



MEETING MINUTES

Thursday, 20 May 2010

Scheduled: 10:00 am until 2:00 pm

4th Floor Weaver Board Room

Peyton Anderson Health Education Center
877 Hemlock Street, Macon, Georgia 31208

CALL TO ORDER

Dr. Dennis Ashley, Chair, called the scheduled monthly meeting of the Georgia Trauma Care Network Commission to order in the Weaver Board Room at 10:07 AM.

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

STAFF MEMBERS SIGNING IN	REPRESENTING
Jim Pettyjohn, Commission Administrator Curtis Chronister, Compliance Officer Carol Dixon, Administrative Assistant	Georgia Trauma Care Network Commission DCH DEPR Office of EMS and Trauma Georgia Trauma Care Network Commission

OTHERS SIGNING IN	REPRESENTING
Alex Sponseller Brandi Holten Lee Oliver Chris Threlkeld Richard Lee Kim Brown Regina Medeiros Pat Mayne Scott Sherrill Rena Brewer Lawanna Mercer-Cobb Blake Thompson Renee Morgan Debra Kitchens	Assistant Attorney General Phoebe Putney Memorial Hospital MCCG GA OESM/T – Region 5 & 10 Upson Regional Medical Center EMS Hamilton Medical Center MCG Health Medical Center Wellstar Kennastone GTRI Georgia Partnership for TeleHealth Region VI EMS Wilkes Co EMS OESM/T MCCG – Trauma

Kathy Sego	Athens Regional
Michele West	Athens Regional
Gina Solomon	Gwinnett Medical
Mike Polak	Memorial Hospital
Marty Billings	Metro Atlanta Ambulance Service
Billy Watson	GAEMS/T
Courtney Terwilliger	GAEMS
Melissa Johnson	Taylor Regional Hospital
Lynn Grant	Taylor Regional Hospital
Earl Rogers	GHA
Kevin Bloye	Georgia Hospital Association
Robyn Vassy	Morgan Memorial Hospital
Lauren Barrell	Morgan Memorial Hospital
Billy Kunkle	Henry County Fire Department
Rebecca Greener	MAG
Dr. Pat O'Neal	DCH
Renee Morgan	DCH - Trauma
Marie Probst	OEMS/T
Tiffiney Ward	DCH – (via teleconference)
Marcine Sullivan	DCH - Director of Sourcing

WELCOME, INTRODUCTIONS AND CHAIRMAN'S REPORT

Dr. Ashley welcomed all present at the meeting. Dr. Ashley called the meeting to order. Mr. Alex Sponseller confirmed that we had full Quorum.

This is our first meeting since the Legislative Session. The \$10 tag fee (SR277) caught traction in the last part of the session so now it will go to the voters as a Referendum to amend the State's Constitutional to allow us to move forward with our trauma system development and generate sustainable funding for trauma that we have never had before. Interested citizens in Georgia are starting to reach out. Efforts are being made to take some initial steps on where to go next to get a campaign off the ground. The Commission will not be heading up this action; the effort is that of stakeholders working together to educate Georgia. The voters need to know why this amendment on the ballot is important to them. We need to get the word out. Dr. Ashley thanked all of the Commission members and stakeholders for all of the work done over the many previous years to get us to the point of SR-277 being passed. Thanks to the folks in the General Assembly as well as all the people that worked behind the scenes to make that happen.

ADMINISTRATIVE REPORT REVIEW

Copies of the May administrative report are available to the meeting attendees and report was sent in electronic format to the members of the Commission prior to the meeting. Mr. Pettyjohn gave an overview of the highlights and said that the entire document would become part of the minutes. (*Administrative report as well as all approved minutes will be posted to www.gtnc.org.)*

Mr. Pettyjohn reported that Commission member Linda Cole was excused from the meeting and Dr. Leon Haley was attending via teleconference phone. Also attending via teleconference call was Tiffiney Ward, Grants Official, Department of Community Health and Marcine Sullivan, DCH Director of Sourcing, to participate in discussions regarding EMS Grant and New Trauma Center Startup Grants awards programs.

