Minutes approved 30 July 2009

MEETING MINUTES

Thursday, June 18, 2009

Children's Healthcare of Atlanta Scottish Rite

Atlanta, Georgia

CALL TO ORDER:

The scheduled regular monthly meeting of Georgia Trauma Care Network Commission was called to order in the Board Room at Children's Healthcare of Atlanta Scottish Rite in Atlanta at 1015 hours by Dr. Dennis Ashley, Chair.

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

STAFF MEMBERS PRESENT	REPRESENTING
Sam R. Cunningham, EMT-P	Georgia Office of EMS / Trauma – Region 7
Renee Morgan, EMT-P	DHR DPH Office of Preparedness – EMS/Trauma
J. Patrick O'Neal, M.D.	DHR DPH Office of Preparedness – EMS/Trauma
Marie Probst	DHR DPH Office of Preparedness – EMS/Trauma
Billy R. Watson, EMT-P	Georgia Office of EMS / Trauma – Region 7

OTHERS PRESENT	REPRESENTING
Robert Bays	GSOMS
Rich Bias	Medical College of Georgia - Health
Greg Bishop	Bishop and Associates
Laura Bracci	American Heart Association
Rena Brewer	Georgia Physicians Taskforce
Bambi Bruce	Walton Regional Medical Center
Bill Burns	American Heart Association
Randy Clayton	GOHS / SHSP
Webb Cochran	Tenet
Danae Gambill	Georgia Hospital Association
Liz Goodman	Genentech
Rebecca Greene	Medical Association of Georgia
Paula Guy	Georgia Physicians Taskforce
Charles Hayslett	Hayslett Group
Betsy Kagey	DHR DPH Office of Preparedness

Fran Lewis, RN	Grady Memorial Hospital – Atlanta
Jill Mabley, M.D.	EMS Medical Directors Advisory Council
Josh Mackey	Brock Clay
Scott Maxwell	Burn Center at Doctors Hospital - Augusta
Regina Medeiros, RN	Medical College of Georgia - Health
Irene Munn	Office of Lt. Governor Casey Cagle
Lee Oliver, EMT-CT	EMSAC / GAEMS / Medical Center of Central Georgia
Donald Palmisano	Medical Association of Georgia
Glenn Pearson	Georgia Hospital Association
Jamila Pope	Children's Healthcare of Atlanta
Cyndie Roberson	Children's Healthcare of Atlanta
Jim Sargent	North Fulton Regional Hospital
Janet Schwalbe	Gwinnett Medical Center
Gina Solomon	Gwinnett Medical Center
Alex Sponseller	Office of the Attorney General
Robyn G. Vassy	Morgan Memorial Hospital
Mary Eleanor Wickersham	Office of the Governor

WELCOME AND INTRODUCTIONS

Dr. Ashley welcomed the members of the Commission and guests. Self-introductions were made.

EXECUTIVE COMMITTEE

Dr. Ashley said at the last meeting he identified the GTCNC officers as members of an Executive Committee. He said it was necessary for him to clarify his statement since the Bylaws do not address the group in that manner. He described the group as the officers meeting to assist the Chair and administrator in setting each meeting's agenda. It is not an "executive committee" per se nor does it have any special or specific decision making authority. He asked for input from the members regarding the language he should use when referring to the group.

MOTION GTCTC 2009-06-01: **I move that the GTCNC officers be referred to as the Committee of Officers.**

MOTION BY: Mr. Moore

SECOND BY: Mr. Hinson

DISCUSSION: Dr. Haley and Mr. Hinson said the group could be created by the Chair without any action. A question arose regarding if naming the group would limit its activities. Mr. Sponseller suggested referring to the group as the Officers Conference and not imply that an official meeting was occurring outside the regular meeting of the GTCNC. A quorum would not exist. The meeting would be to simply set the agenda for each GTCNC meeting. He added that state auditors review documents to ensure that unofficial meetings are not conducted.

FRIENDLY AMENDMENT: Substitute "Officers' Conference" for "Committee of Officers."

FRIENDLY BY: Dr. Haley

MAKER OF MOTION: Agreed.

SECOND OF MOTION: Agreed

FURTHER DISCUSSION: None.

FINAL WORDING OF MOTION: **I move that the GTCNC officers be referred to as the Officers' Conference.**

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

Dr. Ashley noted that in the future when the officers met either in person or via teleconference to set the agenda for the meeting, it would be referred to as the Officers' Conference.

