

MINUTES
Georgia Trauma Care Network Commission

Friday, 17 April 2008

Georgia State Capitol
 206 Washington Street, Room 216
 Atlanta Georgia.

Members Present	Members Absent
Dr. Dennis Ashley, Linda Cole Dr. Leon Haley Ben Hinson Dr. Rhonda Medows Bill Moore Kurt Stuenkel Kelli Vaughn Others documented as present: Dr. Pat O'Neal Renee Morgan Sidney Barrett Greg Bishop Shayne George Dr. John Harvey Glenn Pearson Mike Polak Courtney Terwilliger Thomas Wall.	Dr. Joe Sam Robinson

Chairman, Dr. Dennis Ashley, called the meeting to order at 1000.

March 2008 GTCNC Minutes were not approved due to late dispersal to Commissioners. Approval will wait until next meeting.

Dr. Pat O'Neal gave the Department of Human Services report. Grady Hospital and Medical College of Georgia, both state-designated Level I trauma centers recently completed re-designation site visits are both being recommended for re-designation.

Dr. O'Neal spoke of the challenges from both the state office of EMS/Trauma and the Commission in deciding how the 2008 supplemental funding would be spent. He spoke to

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the intent of the trauma funding to assist system building and not just an entity within the system. He highlighted the following: trauma centers are important but physicians are necessary, prehospital funding important too...must get the patients to the hospitals in a timely manner. He supports the \$5.5 million as capital expenditures as a way to show that the Commission has been effective in spending the dollars.

Dr. O'Neal spoke to the extraordinary support within the state to see a statewide trauma system develop in a maximum way. He spoke of Healthcare Georgia Foundation and its interest in funding a trauma awareness campaign for Georgia as well as assisting the Commission in funding an Executive Director position.

Dr. O'Neal asked the Commission for direction to move ahead with contracting with the American College of Surgeons (ACS) for a state trauma system evaluation visit. He requested a recommendation from the Commission so that DHR could release some of its funds to pay for the visit. The cost is \$60,000. Dr. Medows made a motion to make the recommendation for the release of the funds for payment of the ACS visit. Seconded by Mr. Moore. Dr. Ashley suggested the amount be increased to \$65,000 to allow some leeway in price negotiating. Amendment was accepted and Commission passed motion unanimously.

Subcommittee reports

Readiness

Ben Hinson reported for the subcommittee due to Dr. Robinson's absence. Mr. Hinson distributed a report from Greg Bishop from Bishop + Associates. Georgia Better Health Care funded the report. The report is a "first cut" look at what the total costs are for being a trauma center in Georgia. Dr. Ashley asked Mr. Bishop to comment on the report.

Mr. Bishop described his method to determine "readiness costs" for trauma centers. He surveyed the trauma centers querying information on the "costs that would go away if the hospital was not a trauma center, in terms of fixed costs" Other criteria considered in determining costs were; "cost that are not covered by a hospital's normal cost allocations and reimbursement within the hospital." Mr. Bishop came up with an annual readiness cost of \$48 million for the Georgia's Level I and Level II trauma centers.

Mr. Hinson stated that this report from Mr. Bishop represents all new information and that everyone was welcome to the report. Mr. Hinson reminded everyone that the report is titled "Initial Readiness Cost Analysis." Mr. Bishop stated he was looking forward to working closely with the readiness subcommittee.

Uncompensated Care

Dr. Haley spoke to a report, which had been handed out to the members of the Commission. The report represents the subcommittee's work to date. Dr. Haley said the subcommittee is using the description of trauma care in the trauma registry as the criteria to determine data to obtain from trauma centers and Medicaid. The subcommittee is assisted by Dr. Medows and her staff at Department of Community Health (DCH) by making Medicaid data available for subcommittee's use and to assist in defining what uncompensated care is. Subcommittee is working with Greg Bishop and will make a full recommendation as to most accurate way to

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determine “uncompensated trauma care amounts” to the Commission on 15 May.

Discussion ensued re the lack of national data on trauma care costs in terms of physicians, EMS and hospitals. Searching different databases for same patient care documentation and combining that data into one set has never been done before. Using Medicaid databases helps because all three services, physician, EMS and hospital data are on the one system. Using the Medicaid databases, one can extrapolate “costs” by using amounts of claims being paid. The subcommittee has received data from nine of the twelve trauma centers. Dr. Ashley acknowledged the trepidations hospitals and other have about sharing data but he encouraged all the trauma centers to participate. Dr. Medows requested the hospitals that have not yet sent in their data to do so in a HIPAA-compliant manner. Georgia Hospital Association will assist in contacting the remaining hospitals in follow-up to ensure data is sent to Dr. Medows and in a HIPAA-compliant manner.

