

Minutes
Georgia Trauma Care Network Commission
Thursday, March 20, 2008

Medical Center of Central Georgia
4th Floor Board Room
Payton Anderson Education Center

Members Present	Members Absent
Dr. Dennis Ashley Linda Cole, RN Ben Hinson Bill Moore Dr. Joe Sam Robinson Kelly Vaughn, RN Kurt Stuenkel Dr. Rhonda Medows Others Present: Dr. Pat O’Neal Renee Morgan	Dr. Leon Haley

The meeting was called to order by Chairman, Dr. Dennis Ashley. Self introductions were made by all attending.

The minutes from the last meeting were reviewed. Dr. Ashley commented that he only made a few grammatical corrections. The minutes passed as presented.

Renee Morgan informed the group that this room at the Medical Center of Central Georgia has been confirmed as the location for all the future meetings to be held in Macon. Atlanta meetings are being arranged.

Kelli Vaughn read the resolution to commend the EMS Response Team to the Sugar Refinery event. The committee passed the resolution unanimously. Each Commission member signed the resolution. Ben Hinson requested copies to be sent to all the honorees as opposed to an original copy to each one. He will provide the list of ambulance services that participated.

Greg Bishop with Bishop & Associates provided an update on their activities, and included trauma information for Oklahoma. He described the methodologies for calculating the readiness cost. Dr. Joe Sam Robinson pointed out that Oklahoma’s population is about 1/3 or Georgia’s.

Mr. Bishop also indicated that there is the need to identify alternatives for trauma centers especially in the Atlanta area. Dr. Robinson asked Mr. Bishop if he believed that GA could be #1 in the country based on what he currently knew about the Trauma Systems of Georgia and other states. Mr. Bishop responded, yes. He indicated that the main reason that this is possible is because the leadership is open and flexible. This gives them the ability to bring the system together because there is a blank slate. Dr. Ashley wanted to know if it was possible for Bishop & Associates to look at each Trauma Center in Georgia based on the examples given. Mr. Bishop responded yes. Dr. Medows reminded the group that the charge for Bishop & Associates to identify the amount of uncompensated care. She wanted to know if they could do that as requested. Mr. Bishop responded that it would be impossible to ask the Physicians individually, but he can look at the group as a whole. Dr. Medows wanted to know if all revenue would be listed. Will each physician be asked who is indigent, uninsured, on Medicaid, or as bad debt? Mr. Bishop stated that no, it can not be conducted through a financial review. But, he would ask for information on payments that are paid in full. Dr. Medows stated that the Commission may need to look at finding another firm to handle this part. Mr. Bishop stated that bad debt is uncompensated care. Dr. Ashley stated that the definition of uncompensated care is clearly defined by SB 60 – no car insurance, Medicaid, etc. Ben Hinson stated that shortfalls can not be added in as uncompensated care. Dr. Medows stated that the subcommittee needs to meet with Bishop & Associates to make sure the needs are being met. Bishop & Associates were thanked for their hard work in such a short time.

Ben Hinson provided an update on the Executive Director Search subcommittee activities. A conference call was held on March 5. The preliminary data has been gathered. Dr. O'Neal got the information formatted. It was graded as a paygrade 17 according to the State's system. This would mean a salary of \$43,000 to \$75,000. This would present a challenge. Additional funding is needed to fund this position. For the quality of person that the commission needs, this would not be enough. Dr. Medows wanted to know if there were any candidates and could recommendations be made? None were stated. Dr. Robinson wanted to know if there was any grant funding available to supplement the salary. It indicated that it was too low and must be raised. Dr. Ashley recommended that the commission should set the salary compensation. Dr. Medows read the GA code that explains how the commission is attached. Dr. Ashley suggested that the monetary needs are researched and the information brought back to group. Sid Barrett, with the AG's office, stated that SB 60 gives flexibility to the commission concerning salary. Administrative costs can be up to 3% of the funding.

Dr. O'Neal stated that we can use the Hayslett website as a home for the Trauma Site. The website; "georgiainsabouttime.com". GHA spearheaded this site. The purpose is to provide public education. They worked with DHR to get this information out. Dr. Ashley wanted to know if there was a conflict of interest since it is maintained by GHA. He also wanted to know if the site can do what we need it to do. Ben Hinson stated that the website needs to belong to the Trauma Commission, but GHA could set it up and then redirect the maintenance of it. The Hayslett group stated that initially this was a DHR-Preparedness paid project. It then moved over to the Healthcare Foundation. They will maintain the website through April 2008. After that, there are no funds for the monthly maintenance costs. The commission agreed to accept the Hayslett Group until the funding works out.