BUDGET PROCESS:

Dr. Ashley stated that many of the items on today's agenda must to be discussed before the budget can be set; therefore, the next steps for budget actions will be determined near the end of today's meeting.

APPROVAL OF THE MINUTES OF THE MAY 21, 2009 MEETING

The minutes of the meeting of May 21, 2009, had been distributed prior to the meeting via electronic means and were also available to members in printed form.

MOTION GTCTC 2009-06-02:	**I move that the minutes of the May 21, 2009, meeting of the Georgia Trauma Care Network Commission (GTCNC) be approved as presented.**
MOTION BY:	Dr. Medows
SECOND BY:	Ms. Vaughn
DISCUSSION:	None.
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

ADMINISTRATIVE REPORT:

The Administrative Report was presented by Mr. Pettyjohn.

- ADMINISTRATIVE REPORT: Due to the amount of information that needs to be shared, Mr. Pettyjohn said that beginning with the July meeting he will submit a written report a prior to the meeting for members review.
- CURRENT CONTRACTS:
  - *EMS VEHICLE REPLACEMENT CONTRACTS:*
    - Mr. Pettyjohn said all but two (2) of the providers who had been awarded contracts have returned them to DHR. Those two (2) providers sent theirs overnight by UPS.
    - DHR said they should receive the contracts in time to execute them. Mr. Pettyjohn said there was conflicting language in the contract as to who actually owns the ambulance; therefore, it was necessary to amend the contracts so as to remove the conflicting language.
    - Regarding the GTCNC decal, Mr. Pettyjohn said the cost will be $10 each for the 12" diameter, Scotchlite reflective material decal.
    - Mr. Pettyjohn said Mr. Hinson plans to write a communiqué to seek attendance from legislatures in the area of each provider for a photo opportunity when the ambulance arrives.
    - Mr. Pettyjohn said Courtney Terwilliger requested copies of the EMS vehicle equipment replacement applications. They have been sent to him.
  - *HOSPITAL CAPITAL GRANTS CONTRACTS:*
    - Mr. Pettyjohn said all ten (10) of the facilities have signed and returned their contracts. The last was sent via overnight currier and should arrive at DHR this date. Checks have already been sent to some of the facilities.
  - *GTRI CONTRACT:*
    - Mr. Pettyjohn said an agreement on the scope of work was reached with GTRI and the contract has been signed.
    - He noted that there will be a meeting at 1300 hours this date to ensure both parties understand the work and timelines expected.
  - *EMS UNCOMPENSATED CARE:*
    - A letter has been sent to each of the forty (40) EMS agencies that received uncompensated care funds informing them that in the event any of the claims are paid, the money received from GTCNC is to be retained and allocated to the department's education funds.
- TRAUMA NURSE COORDINATORS:
  - Mr. Pettyjohn said a conference call had been conducted with the trauma center CEOs encouraging them to write letters to the Governor thanking him for his efforts in building a statewide trauma system. Ms. Cole asked how the GTCNC would know that they wrote and sent a letter. Ms. Vaughn said the Trauma Coordinators will know and she has been following up with them.

- TRAUMA CENTER EXPANSION:
  - Mr. Pettyjohn said he and Ms. Cole met with Ms. Morgan and Ms. Probst on June 9 to discuss the trauma transfer center pilot project in Region 5. Part of the discussion revolved around identifying potential barriers that would keep some of the hospitals from becoming Level III trauma centers. They formulated ideas and will develop a plan together with the Region Trauma Advisory Council that will be developed in EMS Region 5. The group is also trying to determine if the Trauma Registry can be moved to a web-based system that will be less expensive to the facilities.
- GTCNC AND THE DEPARTMENT OF COMMUNITY HEALTH (DCH):
  - Mr. Pettyjohn said he, Dr. Ashley, Kurt Stuenkel, Alex Sponseller and Ms. Cole met with Dr. Medows on June 10 to address the attachment relationship between DCH and GTCNC. He said Dr. Medows will address the issue later in this meeting.
- GRANT DEVELOPERS:
  - Mr. Pettyjohn said it has been difficult to schedule meetings with the grant writers; however, both Joe Bines with National Strategies and Michele Mindlin are in the process of scheduling appointments with Dr. Robinson.
- COVERDELL – MURPHY ACT ADVOCATES:
  - Mr. Pettyjohn said advocates of the Coverdell – Murphy Act regarding stroke care will network and mingle with the GTCNC this afternoon to discuss coordination and collaboration.