Mr. Pettyjohn presented the May 2010 Administrative Report. The report included a review of the Request to Reallocate FY 2010 Commission Funding. These funds, except the \$1.145M, were to be divided to the Trauma Centers and Physicians Readiness and Uncompensated Care distribution formulas. The remaining \$230,000 would go to EMS. On 3 May 2010, Mr. Pettyjohn and Dr. Ashley met with Paula

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Brown, David Tanner, and Scott Frederking to discuss the Commission's request to reallocate the \$2.6M. At this meeting, we were notified that for FY 2010, it is projected that the Super Speeder Law will collect approximately \$14M to offset the \$23M that was provided to the Commission. For FY2011, revenue projections for Super Speeder Law it is anticipated the Law will meet or exceed the \$23M. The Commission's request for the redirection and reallocation of approx \$2.6M from the FY2010 budget to stakeholders was not granted. However, OPB did say that all of the FY2010 Commission contracts, grants and other procurements currently in process will be approved and will be funded. In summary, in FY2010 the commission received a total of \$23M of which 88% will be distributed as planned and \$2.6M or 11.56% of those dollars will be returned to the General Fund.

FY 2009 EMS Competitive Grants Program: All 56 EMS vehicle equipment replacement grants for FY 2009 have all been distributed.

FY 2009 Capital Grants for L1 and L2 Trauma Centers – all grants have been distributed except for \$3,930, which is from money that Memorial University did not use and chose to return. Renee Morgan said that it was returned because Memorial University obtained a less expensive equipment purchase price.

FY 2010 Trauma Center Funds Balance Sheet Report. This report indicates which centers have received their payments as of 14 May 2010. The centers remaining unpaid are: Morgan Memorial Hospital, Walton Medical Center, Atlanta Medical Center, Children's Healthcare of Atlanta-Egleston and Children's Healthcare of Atlanta-Scottish Rite. Renee Morgan, OESM/T, stated that all invoices have been received and all payments are in process. Total amount paid out is: \$12,103,828. Total remaining to be distributed to the four trauma centers is: \$2,049,774.

Also included in the Administrative Report are the 29 top-scoring applicant organizations for the FY 2010 EMS Vehicle Equipment Replacement Grant Award Program, the Grant distribution and funding guidelines for the FY 2010 New Trauma Center Startup Grant Award Program, and the final language of SR 277.

Mr. Moore asked about the budget office not allowing the Commission to reallocate the unspent funds and questioned whether they gave a reason, other than the obvious, that we could learn from such as date guidelines. Mr. Pettyjohn explained the downward cycle of the state's financial problems and because we were unable to move our contracts forward and get those monies encumbered, it was just dangling out there when the state was looking for unspent monies and found it unspent in our budget. If we had gotten our contracts, procurements and grants moving forward more quickly, we probably would not have had as much money at risk. Mr. Moore then confirmed that there was no "magic" date but the fact that the state was looking for unspent monies. Mr. Pettyjohn said the offset of the revenues for the lack of the Super Speeder Law fees generating only \$14M also contributed to that.

Dr. Joe Sam Robinson asked Dr. Ashley if the constitutional amendment goes through, would the Super Speeder funding go away? Dr. Ashley replied the funds will remain and the SR277 monies will be in addition. Mr. Hinson further said the Super Speeder was not set up as dedicated funds. The legislature put the \$23M in and the Governor described the Super Speeder Law as a way to raise money to pay the \$23M. So, when the Constitutional Amendment passes, Mr. Hinson believes that will be our funding source and they will probably leave the Super Speeder Law in place, but the \$23M will go into the General Fund. The hope is that the Super Speeder Law will impact behavior and influence people to slow down. Dr. Robinson asked Mr. Alex Sponseller if he had a legal comment to add. Mr. Sponseller said even if there is a dedicated funding source, the General Assembly always puts in a provision that says it is still technically part of the General Fund so they can always take from it if necessary. He believes the same process would hold true for the SR277 Tag Fee. Dr. Robinson asked if this was true for the Highway Commission as well. Mr. Sponseller replied by saying that any time there is any kind of general funding source, i.e. Super Speeder, there is always something included in the statute that says they can take the money if they need it to use for something else.

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Mr. Hinson commented that the only caveat he sees is the way he views the amendment. At least the bill that passed says the money is put into a trust fund and the General Assembly has oversight on how those funds are spent for trauma care. A quick review of the SR277 wording (*included in Administrative Report*) was discussed by Dr. Ashley, Mr. Hinson and Mr. Pettyjohn. Mr. Pettyjohn asked Mr. Sponseller to look at SR277, Section 1, Number (5): "Revenues deposited into the trauma trust shall not lapse as otherwise required by Article III, Section IX, Paragraph IV (c) and shall not be subject to the limitations of subparagraph (a) of this Paragraph or of Article VII, Section III, Paragraph II." Mr. Pettyjohn asked Mr. Sponseller what "trauma trust shall not lapse" means. Mr. Sponseller believes it means that sometimes Trusts have an automatic lapsing and what this does is to extend it out by saying it will not lapse. Mr. Hinson added his interpretation that if we had \$10M left at the end of the fiscal year, it would not go to the general fund but rather rollover year to year. He believes we can leave the money in there and spend it later. He feels this is a huge win for us and will help to get the amendment passed by the public saying the Commission has oversight. Mr. Sponseller said he would take a hard look at the wording of SR277 and report back at the June Commission meeting.

