (GTCC). She presented the concept to the Region 5 EMS Council.
 - Ms. Cole said the subcommittee is at a deficit now in speaking to and meeting with the hospitals in the Region to further the development of the GTCC. She said the proposal will need additional trauma centers in Region 5, but will also need all the hospitals to participate in the program. She has met with some of the leaders, but not formerly. She proposed hiring a GTCNC lead person to handle these responsibilities.
 - Ms. Cole also met with Ralph Reichert to talk about the Georgia Emergency Management Agency (GEMA) Grant and what the GTCNC responsibilities will be. She said GEMA may

be able to fund the software for GTCNC without the Commission having to use part of their \$23 million budget.

➤ **GEORGIA COMMITTEE ON TRAUMA EXCELLENCE:**

Ms. Vaughn said the Trauma Nurse Coordinators met in mid-July. They were tasked to review the criteria for entering the transfer center. Use of the ACS / CDC Field Triage Decisions was recommended by the subcommittee two months ago. At the July meeting, they further refined the process. The most critical patients will be directed to Level 1 and Level 2 trauma centers. Patients with less serious injuries will be directed to Level 3 and Level 4 trauma centers. Distance and time should be factors and will be focused on at the next meeting.

➤ **EMS SUBCOMMITTEE ON TRAUMA:**

Mr. Hinson said the EMS community has been involved with several aspects of the GTCNC work recently. Many have been engaged by the Committee on Trauma Excellence.

- The EMS Subcommittee on Trauma met in June and again earlier this week. Information from that meeting was distributed in electronic format prior to the meeting.
- Mr. Hinson displayed the decal that will be put on the ambulances funded by the grant. In as many cases as possible, a member of the GTCNC and/or Mr. Pettyjohn will be present when the decal is affixed. Arrangements are being made to have the respective legislators present, too.
- Concerning the AVL process, Mr. Hinson said the subcommittee is working with Kirk Pennywhit at GTRI. Mr. Hinson displayed the project management plan developed for the implementation of the system. Copies were distributed to those present.

Dr. Ashley complimented Mr. Hinson for successfully involving the EMS community in the process, noting that there are approximately 500 names on the email address group. Mr. Hinson, in turn, expressed appreciation to Dr. O'Neal and his staff, especially Billy Watson and Mickey Moore, for their logistical support in developing an email address group that is accurate.

OFFICE OF EMS / TRAUMA PROGRAM UPDATE:

The report was presented by Dr. J. Patrick O'Neal, Chief of the Division of Emergency Preparedness and Response.

- Dr. O'Neal reported that Scott Radeker, MS, NREMT-P, has been hired as Deputy Director for the Office of EMS and will report to work on August 3.
- Dr. O'Neal complimented the Regional EMS Program Directors for their assistance with the email addresses. He reminded the group that there are ten (10) EMS Regions, but only eight (8) have funded Program Director positions. He said the staff is spread extraordinarily thin because of this and the budget.
- Dr. O'Neal said he has had to develop 4%, 6%, and 8% proposed budget cuts. He noted it will be devastating to the system if any more people are lost, especially when the agency is so short staffed. He said this will have an adverse impact trauma as well as on EMS.
- Dr. O'Neal said the good news is that they have tried to absorb the budget cuts by giving up unfilled positions currently on the books. At this time he does not anticipate losing existing staff. He said he had hoped to augment the staff, but that no longer looks feasible.
- Renee Morgan discussed site visits to trauma centers and the current potential of adding more trauma centers.
 - She said she has to conduct two (2) regular site visits before the end of the year – Archbold Medical Center in Thomasville and Memorial University Health Medical Center in Savannah.
 - She said she expects to receive an application from Athens Regional Medical Center within the next three weeks.
 - She said there are four (4) facilities she is working with that would qualify as Level 4 trauma centers. Of those, three (3) are in Region 5 and the other is in north Georgia. She noted that Trauma Registry issues are usually the primary problem for the Level 4 facilities, but implementing a web-based program might be of use to them.