DEPARTMENT OF COMMUNITY HEALTH UPDATE - DR. MEDOWS:

Dr. Medows distributed the new DCH organization chart to those present. While doing so, she discussed HB 228 and how the reorganization came about, resulting in the creation or modification of three (3) distinct departments. After briefly mentioning the Department of Mental Health and the Department of Human Services, she then turned her attention to the Department of Community Health and what she referred to as *DCH Enhanced* – the merger of Public Health and regulatory services from DHR into DCH. She reviewed the DCH organizational chart and identified agencies that are attached administratively, noting that those agencies are independent agencies, but all are obligated to follow state law. The GTCNC is such an agency within DCH. She identified the Program Divisions – Medicaid; State Health Benefit Plan; Healthcare Facility Regulation; Public Health; and, Emergency Preparedness, noting that because of its importance, it will be its own Division. She said Emergency Preparedness is being managed "really, really, really well" by Dr. O'Neal. She said leadership has been designated for all divisions except Public Health which will be at the appointment of the Governor. She identified the next row down (using or chart handout and attached to these minutes) as enterprise-wide functions that make the organization work. The green boxes include communications, general counsel, chief information officer, chief operating officer, chief financial officer, inspector general, and legislative and external affairs. She said unlike in the past, those staff will work for the appropriate Division (blue box) and not anyone else. She further clarified by stating that if Dr. O'Neal needs to know where a contract is, for example, he has a designated person he will contact. The second page is a depiction of how the Healthcare Facility Regulation Division will be organized with the Complaint / Intake Division and Survey / Certification Division. Dr. Medows noted that a Rapid Response Team will also be in place to address emergency issues that might arise. The third page of the document is the chart for Public Health and Emergency Preparedness. There are six (6) key Public Health programs (Health Promotion and Disease Prevention, Environmental Health, Epidemiology and State Laboratory, Family Health, Infectious Disease and Immunizations, and Vital Records) each with its own program director. The former middle layer of management that existed within the current organization will not be found in the new. Neither will "silos" be allowed. The separate Emergency Preparedness and Response Division will house the following programs: Emergency Medical Services, Emergency Preparedness, Trauma Systems, Training and Injury Prevention.

Dr. Medows said the GTCNC and Brain Injury Trust Fund Commission would be new "attached agencies" meaning each is independent. These new agencies can have department administrative support or hire staff. If staff is hired, the department will run payroll for the agency. If the agency establishes a budget, the department will load the information into the system, but will not create the budget. Dr. Medows

said, "I'm not the boss of you." Attached agencies are completely different. The Public Health Advisory Council is new. Each council serves a function and examines key issues. Each offers advice – some are aggressive, some engaged, some have not even met in a long time. If the department accepts the recommendations of an advisory council, it is the function of the department to ensure that the work is completed appropriately.

Mr. Hinson asked if EMSAC (Emergency Medical Services Advisory Council) is one of the twelve (12) advisory councils. Dr. O'Neal said he would let the GTCNC know where EMSAC and the EMS Medical Directors Advisory Council (EMSMDAC) is on the organization chart. Dr. Medows said there will be links off the DCH web page to each of the advisory councils. Each respective advisory councils and agencies will furnish the information for the web page.

Some councils or agencies do have administrative staff and the department only does the behind the scenes work. The GTCNC could have an Executive Director. Jim Pettyjohn is a consultant hired through Bishop and Associates to provide administrative support for the GTCNC. Overall, the advisory councils or agencies do not have dedicated staff. They rely on one of the department's multi-tasking individuals to perform some work part-time. Mr. Hinson asked if the GTCNC could create staff with their funding. Mr. Sponseller said the statute does authorize hiring of staff by the GTCNC. Mr. Sponseller said the up to 3% of the GTCNC annual budget is earmarked for use by the OEMS/T and described in SB 60. Dr. Ashley said he would have the executive director search subcommittee examine the issue over the next month. He would like to bring Jim Pettyjohn onboard in an official capacity.