APPROVAL OF THE MINUTES OF THE 15 APRIL 2010 MEETING

The draft minutes of the 15 April 2010 meeting were distributed to the Commission prior to the meeting via electronic means and are also available to meeting attendees in printed form. No corrections were requested.

Mr. Pettyjohn requested a motion:

MOTION GTCNC 2010-5-01:

I move that the minutes of the 15 April 2010 meeting of the Georgia Trauma Care Network Commission distributed and presented here today be approved.

MOTION BY:

Mr. Bill Moore

SECOND BY:

Dr. Joe Sam Robinson

DISCUSSION:

None

ACTION:

The motion ***PASSED*** with no objections, nor abstentions. (*Approved minutes will be posted to www.gtnc.org*)

NEW TRAUMA CENTER STARTUP GRANTS AWARDS

Dr. Leon Haley complimented the grant award committee for doing an excellent job. (*Reference FY 2010 New Trauma Center Startup Grant Award Program handout in Administrative Report.*) Seven applicants can be awarded in accordance with the grant distribution and funding amount guidelines. You will see that the recommendation was in the amount of \$1,000,000. The seven applicants were: Athens Regional Medical Center: Level II; Wellstar Kennestone Hospital: Level II; Walton Regional Medical Center: Level III; Lower Oconee Community Hospital: Level IV; Taylor Regional Hospital: Level IV; Emanuel Medical Center: Level IV; and Wills Memorial Hospital: Level IV. Any remaining funds will be prorated based upon the money distribution percentage assigned to each designated level.

MOTION GTCNC 2010-5-02:

I propose a motion to approve the recommendations of the New Trauma Center Startup grants application subcommittee and approve the spending of \$1,000,000 for the FY 2010 New Trauma Center Startup Grant Awards.

MOTION BY:

Dr. Leon Haley

SECOND BY:

Ms. Kelli Vaughn

DISCUSSION:

Mr. Kurt Stuenkel asked if the \$1M approved was the amount allocated in the FY2010 budget and

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Dr. Haley confirmed that it was.

ACTION:

The motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtnc.org)*

FY 2010 EMS VEHICLE EQUIPMENT REPLACEMENT GRANT AWARDS

Mr. Bill Moore explained that the Committee met on the same day that the New Center Startup Grants met at 2 Peachtree with the assistance of Tiffiney Ward, DCH. The Committee reviewed the data that had been submitted and the awardees. They did take the steps to do a random sampling of the scoring results to validate those results and conducted 100% review of the applicants to make sure that any prior year awards reporting was correct. After those reviews, a list of 29 top-scoring applicants was created in alphabetical order. *(Handout in Administrative Report)*

MOTION GTCNC 2010-5-03:

I propose a motion to approve the recommendations of the EMS Vehicle Equipment Replacement grants application evaluation subcommittee and approve the spending of \$2,125,000 for the FY 2010 EMS Vehicle Replacement Grant Award Program.

MOTION BY:

Mr. Bill Moore

SECOND BY:

Ms. Kelli Vaughn

DISCUSSION:

Mr. Kurt Stuenkel asked if the same criteria were used for both this year and last year. Mr. Bill Moore answered yes basically the same criteria was used that was approved for the first year. He said that there were some modifications from the prior year; for instance, there was a reduced score factored in of 20% of the overall score if the applying organization had been awarded an ambulance in the prior year. The scoring criteria included: the mileage on the ambulance, age of the ambulance, density of the population of the predominant county within the 911-zone, distance to the closest level I or II trauma center from the furthest point within the 911-zone, and the number of hospital beds within the predominant county of the 911 zone. Mr. Ben Hinson stated he thought the scoring criteria this year were more objective than last year. When the criteria was developed, they actually did a Google map to confirm distance from locations to nearest trauma center by applicant and took out some of the stair-steps in scoring that made it more of a continuum on the mileage so, for example, five more miles didn't create a lot more points. That was the goal when we redesigned the program to start with. Mr. Hinson stated that he has not been involved with the actual scoring and has not seen the award recommendations until his arrival to the Commission meeting today.