- Ms. Morgan said there is another facility in south Georgia that has expressed an interest in Level 2 Trauma Center designation. She said they have discussed this with her on numerous occasions over the last few years.
- Mr. Hinson asked for clarification of the designation process since the agency moved from DHR to DCH and asked if it could be shared with the GTCNC. Ms. Morgan said she would send it.

GTCNC FY 2010 BUDGET SUBCOMMITTEE REPORTS:

Dr. Ashley said the budget will be developed using percentages rather than dollar amounts due to the current economic situation and the possibly of additional cuts mandated by the Governor. He reviewed the process that occurred since the last meeting, noting that the subcommittees have worked in silos. He said his goal for today is for each Chair to know the percentage of the budget they can begin to work with, realizing however, that future adjustments may be necessary.

- GTCNC OPERATIONS SUBCOMMITTEE: Ms. Cole referred to the document distributed earlier identified as the *GTCNC FY 2010 General Budget*. She noted that a revenue shortfall of 5% was included in the revenue projection. A second document, *GTCNC FY 2010 Operations (12 month period)*, was then reviewed. Highlights of the proposal (in no particular order) included:
 - Administration and GTCNC Support: \$260,400
 - Georgia Trauma Communications Center (GTCC) Pilot Project: \$884,400 – The Center will facilitate the transportation of the most critical trauma system patients (typically about 10% of all trauma patients) to the appropriate facility. Of the total, \$360,000 is earmarked for 24 /7 staffing that would use protocols developed by the Regional Trauma Advisory Council (RTAC). The proposed budget would also allow for quality assurance and tracking, consulting fees, software (which might be provided by GEMA), hardware, and the facility.
 - Web-based Trauma Registry Support: \$49,550
 - Bishop and Associates: \$110,750
 - National Foundation for Trauma Care: \$1,500
 - Telemedicine: \$200,000 - This would allow for the purchase of hardware for the facilities. Dr. Robinson asked if this could also be used for stroke patients and Ms. Cole noted that there would be no restrictions on the types of patients the system would be used for.
 - National Science Foundation Center for Health Organization Transformation (CHOT): \$50,000 - This is a fee for an arrangement for an EMS Dynamic Mutual Aid System Study with another Georgia Tech professor, but is not related to GTRI. In return, the GTCNC would have a group of Ph.D candidates to work with the Commission. This may be a sole source expenditure, but Ms. Cole said additional research into the proposal is needed.
 - Pediatrics: \$200,000 to work with the Broselow System in all trauma centers, hospitals, and EMS providers in Region 5. Currently, it is somewhat cumbersome for EMS use unless PDAs are available for it to be downloaded to.
 - Reserve: \$428,400

Mr. Hinson requested that information in writing be distributed to members on those line items that are not clear or require additional research.

- TRAUMA CENTER / PHYSICIANS SUBCOMMITTEE: Mr. Moore presented the proposal for Dr. Haley. He referred to a multi-page document titled *Georgia FY 2010 Trauma Center Fund Financial Model July 24, 2009*. Highlights of the proposal (in no particular order) included:
 - New Trauma Center Startup Grants: \$1,000,000
 - Pay for Performance: \$760,380 – The criteria is yet to be determined. Funds would be returned to the pool for distribution to trauma centers if the criteria could not be developed in a timely manner.
 - Level IV Trauma Centers: \$54,000
 - Mr. Moore reviewed the data identified as Georgia Trauma Center Uncompensated Care Costs and noted that the data reported is not final as there are approximately six (6) of

the facilities indicated on the form that have yet to report current data. The same model used last year for uncompensated care costs is proposed again.