Mr. Hinson clarified OEMS/T location, ensuring that EMS remains under the direction of Dr. O'Neal. He also asked about legislation and was told that the department will manage it on a daily basis. Mr. Pettyjohn referred to the green boxes being the engine and the blue boxes being their customers, and asked if the engines see the attached agencies as customers as well. Dr. Medows said yes, they would utilize the engine. She again stated that unless the GTCNC decides it would prefer to have its own attorney, manage its own budget, and other duties, it would have access to the resources of DCH. Some of those responsibilities could be shifted to staff if staff is hired later. It was also noted that the more credible the GTCNC is, the easier it will be to conduct external reviews.

Dr. Medows brought up the subject of stimulus funding. She said if a grant writer recognized that funding might be available for a division, they would work directly with the director of that division to try to secure the funding. An advisory council will be held to the same status as an attached agency.

Dr. Ashley said the GTCNC has sustainable funding, even though it is not all that is needed, but now the rules have changed. He asked what will be required of the GTCNC this year that is different from last year. Dr. Medows said that last year the GTCNC approached the end of the fiscal year with additional money to spend. That is not the case now and a budget will have to be developed, as well as a plan of how the money will be spent. In addition to the FY2010 budget, the GTCNC must also develop an FY2011 proposal. FY 2011 budget proposal must be submitted in September 2009. Attached agencies need to know and operate as they are subject to the same limitations of state revenue the departments are. Since revenue is on a decline, attached agencies will be asked to reevaluate whether they have any excess funds that can be returned. If none are identified, but the need of the state is great, the council will receive directions regarding spending. An update will be given to all state agency heads this summer. It should be remembered that the $23 million allocated may not actually be $23 million. It may also have to be adjusted throughout the year.

Dr. Ashley asked what the timeline is for the preliminary budget. Dr. Medows said it should be prepared at least by August or September. She briefly reviewed the state budget process. Dr. O'Neal said it is important for the GTCNC to understand that the projection should be on what the Commission projects as the needs for an optimal trauma system for the state. It would be counterproductive to fixate on an $80 million figure. Instead, the projection should be addressed as *it will take x dollars to reach this point in FY2011*. Mr. Hinson suggested that a budget workshop be conducted for GTCNC members so the process is clearly understood. Dr. Medows said orientations are being conducted for Public Health

personnel, both on-line and in person. Division Chiefs and Program Directors will receive the training first. Ms. Cole echoed the idea for a workshop after Mr. Pettyjohn attends. Mr. Moore said stakeholders will ask about timelines. He asked if the GTCNC budget is subject to legislative action. Dr. Medows said it will be subject to state revenues at any time. She also said the budget formula should be based on percentages and should be identified as monthly or quarterly because of the revenue streams. Mr. Hinson said a further challenge for GTCNC is should we say you will get X per month, or X per year? He asked if the GTCNC will be expected to pay monthly or quarterly installments to hospitals based on the availability of funds. Dr. Medows said yes, adding that DCH addresses the budget on a monthly basis and will continue to do so until revenue begins to increase. She said you cannot obligate what you don't have. Mr. Pettyjohn said contractors will be informed that they will receive allotments monthly or quarterly and they will know that the amount may change. Dr. Medows again stressed that using a monthly system would be better than a quarterly one.

Dr. Ashley said last year the system was under time constraints making it necessary to look at retrospective data. He said that is not functional as the GTCNC goes forward. He said the GTCNC needs a prospective system for assessment of need and distribution of funds. Maryland has a website (http://mhcc.maryland.gov/trauma_fund/index.html) that explains this. He noted that many states are trying to get away from that because it is labor intensive and said the GTCNC needs to consider how we are going to go forward prospectively and evaluate the need. Readiness costs are easy to determine utilizing survey and analysis techniques. Uncompensated care is different and we do not want to get bogged down and waste money.

Mr. Pettyjohn said after working with DHR and listening to Dr. Medows describe the DCH system, he was of the opinion that DCH is going to be very helpful and the GTCNC will benefit from it.

Dr. Robinson asked if there is still discussion regarding a special session of the Legislature. Dr. Medows said she has not heard that.

Dr. Ashley said the changes being made are very positive ones for trauma patients in Georgia. He publicly thanked Mr. Pettyjohn for his work on the contracts. He said he has spent many hours on the telephone and in offices ensuring that everything happened that needed to.