ACTION:

The motion ***PASSED*** with no objections. Mr. Ben Hinson abstained. *(Approved minutes will be posted to www.gtnc.org)*

FY 2010 CONTRACTS AND BUDGET-TO-DATE REPORT

Mr. Pettyjohn, along with Mr. Chronister, reported on the FY 2010 budget using an updated year-to-date worksheet through 14 May 2010. *(Document included in administrative report)* The yellow highlighted items have been approved by the OPB to be distributed; the blue highlighted line items are dollars being returned back to the general fund. Updates today are provided in pink. Mr. Pettyjohn reviewed the updates line by line. We were able to join and pay the entire year of CHOT membership in the amount of \$50,000. Mr. Pettyjohn reviewed the Trauma Center and Physician Readiness Payments, as well as Performance Based Payments and Uninsured Patient Care Payments. The balances for the outstanding amounts reflect the monies for the Level IV Trauma Centers, Atlanta Medical Center and the two CHOA facilities. We hope to have all of these closed out in June. The FY 2010 EMS Uncompensated Care program will be funded via amendment to the MCG 2010 Readiness Contract. That amendment is working its way through the DCH process. First Responder Training and Trauma Care related equipment distribution for \$670,000+ is going to the Georgia Association of EMS via a contract, which has been written. Mr. Courtney Terwilliger and Dr. Dennis Ashley have just signed that contract this morning. The

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total amount of FY 2010 Commission budget paid to date is \$12,338,454. The total amount of the FY 2010 budget anticipated to be distributed will be \$20,382,555 or 88.6% of \$23M.

MOTIONS PROPOSED BY MR. KURT STUENKEL

Mr. Kurt Stuenkel requested permission from Dr. Ashley to propose a series of Motions related to the status as the Trauma Commission being an "assigned agency" to the Department of Community Health (DCH). He continued on by saying we want to exercise some of the privileges and responsibilities that are core to us by virtue of our status of being an assigned agency and our ability to have our own Executive Director and Staff. The following four motions are in effort to making that a reality here at the Commission. As we all know, Jim Pettyjohn has been our Administrative Director by contract, and we want to clarify that status and we have had subcommittees meet and determine how best to make this happen.

MOTION GTCNC 2010-5-04: **I make the motion the Georgia Trauma Care Network Commission exercise its authority as provided by SB 60 and Title 31 of the Official Code of Georgia, Chapter 11, Article 5 and directly appoint Jim Pettyjohn as the Executive Director of the Georgia Trauma Care Network Commission.**

MOTION BY: Mr. Kurt Stuenkel
SECOND BY: Ms. Kelli Vaughn
DISCUSSION: No discussion or questions.
ACTION: The motion **PASSED** with no objections, nor abstentions.
 (Approved minutes will be posted to www.gtcnc.org)

MOTION GTCNC 2010-5-05: **I make the motion the Commission's Executive Director investigate the opportunities and develop recommendations for hiring staff, including himself, as provided by SB 60 and Title 31 of the Official Code of Georgia, Chapter 11, Article 5 and to develop duties and responsibilities of such staff and report back to the full Commission at the June 2010 meeting.**

MOTION BY: Mr. Kurt Stuenkel
SECOND BY: Dr. Joe Sam Robinson
DISCUSSION:
Ms. Vaughn suggested that the purpose and the staff of the Commission develop the duties of the Commission, thereby, allowing the staff of OEMS/T to focus their concentrations on center designations and other current duties. Dr. Ashley commented that there is enough work ongoing to clearly justify additional staff. Mr. Jim Pettyjohn stated that he will be meeting with Dr. O'Neal, Ms. Renee Morgan and other leadership within DCH, as well as state personnel, to find out what the opportunities are and will report back at the June Commission meeting.

ACTION: The motion **PASSED** with no objections, nor abstentions.
 (Approved minutes will be posted to www.gtcnc.org)

MOTION GTCNC 2010-5-06: **I make the motion the Executive Director investigate all opportunities for the Georgia Trauma Care Network Commission to best accomplish its duties and responsibilities as provided by SB 60 and Title 31 of the Official Code of Georgia, Chapter 11, Article 5 and as**

prescribed in Code Section 50-4-3 with respect to its "assigned for administrative purposes only" status and report back to full Commission at the June 2010 meeting.