- The *Georgia Trauma Center Readiness Costs* document was reviewed.
- The last document reviewed was identified as *Individual Hospital Allocations*.
- Comments, questions and answers:
 - Mr. Hinson proposed that terminology be standardized on the documents. He noted that in some places, the terms “uninsured” and “self-pay” were used interchangeably, whereas the state uses the term “uncompensated.”
 - Mr. Hinson said he is of the opinion that the GTCNC should be able to buy the claims identified as uncompensated and should pursue their collection.
 - Mr. Hinson said the GTCNC should identify why a Level I hospital receives \$1,000,000 more than a Level II hospital. Mr. Moore said it was developed from the survey conducted of trauma centers last year. Mr. Hinson said it should be defined as what a Level I does that a Level II does not and what the extra \$1,000,000 in readiness costs buys. Mr. Moore noted that the amount will be significantly lower this year.
 - Dr. Robinson asked how diversion impacts the levels. Money is being distributed to facilities that arbitrarily go on diversion. Does the GTCNC monitor this? Dr. Ashley said that would fall under the Pay for Performance line item. Dr. Haley cautioned using diversion as a stick because hospitals should not be penalized for certain situation requiring the facility to go on diversion. Mr. Hinson said the GTCNC will capture data related to diversion, which occurs due to a variety of causes. Mr. Moore said he is not in agreement that hospitals divert in order to get around EMTALA requirements. Dr. O’Neal said diversion data is captured on the annual report submitted by the trauma centers and that can be shared with the GTCNC.
- EMS SUBCOMMITTEE: Mr. Hinson distributed draft minutes of the EMS Stakeholders Conference Call from July 27. He then called attention to the *Proposed Draft EMS Budget and Distribution GTCNC FY 2010*. Highlights of the proposal (in no particular order) included:
 - Medicaid for Matching Dollars: \$2,000,000 - The federal match for this amount will be \$5,942,811.76. Mr. Stuenkel asked what would happen if DCH was unable to assure that the dollars will go to raise the EMS Medicaid rates. Mr. Hinson said the funds would then be returned to GTCNC for reallocation to EMS. The GTCNC would be asked to engage in a discussion of how the funds should then be used.
 - EMS Vehicle Replacement Grant: \$1,125,000 - This would allow \$75,000 grants for fifteen (15) ambulances. Mr. Hinson said the EMS Stakeholder Subcommittee will decide if changes in the criteria used last year need to be made.
 - Dynamic Mutual Aid System Study and Development: \$426,900 - This would create a system of reimbursement for dynamic inter-county coverage. The system will be developed with the EMS Stakeholder group with the plan being to pay expenses for planning and administration with these funds. Mr. Stuenkel asked how this would interact with the amount proposed earlier by Ms. Cole. She said hers is for a long-term solution while Mr. Hinson’s proposal is for an immediate solution.
 - Support for First Responders and Specifically for Trauma Care: \$250,000 - Funds would be for competitive grants geared specifically for rural EMS systems that use primarily volunteer first responders for trauma scene response. Eligible uses would include training for first responders, equipment, improved communications for local first responding agencies, and other uses as determined before the program is launched.
 - There is no money budgeted for the continuation of the AVL system. Mr. Hinson expressed confidence that they needed funds will be obtained from GEMA.
 - Comments, Questions, and Answers:
 - Dr. Ashley said he has been trying to get a handle on the EMS world. He noted there are barriers to access to care in rural areas and said those would have to be identified. He said he wants to see access to care, who covers the county

when the sole ambulance is on another call, and other issues. He says access and coverage are watershed areas and the GTCNC should address them.

- Ms. Cole agreed, but said the nine (9) Commission members may not have the expertise to solve the problem, especially in the short term, but can likely do so in the long term. She noted that Mr. Hinson's proposal addresses some of the problems in the short term.
- Dr. Robinson noted that using funds to bring in additional federal funds is a very good proposal. He asked if there are other funding sources, such as the federal stimulus monies, or grants that might be available to obtain additional funds. Mr. Hinson said he is going to pursue this.

BUDGET DISCUSSION:

Dr. Ashley opened the discussion regarding approval of the budget. Ms. Cole recommended that the subcommittee Chairs identify those items that work can begin on immediately and try to obtain approval for those. Dr. Ashley added that it should be based on percentages. Mr. Pettyjohn noted that tomorrow is the second month of the fiscal year and there is yet no approved budget from GTCNC. Mr. Hinson suggested trying to approve the overall document of the General Budget first.

Ms. Cole asked if there was anything identified on the General Budget that needed to be revised. She expressed concern regarding the projected revenue shortfall, noting that what is projected might be less than what will be needed. Mr. Stuenkel said that some of the items are clearly defined regarding their needs whereas others are not. He asked where further cuts should come from if the GTCNC has been charged with stabilizing funding for the system.