GTCNC SUBCOMMITTEES UPDATE:

- **TRAUMA TRANSFER CENTER SUBCOMMITTEE UPDATE:**

  Ms. Cole said the Trauma Transfer Center Subcommittee has met twice since the May meeting of GTCNC. The first meeting was to hear Joe Acker from Alabama delve further into their system. Scope and responsibilities for the transfer center were discussed at the second meeting. The subcommittee plans to meet with Dr. O'Neal, Mr. Watson, and several stakeholders to discuss how a Regional Trauma Council will work. The subcommittee is also in the process of defining a scope document. Ms. Cole mentioned the meeting with Ms. Morgan and Ms. Probst at which they discussed how they could encourage other facilities to seek designation as trauma centers and what could be done to alleviate any barriers, real or perceived, that might be present. The subcommittee plans to conduct a teleconference with Mr. Pettyjohn, Dr. Ashley, Dan Brown (from the Georgia State Patrol) and Ms. Wickersham to discuss the GEMA grant. An all day meeting is also planned to clarify the relationship between GTCNC and the moving parts of the GEMA grant, as well as how to achieve the vision. Dr. O'Neal, Mr. Hinson, Ralph Reichert and others will be invited.

  PEDIATRIC ISSUES: On May 27, at the stakeholders meeting, Dr. Braslow was present. Dr. Braslow developed the ubiquitous color-coded tape measure system based on patient length to quickly determine specific equipment sizes and medications dosages necessary to provide resuscitative care to the pediatric patient. Dr, Braslow has developed a web-based system using the color-coded principals to be used hospital wide and in the prehopspital setting. The pediatric subcommittee had the opportunity to discuss the potential positives for the trauma program if his

system is purchased for Georgia. Dr. Braslow will be at CHOA in June conducting presentations at each of the three (3) campuses. Dates and times are available for those who are interested.

- **GEORGIA COMMITTEE ON TRAUMA EXCELLENCE:**
  Ms. Vaughn said there was no June meeting, but she did follow up on the conference call and noted that the letters to the Governor have been sent. Coordinators were tasked with looking at trauma system entry criteria (TSEC) to make recommendations as to what patients (field triage) needs to go to what level trauma center.

- **EMS SUBCOMMITTEE ON TRAUMA:**
  Mr. Hinson said the EMS Subcommittee on Trauma met a week after the May GTCNC meeting in conjunction with a meeting of the Georgia EMS Advisory Council (EMSAC). Approximately thirty (30) people were in attendance. The purpose of the meeting was to discuss what has been done for EMS by the GTCNC and then listen to comments regarding existing issues and possible solutions. Some of those present were of the opinion that much of what has been done for EMS to date has been heavily slanted to rural areas. Representatives from urban areas said they needed help as well. Mr. Hinson said his plan is to attend all ten (10) of the Regional EMS Advisory Council meetings over the next few months to obtain opinions from others throughout the state, not just those who are able to attend statewide meetings. He said there is not yet a clear vision from EMS because of the number of issues EMS is facing. He thanked Mr. Pettyjohn for his work on the vehicle grant and the changes that were made.

  GTRI MEETING: Mr. Hinson said a meeting will be held at Scottish Rite with representatives from the Georgia Tech Research Institute (GTRI) after today's GTCNC meeting. Regarding the GPS-based AVL units, which was initially projected to cost over $1,000 each, he said they have located some acceptable devices that may cost as little as $500 each and would work with cell telephone technology and are compatible with Garmin devices. Mr. Hinson noted that the grant the GTCNC received from GEMA is for $3 million.

  EMS VEHICLE REPLACEMENT GRANT: Mr. Hinson said he is hopeful that every service that received a grant for an ambulance will apply the GTCNC decal to the unit and will be assisted in doing so by their local representatives and senators to show that the efforts to build a statewide trauma system has made an impact. He encouraged GTCNC members to attend the sessions.

DEPARTMENT OF HUMAN RESOURCES (DHR) REPORT:
The DHR Report was presented by Dr. J. Patrick O'Neal, Director of the Office of Preparedness.