MOTION BY: Mr. Kurt Stuenkel
SECOND BY: Mr. Bill Moore
DISCUSSION: None
ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)

MOTION GTCNC 2010-5-07: **I make the motion until such time the Georgia Trauma Care Network Commission changes the employment status of the Executive Director and the administrative assistant both will remain full time contract employees to the Commission.**

MOTION BY: Mr. Kurt Stuenkel
SECOND BY: Ms. Kelli Vaughn
DISCUSSION: Mr. Stuenkel stated that the purpose of this motion was to deal with any transition period that may exist and provide time to clarify the employment status and until such time that Jim presents his report to the Commission. Both our new Executive Director and current administrative assistant will remain full-time contract employees until such time that we change their employment status.

ACTION: The motion ***PASSED*** with no objections, nor abstentions.
(Approved minutes will be posted to www.gtcnc.org)
Dr. Dennis Ashley congratulated Jim Pettyjohn.

COMMISSION SUBCOMMITTEE REPORTS

Georgia Committee for Trauma Excellence

Ms. Vaughn reported that the coordinators met on 19 May 2010. They discussed activities focusing on expanding trauma education to rural areas or areas where it is lacking. A TNCC (trauma nurse core course which is equivalent to a BTLS, PHTLS, or ATLS course and is a standardized trauma course for nurses) was presented in Fannin County. They are located in the Blue Ridge area. The course was provided to half of their hospital staff -- even their CNO took the class. There is a lot of interest. They have had 10-12 other hospitals calling them to express interest, so the emphasis is to spread trauma education throughout the state. This is exciting news.

Ms. Vaughn reported the Subcommittee process to transition their officers every two years. Ms. Vaughn expressed that she has been there for two years. Effective 01 July 2010, the new Chair will be Greg Pereira from Children's Hospital.

Mr. Hinson expressed excitement about the offered classes and asked if the hospitals pay a fee for them. Ms. Vaughn said the TNCC is an Emergency Nurse Association (ENA) sponsored course so they have an indirect fee per person and that is fee the subcommittee is requesting the facilities to reimburse. Instructors have to be certified by ENA. The coordinator group pays for the instructor's travel and compensates them for their time.

Performance Based Payment Program Criteria

Dr. Haley's Trauma Center and Physicians Funding Subcommittee group has asked the Readiness Cost Subcommittee to look at this performance based payment program and some of the ideas brought forward by Greg Bishop. We still continue to look at that. No further information to report now, but we are working on some ideas to present.

Trauma Center & Physician Funding Subcommittee

Dr. Haley reported that he had no additional report beyond the New Trauma Center Startup Grant Award Program that was discussed earlier.

Dr. Ashley expressed thanks to Mr. Hinson, on behalf of the Commission, all of his efforts in supporting SR277. One of the AVL systems in Lawrence County has been installed, is operating and being visualized per Mr. Hinson. Mr. Pettyjohn, Mr. Hinson and several different groups met at GTRI last week and discussed the software in detail. After this meeting, Mr. Rich Bias was on the phone with Mr. Scott Sherrill, GTRI, to discuss further some of the business rules and goals they are working to develop for the Trauma Communications Center and how that interfaces. Mr. Sherrill has done very good work. He was very pleased with the cutting-edge technology work that Ms. Eva Lee (GA Tech) has done. Mr. Hinson is not sure that we can integrate what she is doing with our project, but there is some real "horse power" in her shop. We share the same frustration of others in the EMS community with the difficulty in getting contracting done through DCH. Mr. Hinson is pleased to hear that GAEMS has signed the contract that Dr. Ashley will sign today to get those pieces moving. No other activity other than pushing to get everything done that is presently incomplete.

EMS Uncompensated Care Contract - Mr. Rich Bias brought up this contract which will be awaiting Dr. Ashley's signature for approval. This is an amendment to the contract with MCG Health that allows us to distribute the \$1M to the EMS services for uncompensated care. The language in that amendment indicates that we would reimburse all eligible uncompensated claims according to state health benefit Plan B Schedule or another schedule approved by the Trauma Commission. That was the methodology used last year because we repeatedly tried to get a state health benefit plan fee schedule to work from and were never able to get one. As a result, we received permission from the Commission to base the distribution and charges.

MOTION GTCNC 2010-5-08:

I make a motion requesting that the Trauma Commission consider allowing the same methodology for distributing the \$1M to EMS services for uncompensated care using the same methodology that was used last year in 2009. Request for guidance on uncompensated care for EMS next year so payments will not exceed EMS charges. The charges will be used as the basis for proportion to distribution.