MOTION GTCTC 2009-07-03:

I move that the FY 2010 General Budget of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.

MOTION BY:

Mr. Stuenkel

SECOND BY:

Ms. Cole

DISCUSSION:

Mr. Moore expressed the opinion that while last year only a small percentage was expended for system development, that number must increase. He also said that it appears as though the trauma centers and physicians are taking a disproportional amount of the cut. He said last year, 11% was allocated to EMS, 88.3% allocated to hospitals and physicians, and .3% to administration. In the proposed budget, 69.6% is allocated for hospitals and physicians (52.2% for hospitals and 17.4% for physicians), 17.4% for EMS, and 13% for administration (includes the mandated 3% for the OEMS). Dr. Ashley said the 3% allocated for the OEMS/T is the core of operations not only for EMS, but also for the trauma system. The more OEMS/T is beefed up, the more it will be able to help the trauma centers and trauma system. Mr. Moore suggested 75% be allocated for hospitals and physicians, 15% for EMS, and 10% for administration. Dr. Robinson said it would be nice to compensate everyone. Placating aggrieved stakeholders has been the intent, but the Legislature has not provided adequate funding; therefore, the GTCNC should do what it can to put the system in place. He said we should then find methods to obtain additional funds, whether from grants, Medicaid, or other sources. Finally, we can apologize to aggrieved stakeholders for not being able to do everything that is needed, but ensuring adequate funding is available to build the trauma system is his belief and recommendation. Mr. Stuenkel said this is an aberrant year, but we want to move the system forward. Next year, if \$80 million is available, then the percentages can be moved back up to offer

additional compensation to hospitals and physicians. Ms. Cole noted that there are administrative costs that might be obtained through other sources, such as the software for the GTCC. The funds need to be identified in the initial budget in the event the funds are not received from GEMA. Mr. Hinson asked where the funds would flow back to if not used. Ms. Cole said the issue should come back to the GTCNC for discussion. Mr. Hinson reviewed the percentages again, noting that hospitals are actually getting a larger percentage of the total available funds in the proposed budget than they did in the FY 2009 budget. Dr. Ashley said there are items that must be funded or the GTCNC will not be building the system. With the relatively small amount of money available, percentage-wise, the difference may appear larger than it actually is. Dr. Robinson said the stakeholders are going to be displeased; however, the displeasure will be muted because the entire healthcare system is up in the air. A small amount of money, varying back and forth, is not going to create a significant problem. We have to put the system in place first. Mr. Stuenkel said the difference is in system development. Dr. Ashley said the GTCNC must be on the offense and move forward if additional funding will be given in the future. Mr. Hinson said it should be presented that the providers are taking a hit to allow the GTCNC to invest the tax payers monies to further develop the system.

FRIENDLY AMENDMENT:

Funds not expended from the administrative and operations budget will be identified and discussed by the GTCNC and reallocated to the hospitals and physicians.

FRIENDLY AMENDMENT BY:

Mr. Moore

FRIENDLY APPROVED:

Mr. Stuenkel and Ms. Cole agreed to the Friendly Amendment.

FINAL WORDING OF MOTION:

I move that the FY 2010 General Budget of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented. Funds not expended will be discussed by the GTCNC and reallocated to the hospitals and physicians.

ACTION:

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

FURTHER BUDGET ACTION:

MOTION GTCTC 2009-07-04:

I move that the EMS Subcommittee on Trauma be allowed to move forward with using budgeted funds for the following purposes: 1) \$2,000,000.00 match for Medicaid dollars; and 2) \$1,125,000.00 for EMS Vehicle Replacement Grants.

MOTION BY:

Mr. Hinson

SECOND BY:

Ms. Vaughn

DISCUSSION:

Mr. Hinson said the \$75,000 per vehicle grants could be reduced if additional budget cuts are mandated.

ACTION:

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

MOTION GTCTC 2009-07-05:

I move that the Trauma Center / Physicians Subcommittee be allowed to move forward with using budgeted funds for the following purpose: \$6,696,610.00 for trauma center readiness costs.