Dr. O'Neal stated that MCCG has been redesignated as a Level 1 Trauma Center. Floyd Medical Center has been redesignated as Level 2. He also informed the group that Floyd was the first hospital to designated as a Trauma Center in 1981. Dr. O'Neal discussed the meeting that he attended with DHR's Commissioner – BJ Walker. The purpose of the meeting was to determine if the money could be obligated by the deadline date of June 30, 2008. He stated that it can be done, but not individually given out to physicians and EMS offices. It could be sent to the Trauma Centers, but that would require redistribution of funds. He asked Dr. Medows if DCH could assist. Lynn Vellinga, with DHR, reminded everyone that the appropriations are restricted to a fiscal year. The money must be obligated by June 2008 in order to carry over.

Dr. Ashley wanted to know if the money was given as a lump sum or does it have to be given to the specific awardees. Lynn stated that the Commission would need to decide how to allocate the funds and identify the service deliverables. DHR can prepare the contract. DCH has contractual obligations with physicians, but those are attached to Medicaid. It will be fairly easy to distribute money to the Trauma Centers. The biggest problem would be the individual physicians and EMS providers. Ben Hinson suggested that the money is sent to the Trauma Centers, who will then send it to the physicians and EMS services. He also wanted to know if the money could be placed in a repository. Lynn indicated that there are legal issues that. Mr. Moore wanted to know if the repository could be formed and governed by the Commission. Lynn indicated that this may not pass an audit and can't be done by the end of the fiscal year. Sid Barrett reminded everyone that we are in a race against time to get this money distributed. Involving a third party can be very tricky and we have to careful. Mr. Stuenkel wanted to know if the money could just be given to the Trauma Centers, who will have the responsibility of administering the funds according to rules and guidance provided by the Commission. Dr. Robinson agreed that this appeared to be the easiest way with the limited time. Sid Barrett informed the group that discretionary duties can not be delegated. He also stated that it should be decided if physicians who receive on call pay are disqualified because this would mean they are being paid twice for doing the same thing. He stated that he would email out his understanding of what "oncall pay" entails to the Commission. They should then respond back with what they know about the subject. Dr. Ashley stated that time constraints, beauracracy, and lack of guidance are all concerns that need to be addressed. He suggested that the reimbursement committee provides an option to handling these problems.

Dr. O'Neal informed the group that the Emergency Preparedness office manages 40 million dollars that get pushed down to the local level. Other options include GAEMS, GHS, hospitals, and EMS. Sid Barrett indicated that may be an option but not be the best option. There are too many strings attached and restrictions that must be adhered to. Mr. Hinton expressed that he did not believe GAEMS would be a viable option because of lack of staff. Dr. O'Neal informed the group that GAEMS was the recent recipient of grant funding that would allow them to increase their staff, and felt they could handle the responsibility. Dr. Medows restated the options for distributing funding. Mr. Stuenkel wanted clarification on the flow of the money – State of Georgia to DHR to Trauma Centers to Providers. Mr. Hinson indicated that the money should flow from the Trauma Centers to the Providers to EMS. He also wanted to know if the money could be given to one hospital for distribution. Dr. Ashley stated that this would solve the paperwork issue, but third party verification would them be required. Dr. Robinson stated that he preferred the Trauma Centers handle the money. Dr. Ashley reminded everyone that this was a

one time funding deal from the 2008 amended Budget. Sid Barrett stated that criteria needed to be developed to determine who received what amount. Dr. O'Neal expressed concerns over whether or not the Trauma Centers could handle the EMS portions. Dr. Robinson suggested that we go with the easiest, quickest solution right now and work out the kinks later. Dr. Meadows made a motion for the money to be distributed to the Trauma Centers with specific details for the 1st cycle. Dr. Robinson seconded the motion. All agreed.

Dr. Meadows gave an update on the discussion concerning uncompensated care. She stated there are three items to be discussed:

1. quantify the amount of uncompensated care
2. develop funding formula for future years
3. determine who it's obligated

Dr. Robinson gave an update on the discussion concerning readiness. He stated that the subcommittee is getting help from Mr. Bishop to survey the trauma hospitals.

Dr. Ashley informed the Commission members that he was proud of them and the work that have done, especially when you consider that there is no funding. He charged both committees to give details and make things work. He would like a policy written that support the goal of decreasing the 600 lives that GA's loses each year to trauma accidents. Dr. O'Neal would like a timeline established to create bi-laws and rules. Dr. Ashley wants this done ASAP. He also informed the group that a press conference was being held immediately after the meeting and everyone was invited to stay.

The next meeting will be held in Atlanta on Thursday, April 17 at the Capitol.