MOTION BY:

Mr. Rich Bias

SECOND:

Mr. Ben Hinson

DISCUSSION:

Mr. Hinson said one of the big differences between this year and last year is we clearly are not going to have enough money to pay the full charges, so it will have to be calculated proportionately.

Mr. Stuenkel asked if this information is going out to all of the EMS providers. Mr. Bias stated that until the contract is received, they have not been in a position to communicate to the EMS providers what to do and what to get, so they are trying to get some preliminary information. It doesn't change what EMS will do as they submit based on charges anyway. The contract was for us to use the rate schedule to adjust accordingly. Mr. Hinson stated that a good deal of preliminary work has been done from the Trauma Coordinators communicating with EMS individuals, so we are well down the road in getting ready to submit it. One piece of simplification was moving responsibility for maintenance of the records that validates support of the submissions to the individual EMS services rather than the Commission having to be the archive for that. Mr. Bill Moore asked if there was great variability in charges – is there a possibility that one ambulance provides the same service as another and charges two or three times more, therefore, would be getting two or three times payment. Mr. Hinson responded and said that he believes there can be a 20% variance fairly readily but he agreed that there is no readily available or uniform fee schedule that could be adopted. Mr. Hinson said he has never seen one, but he did know that most of them are within 10-20% of each other with some significant exceptions that are 2 – 3 times

as high or as little as 25% of the true cost is. Mr. Bias said based on this conversation, we have two options to work with. This is exactly what the Commission did last year. If we don't go this way, then the Commission needs to forward the rate schedule or particular state health benefit plan rate schedule. Mr. Moore said he felt more comfortable if the Commission could find some kind of uniform schedule. Mr. Bias said this rolls into reimbursement for uncompensated care for physicians' as well in their individual contracts. He would ask in recognition of exactly what was said, that there be particular attention to how this will be addressed in FY 2011. Mr. Stuenkel said it was easier on the hospital side because they get a specified amount of money. The hospital gets its dollars and it can use whatever fee schedule it needs to use in order to allocate the distribution. The problem with EMS is you have a mass of EMS providers.

ACTION: The motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*
Dr. Dennis Ashley congratulated Jim Pettyjohn.

FURTHER DISCUSSION: Dr. Ashley said that a motion was not necessary for the follow-up, but we are well aware that Mr. Ben Hinson will work on this to be ready for next year's contracts. If we put money in uncompensated care for FY2011, said Mr. Hinson, we need to determine the pay schedule for the basis of the contract as soon as July 1, 2010. In terms of the funds available, part of the reason for using the rate schedule, per Mr. Bias, is to fairly and proportionately appropriate across the various EMS services. The other part is to assure that the amount spent does not exceed that which would have been spent under the state health benefit plan. Mr. Bias also asked for approval for further communication to the EMS services about how we will proceed. If we assume the contract will proceed as signed, we could have Mr. Pettyjohn post a preliminary notice on the website and communicate to the EMS services.

MOTION GTCNC 2010-5-09: **I make a motion to encourage the EMS Uncompensated Care Program details be communicated as soon as possible and posted on the GTCNC website by Jim Pettyjohn.**

MOTION BY: Mr. Ben Hinson
SECOND: Mr. Kurt Stuenkel

DISCUSSION:

Mr. Pettyjohn explained the process as described in the amendment, which has already made it through legal support and awaiting the signature process. Mr. Pettyjohn and Regina Medeiros will work to get acceptable language posted on the GTCNC website, describing the process and dates and timelines to be announced. Mr. Bias explained that once the contract is complete, the money would come to us for distribution. The timeline should be expedited so we can turn it around as soon as possible. The contract should be arriving for Dr. Ashley's signature within the next week.

ACTION: The clarification motion ***PASSED*** with no objections, nor abstentions. *(Approved minutes will be posted to www.gtcnc.org)*
Dr. Dennis Ashley congratulated Jim Pettyjohn.

TeleTrauma Program Update and Funding Request

Rena Brewer provided an update on the TeleTrauma Pilot Project, which was funded by the Office of Community Health in July 2009. The four rural sites that have participated are Peach Regional Medical Center, Dodge County Hospital, Taylor Regional Hospital and Fairview Park Hospital. The lead roll position was at MCGG. Debra Kitchens has been in the driver's seat with this project. Debra explained that they went "live" about a month ago once they got the credentialing completed on two of their trauma surgeons at the medical center. Credentialing continues and they had their first live encounter about 2.5 weeks ago with Peach Regional and it went well. MCGG continues to do monthly in-services to

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use for education with rural sites. Rena expressed that it has been a smooth ride this year and she appreciated all the work that Debra and the rural hospitals have completed.