MOTION BY:

Mr. Moore

SECOND BY:

Mr. Stuenkel

DISCUSSION:

None.

ACTION:

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

MOTION GTCTC 2009-07-06:

I move that the GTCNC be allowed to move forward with using budgeted funds for the following administrative and support purposes: \$110,750.00 for the contract with Bishop and Associates.

MOTION BY:
SECOND BY:
DISCUSSION:
ACTION:

Mr. Cole
Mr. Hinson
None.
The motion ***PASSED*** with no objections, nor abstentions.

MOTION GTCTC 2009-07-07:

I move that the GTCNC be allowed to move forward with using budgeted funds of \$135,200.00 for continuing Mr. Pettyjohn's services for FY 2010.

MOTION BY:
SECOND BY:
DISCUSSION:
ACTION:

Ms. Cole
Dr. Robinson
None.
The motion ***PASSED*** with no objections, nor abstentions.

MOTION GTCTC 2009-07-08:

I move that the GTCNC be allowed to move forward with using funds budgeted for the creation of the Georgia Trauma Communications Center for the following purposes: up to \$100,000.00 for a contract position for a lead person.

MOTION BY:
SECOND BY:
DISCUSSION:
ACTION:

Ms. Cole
Mr. Stuenkel
This person would be the point of contact individual for further development of the GTCC and would report to Mr. Pettyjohn.
The motion was ***PASSED*** with no objections, nor abstentions

MOTION GTCTC 2009-07-09:

I move that Ms. Cole be empowered to begin the recruitment process for a nurse to serve as the lead contact for the development of the Georgia Trauma Communications Center using the \$100,000.00 budgeted funds and that the GTCNC be allowed to move forward with using budgeted funds of \$50,000.00 to contract with an agency for administrative support.

MOTION BY:
SECOND BY:
DISCUSSION:

Ms. Cole
Mr. Moore
In discussing the position for a lead contact for the development of the GTCC, Mr. Sponseller said that due to the hiring freeze from the Office of Planning and Budget, it might be problematic to attempt to hire the individual as a state employee.
The motion ***PASSED*** with no objections, nor abstentions.

OTHER BUSINESS:

None.

NEXT MEETING:

The next meeting of the GTCNC will be held from 1000 – 1230 hours on Thursday, August 20, 2009, in Atlanta at a location to be announced later.

ADJOURN:

Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1345 hours.