Open comment section of meeting

Dr. John Harvey with the Medical Association of Georgia. Dr. Harvey stated that the trauma stakeholders through a legislative study showed a greater than \$300 million need in funding for critical injury treatment within the state. The stakeholders requested \$100 million too help but they only received ~\$60 million or roughly 20%. Using an analogy to the ABCs of life support care, Dr. Haley stated the three important areas the Commission needs to fund with what money was received were, physicians, hospitals (trauma centers) and EMS.

Courtney Terwilliger, representing the Georgia Association of Emergency Medical Services (GAEMS) spoke to that organization’s statewide survey of EMS services. He stated he felt that survey and the resulting reports could help inform the Commission’s understanding of the abilities and needs of EMS services in Georgia to handle trauma. Mr. Terwilliger went on to state the essential importance of EMS to a functioning trauma system and requested GAEMS be included in the planning for trauma funding dispersal and that he supported funding for readiness and uncompensated care.

Dr. Mike Hawkins is the Chief of Trauma at the Medical College of Georgia in Augusta Georgia. Dr. Hawkins spoke to the dilemma of the Commission in fairly and appropriately distributing the Georgia Trauma Trust Fund moneys. He offered the suggestion the funds be used to offset some of the losses sustained by the existing trauma care providers: hospitals, EMS and physicians and to encourage these providers continued participation in trauma care in Georgia rather than use these dollars as seed money to recruit new participants. He reminded all that this is a one-time funding. He supports the use of a readiness cost and uncompensated care reimbursement formula for fund dispersal.

Mr. Glenn Pearson from the Georgia Hospital Association (GHA). GHA has worked to support the development of a Georgia trauma system: formed a group called “G STAT” a group designed to help raise public awareness for adequate trauma funding. GHA took over management of the “its about time” website. GHA also actively pursued editorial boards around the state, which has resulted in very supportive editorials and op ed pieces re trauma funding that appeared around the state. Mr. Pearson made four points: 1) disappointed that
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a permanent funding mechanism was not passed by the legislature, 2) GHA agrees that stabilization of existing network is a priority, 3) Commission be data driven as much as possible in determining funding allocations and know that hospitals bear the highest percentage by far of the cost of trauma care, and 4) use the trauma centers as the distribution channels of trauma funding to other sectors receiving funds rather than develop another payment mechanism.

Shane George, CEO of Doctors Hospitals in Augusta Georgia. Mr. George wanted to applaud the Commission for all the good work being done and using data to drive the decisions. Mr. George described his facility's capabilities as a burn center. He stated he was aware that as a non-designated facility, his hospital would not receive trauma funding but wanted to lend his support to trauma system funding as well as future sustainment funding for trauma care in Georgia. Mr. George stated his facility is preparing to undergo a verification process through the American Burn Association. Dr. O'Neal said the State's trauma rules would need to change in order for the State of Georgia to designate "burn centers."

Michael Polak with Memorial Medical Center, Savannah Georgia. Mr. Polak expressed his great appreciation for the Commission and its work. He spoke to the difficulties of his hospital has recently experienced specifically a financial shortfall and the need for staff layoffs over the past year. He also related disappointment that the legislature did not pass permanent funding for trauma. He encouraged the use of the trauma registry as a standard database for funding determination. He recommended the Commission to continue to look at consistent patient protocols for emergency transport to make sure that patients get to the right place and to the right trauma center appropriate for their injuries. He also felt that funding distribution for readiness costs take into consideration a hospital's level of trauma center designation.

Ben Hinson stated he would like the Commission to consider using just one of the twelve trauma centers as the vehicle for funding EMS. He stated that would be much easier for EMS services and much less complicated...working with one hospital rather than twelve. Dr. Medows stated a concern regarding the need for sole source determination if hospitals are used to provide funding to EMS services. Mr. Bartlett (attorney general's office) stated the problem occurs when you have an entity distributing funds and also requiring compensation for those administrative services. If that was the case, it would appear to be a procurement issue. Mr. Hinson and Mr. Bartlett will meet on this subject.

Dr. Ashley thanked the Commission members and reminded all that there are time constraints for getting funding formulas determined and then the appropriate contracts written and signed. Dr. Ashley gave the Commission subcommittees until the third Thursday in May to come up with final recommendations and bring to that Commission meeting. Dr. Ashley requested that the Commission adopt the third Thursday of May as the timeline for all subcommittee recommendation to the Commission. Dr. Medows made the motion. Mr. Moore seconded the motion. The motion passed unanimously.

Meeting adjourned at 1125.

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