Current GTCNC \$100,000 Grant – This money will complete the USDA Distance Learning and TeleMedicine Grant match requirement for the TeleTrauma remaining sites. The match is needed to complete the match requirement of \$100,000. Total grant with USDA money and match from the Georgia Trauma Commission is \$746,217.72. The total sites funded from USDA grants are 23. Memorial in Savannah and MCG are ready to move forward with TeleTrauma. CHOA is also in the process of bringing up their pediatric TeleTrauma. They hope to provide overall tele-emergency care across the state where it is needed within their 5-year present plan.

The new 2010 USDA grant was submitted May 18, 2010 and it will potentially fund another 17 rural locations across Georgia.

GPT would like to formally request the GTCNC fund \$100,000 in the upcoming 2011 year to continue their support of the Georgia TeleTrauma Program.

Dr. Robinson commented how great this program is and wished continued success. Mr. Bias also stated how incredible this program is and how the thoughtful rollout for the state can be a huge tool related to trauma services provided statewide. Since we're going forward with rolling out new centers, adding on new rural sites, and asking for continued funding, I would like the Commission to consider another subcommittee to be focused on TeleHealth to work with GPT and others out there like GPT, and look collectively at what we can be doing strategically in one year, three years, five years, etc.

New TeleTrauma Subcommittee Formed: Mr. Bias feels that we need a more formal relationship and more structure within the Commission to study and direct these activities moving the concept forward. Dr. Ashley agreed and directed a subcommittee call TeleTrauma be formed. Mr. Rich Bias was named as Chair, and Kelli Vaughn and Dr. Joe Sam Robinson volunteered to be on this subcommittee.

Mr. Hinson expressed how wonderful the Skype application was and how ambulance devices can send information over the network with hi-tech connectivity.

Dr. Robinson asked whether the new tort reform protects physicians in emergency situations including live feeds. Mr. Sponseller said there is a statute that protects EMS providers and certain other classes of trauma providers, generally, but he did not know if it is applicable in regard to the caps on tort reform. Mr. Hinson asked Mr. Alex Sponseller to get an opinion as to how much protection there is if we're going to be starting up an additional TeleMedicine capability, we need to be able to tell physicians about their protection from the Attorney General's office. Mr. Bias agreed with this suggestion, especially with the roll out of TeleStroke programs in the emergency room positions in rural facilities. He said that GPT's ongoing model of getting a centralized credentialing process all handled through their office, regardless of locations, is wonderful. Dr. Ashley verified this being a success in our strategic plan that we did last year and it fell into the 3-5 year part of the plan and it has really taken off. He feels that we are well ahead of where he thought we would be in one year and complimented the TeleTrauma Group for their hard work.

Several Commission members requested clarification regarding EMS and physician liability for TeleTrauma or TeleStroke or TeleMedicine in an emergency situation where a judgment must be made, (i.e. screen is a little blurry and medical personnel has to make a call), what is the liability and how that applies to tort reform regarding negligence/gross negligence for emergency care. What is this protection? Mr. Sponseller will research this.

DCH & State Office of Preparedness and Trauma

Ms. Renee Morgan announced the new Level IV Trauma Centers coming on board, which include Emanuel Medical in Swainsboro, Lower Oconee in Glenwood, GA, and Taylor Regional in Hawkinsville and Wills Memorial in Washington, Georgia. Others in process are Kennestone, which will be a Level II.

Communication with Effingham, Barrow, Houston, Appling, Hucheson, Piedmont Mountainside (Jasper, GA), Meadows Regional in Vidalia and NE Georgia in Gainesville are taking place. Approximately half of the above list are getting closer to the registry program and getting that implemented. Marie Propst has been very involved the last six months. The level II's they are working with are Kennestone and have had consultation with Northeast Georgia. They are actually hiring personnel and developing the program much like Athens Regional. This means they are getting a lot of their processes in place and negotiating with medical staff before they actually come on board.

Dr. O'Neal reported on the 5.5 FTE personnel positions that the Trauma money for EMS is funding. They are making good progress in getting those positions in place. He believes he will have all 5.5 hired by July 1, 2010. He does not anticipate the issue that we have had this year where the money allocated for that purpose could not be spent.

At last meeting, Dr. O'Neal asked whether the Commission would endorse the idea of not hiring the IT analyst, which was one of the 5.5 positions that he has suggested previously, but to hire an educator instead for the Office of EMS, which was approved. The interviews were finished yesterday with three outstanding candidates and Dr. O'Neal stated that whoever is hired will be an asset for providing information to the Commission. The new hire should be on board before end of this fiscal year and offer to be made within the next week.