The 2008-09 Trauma Campaign: A Look Back – and Forward

Georgia Trauma Network Commission

July 30, 2009

Macon, Georgia

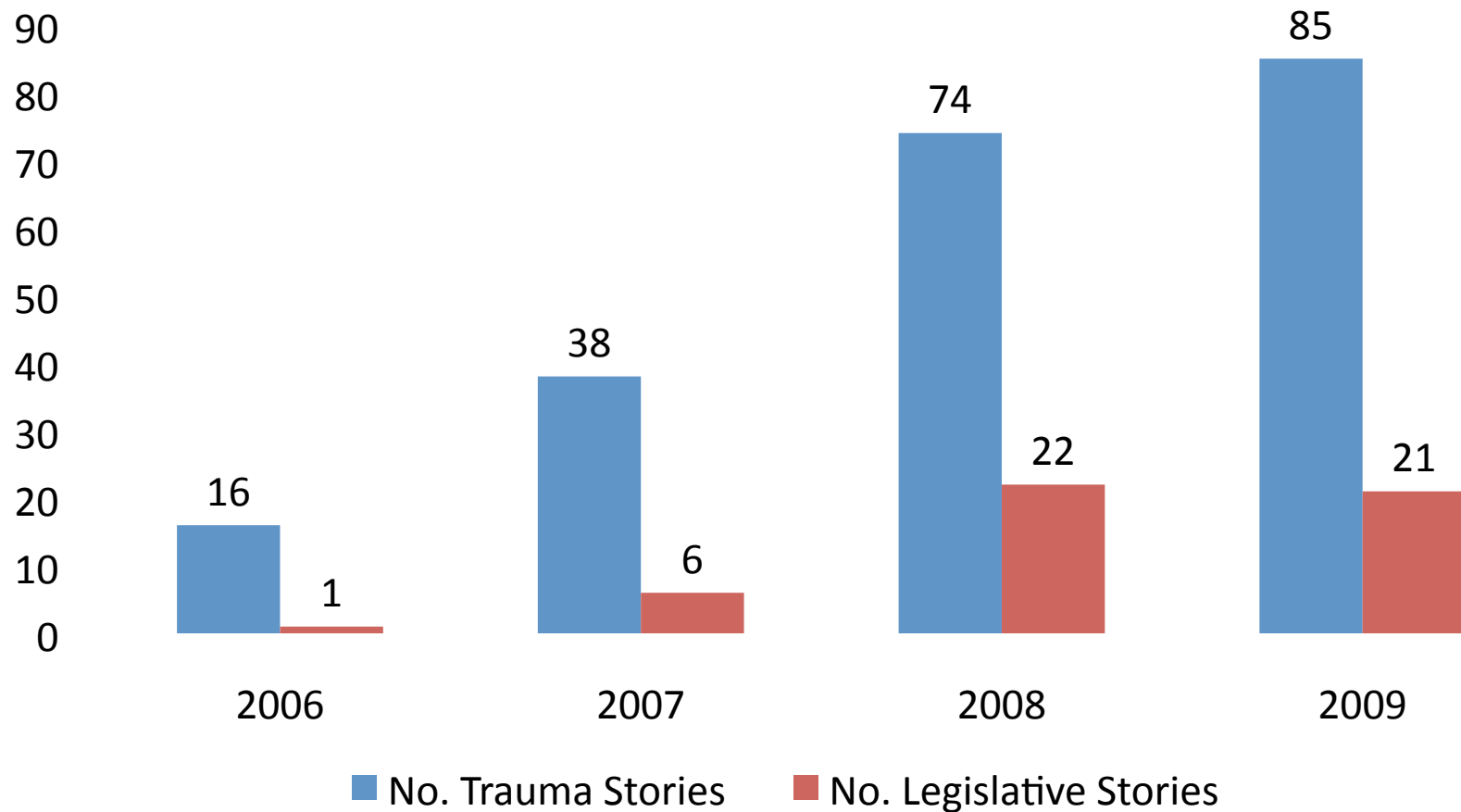


Campaign History & Evolution

Year	2006	2007	2008	2009
HGF Campaign Initiative	<ul style="list-style-type: none"> • 1st UGA Poll • HGF-sponsored Stakeholder engagement begins • DHR funds design of trauma awareness campaign 	<ul style="list-style-type: none"> • Bishop Group engaged for SB 60 Study • 2nd UGA Poll • Stakeholder engagement continues 	<p>In-Session:</p> <ul style="list-style-type: none"> • HFG op-ed published in AJC <p>Post-Session:</p> <ul style="list-style-type: none"> • Trauma summit held in Sept. • Grassroots, media relations & awareness campaign launched in 3Q; GSTAT organized 	<p>In-Session:</p> <ul style="list-style-type: none"> • Grassroots, media relations and awareness campaign continues through session <p>Post-Session:</p> <ul style="list-style-type: none"> • Campaign ends
Public Policy Development	<ul style="list-style-type: none"> • Trauma Study Committee Established 	<ul style="list-style-type: none"> • Trauma Commission created • Gov. proposes super-speeder bill • Speaker pledges support for trauma funding 	<p>In-Session:</p> <ul style="list-style-type: none"> • Separate funding bills pass House & Senate, but compromise fails on 40th night 	<p>In-Session:</p> <ul style="list-style-type: none"> • Super-speeder passes • HB 480 and SR 277 pass respective chambers, but stall in other body



AJC Trauma Coverage: Jan-Mar



Results of '08-'09 campaign

- GSTAT organization
- Media coverage
- Editorial support
- Marketing, advertising and promotions
- Web site (www.GeorgialtsAboutTime)
- Public engagement and support



Results: GSTAT Organization

- Reconstituted GSTAT
- Core of physicians, hospitals, EMS
- Added business, government groups
 - Georgia Chamber, ACCG, GMA
- Advisory group throughout campaign
- 9,000 rank-and-file GSTAT members



Results: Media Coverage

- 500+ print, broadcast, Web reports
- 49 newspapers, 19 TV stations, radio
- \$1.5 - \$4 million ad equivalency
- Capitol press corps, statewide media highly sensitized to the issue



Results: Marketing & Promotion

- Website (Georgiainsabouttime.com)
- 11 billboards
- Ads in 47 S. Georgia newspapers
- Ads/PSAs at 64 radio stations
 - Included Larry Munson PSA
- 351,000 Google impressions
- 22,000 brochures, 9,000 bumper stickers
- Feb. 23 Capitol Rally: 300 attendees



Results: Editorial Support

- Twin Goals:
 - Generate editorial support for trauma funding
 - Leverage editorial writers to hold legislative leaders accountable
- Virtually all Georgia dailies endorsed, none opposed
- Albany, Athens, Atlanta, Augusta, Columbus, Gainesville, Macon, Rome, Savannah, Tifton



Results: Web site

- www.GeorgialtsAboutTime
- Virtual campaign HQ
 - 9,000 citizens signed e-petition
 - Campaigners downloaded materials
 - Journalists, legislators did research
 - 22k visitors August-April
- Well-established site known to media and trauma stakeholders



Results: Grassroots Engagement/ Public Support

- 9,000 e-petition signatures
- 2,100 volunteers
- UGA public opinion research:
 - 88.1% consider trauma a “government responsibility
 - 75.6% think trauma system should be “supported by public funds”



Campaign Residuals

Grassroots
Support

Editorial
Support

Media Coverage

Marketing & Promotional
Support (Website)

Georgia State Trauma Action Team



Georgians Willing to Pay for Trauma

Amount Willing to Pay	2007	2008	Change
Nothing	15.5%	7.0%	-8.5
\$1.00	3.4%	4.0%	+0.6
\$5.00	6.2%	9.4%	+3.2
\$10.00	8.2%	10.6%	+5.3
\$25.00	22.1%	27.4%	+3.3
Over \$25.00	44.6%	41.6%	-3.0
At least \$25.00	66.7%	68.0%	+1.3
At least \$10.00	74.9%	78.6%	+3.7

Source: **UGA Survey Research Center, Knowledge and Perceptions Related to Trauma Centers and Systems in Georgia, 2007 and 2008**



But Less Certain About How to Pay

Funding Mechanism	% Extremely Supportive	% Somewhat Supportive	% Total Support
Direct Appropriation of State Funds	34.3	41.5	75.8
Increased Traffic Fines	35.4	39.2	74.6
Additional Tax on Gun Sales	39.3	22.0	61.3
\$10 Tag Fee	14.6	35.7	50.3
Higher Medicaid/Insurance Reimbursement Rates	14.7	33.2	47.9
Increased Car & Boat Registration Fees	6.6	26.1	32.7
Surcharge on 9-1-1 Calls	7.3	20.2	27.5
Surcharge on Auto Insurance	5.5	18.6	24.1
Surcharge on Cell Phones	6.1	16.9	23.0
Surcharge on Landline Phones	3.4	18.8	22.2

Source: UGA Survey Research Center, Knowledge and Perceptions Related to Trauma Centers and Systems in Georgia, December 2008



HB 480:

7% tax on motor vehicle sales

- Passed House & pending in Senate
- Would fund trauma out of one-time 7% fee on vehicle sales while repealing ‘birthday tax’
- Now has strong **opposition** from important trauma system supporters
 - ACCG opposing HB 480 and may have stopped it in final days of 2009 session
 - AJC used its final legislative editorial to oppose the bill with a 662-word editorial headed: ‘New car fee would hurt most Georgians’



SR 277:

Constitutional amendment for \$10 Tag fee

- As constitutional amendment, would provide dedicated funding source
- Passed by Senate, pending in the House
- But would have to be approved by voters at November 2010 General Election
 - UGA poll put support at bare majority: 50.3%
 - Would have to win approval amid statewide campaigns
 - Trauma tax might be competing with transportation tax: *Do we think the voters will approve two new taxes?*



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