Dr. O'Neal clarified that any state employees, or those hired by the state through a temporary agency, are required to follow the same furlough policies. The Governor's office mandated that all agencies would take a minimum of three furlough days within the last six months of this fiscal year. Even though the Commission has taken some budget cuts, there was no plan for employees working for the Commission to be furloughed. Since Mr. Curtis Chronister and Ms. Carol Dixon are both employees under the requirements of DCH, they are required to take furloughs also. Dr. Ashley confirmed Mr. Pettyjohn is a contract employee, so the furlough does not apply to him. Dr. O'Neal suspects there will probably be more furloughs next fiscal year too. Mr. Pettyjohn would like permission to contact OPB to ask if we can continue this year without having to furlough Ms. Carol Dixon and Mr. Curtis Chronister. Ms. Dixon was not advised of the furlough dates of March, April and June until mid-May. Dr. Ashley suggested Mr. Pettyjohn touch base with OPB and see what they say.

The OESM/T has no funds for travel other than required travel for the program directors to get their inspections completed. If the Commission needs EMS personnel or Office of Trauma personnel to attend commission meetings that are out of their home area, after July 1, 2010, they will not have any travel funding whatsoever for that. Up until then, they have the unspent money the commission has given the office of EMS that they can use for travel to the Commission meetings. For example, Lawanna Mercer-Cobb, Program Director in Augusta, Region VI who is second of the pilot areas related to the plan to regionalize coming on board. If Lawanna needs to attend the meetings, are we willing for the Commission to provide the travel expense for her to attend the meetings or any other party that we need to attend the meetings? Are we willing to authorize travel expenses out of the 2011 trauma budget funds? Mr. Pettyjohn clarified those as possible state employees within the Office of EMS/Trauma. Ms. Vaughn asked if this would apply to those working on new centers where travel is required. Dr. O'Neal clarified it would be for commission duty-related travel only. Mr. Moore said moving forward, we would need to consider whether it would be a routine reimbursement or case-by-case scenario. Dr. Ashley said we need to think about that. Dr. O'Neal said that they have to attend more meetings via teleconference calls, but there may be times when we want them here in person as well. Mr. Hinson suggested that Mr. Pettyjohn, in working on budgets and general ideas for administrative purposes for this upcoming year, should work together with Dr. O'Neal to see what the necessary travel cost might be and present back at the June meeting. This would be part of the cost we will have with the Attached Agency. Dr. O'Neal said the funds that the Trauma Commission has awarded to the office of EMS could not be spent on salaries for this year; it will be returned to the general fund this year on July 1st. With those funds, we could cover a lot of travel expenses today, but after July 1st, they won't have those funds. So, effective July 1, 2010, Dr. O'Neal is asking whether the Commission wishes to fund travel for Commission meeting

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attendance, participate purely by phone or not have any visitors. Mr. Pettyjohn to provide info and discussion to be continued in June.

Mr. O'Neal expressed appreciation to Mr. Curtis Chronister who will be leaving his position with the State and the Commission as he moves into private practice after June 30, 2010. In the last two months, Mr. O'Neal said he has had three Commissioners in the DCH office and would like to inform the Commission that he thinks we will be well served by Mr. Clyde Reese, the current Commissioner. He has a long-standing record with DCH. He has been the General Council for every single Commissioner since the beginning of DCH and has extensive historical knowledge. He is also extraordinarily reasonable and a good person to work with. He will do everything that he possibly can to expedite process. As an attorney, he understands the need for process but also is very realistic and doesn't get so focused on it that it becomes a roadblock. He believes the Commission will enjoy working with Mr. Reese, but we do not know what will happen when we get a new Governor.

Next Meeting:

Atlanta Medical Center - Thursday, 17 June 2010 from 10:00 a.m. – 1:00 p.m.

Conversation developed as Ms. Vaughn inquired about the possibility to consider holding the Commission meetings every other month after July 1st. Dr. Ashley expressed interest, but feels that with the present workload, this is not possible. Dr. Ashley said we would see how the June Commission meeting goes. Mr. Hinson expressed with the work involved to get the \$10 tag fee bill passed, it might appear that we are not as diligent since we have met almost every month in the past since the Commission was started. After the November vote, he ultimately supports every other month site meetings as well.

Meeting adjourned at approximately 11:35 a.m.

Minutes crafted by Carol Dixon and Jim Pettyjohn.