- He reported only four (4) of the designated trauma centers have not yet spent all their FY 2008 funds; however, that accounts for only a small amount of money.
- He said the OEMS/T is extremely excited about the transition to DCH. He said the staff is looking forward to working in the new organization and especially for Dr. Medows.
- Regarding position vacancies, Dr. Medows asked Dr. O'Neal and Ms. Morgan if there are any federal sources for the positions. They replied that federal money for trauma has not existed since 2005. Dr. Ashley said the OEMS/T must be functioning so that data are analyzed and distributed, and accountability is assured. Dr. Medows said there are 400 vacant positions in Public Health and some are in the emergency preparedness arena. She will have to identify funds for those positions, some of which they allow to go unfilled.
- Dr. O'Neal said the first mutation of the H1N1 virus was identified this week in Brazil.

BISHOP AND ASSOCIATES CONTRACT PROPOSAL:
Dr. Ashley said when the GTCNC was formed, Healthcare Georgia Foundation was kind enough to permit Bishop and Associates to work with the Commission at their expense and he said the GTCNC is certainly indebted to them for that. Dr. Ashley said he asked Bishop and Associates to develop a proposal. Mr. Bishop said there are two items to bring before the group – the budget process and the work proposal.

- BUDGET PROCESS: He said the GTCNC needs a flexible budgeting process (document attached) that addresses this year and next year, noting that there are some items that need to be addressed earlier than later. More detail will be required than has been required before. He reviewed his recommended and proposed objectives and priorities and said the first step is for the GTCNC to endorse continuation of the process:
  - FY 2010 budget at full funding of $23 million
  - Flexible, phased FY 2010 budget at some reduced amount
  - 1st (QTR?) allocation from the Governor's office
  - FY 2011 budget due in September to Governor's office (for full funding)
  - Other budget needs that arise

  The key tasks associated with the budget process include:
  - Identify funding priorities from strategic plan objectives
  - Make committee assignments:
    - A restructured, combined uncompensated care / readiness cost committee that can break back into those subcommittees if necessary would form a new Trauma Center Committee that would be tasked with recommending a formula for allocating funds to new and existing trauma centers and their trauma physicians.
    - The GTCNC EMS Committee can be asked to do the same for EMS
    - The officers would double as a budget committee
  - Budget Committee recommends allocation of funds
  - Propose expenditures to GTCNC
    - Stage 1 – Transfer System, OEMS/T, Administration and Planning
    - Stage 2 – Trauma Centers, EMS and Other
    - Stage 3 – Allocation of Balance of GTCNC Budget – this constitutes the reserve that is maintained with flexibility for use later in the year

  Mr. Bishop asked the group to turn their attention to the second document (attached), which was a budget worksheet. He said the form identifies each objective, the amount of money that was spent last year and the amount the GTCNC might consider spending as the year goes forward. He said the process can start moving very quickly with the points he identified and will give the Commission a good, efficient process to ensure that we are in good shape for meeting deadlines and keeping the process moving.

  Mr. Hinson cautioned the group to be careful not to lose policy issues over funding. He asked if there is a need to set up another agency to handle the trauma transfer system that could be expensive or use one already in existence.

  Dr. Ashley asked for input from the group about combining two committees (readiness and uncompensated care) into the trauma center committee. He said he is open to suggestions as to what is the best and most efficient way to divide up the work.

  Mr. Stuenkel said he is at a loss as to how you can look at uncompensated care prospectively. He said it has to be done looking at the data and suggested that the group should look at 2008 data. Mr. Bishop said Oklahoma is moving toward a point where Georgia currently is, while Arkansas has gone a step further - they pay on a variety of different factors, reserving some dollars for a "pay for performance" fund.

  Mr. Hinson said he would like to see a system where uncompensated care is paid by specific case, with the GTCNC buying those uncompensated claims, then having someone to try to collect each. Under the current plan, a billing office doing a poor job of collecting accounts will receive more in uncompensated care which is not right. He further suggested turning it over to the State Insurance Commissioner and have them make insurance companies pay legitimate claims that then will be owed to the state and not to a provider.

Mr. Moore suggested that although the discussion was interesting, GTCNC subcommittee chairs should be the ones to review, adjust and finalize the budget process.

There was further discussion regarding combining two of the subcommittees into a single Trauma Center Committee. Dr. Haley said if the two are combined, it will result in basically the Commission as a whole. Dr. Ashley suggested allowing each of the subcommittees to select two (2) members to be appointed to the Trauma Center Committee while Mr. Hinson said he still did not see the need to combine the two (2) into one (1). He said at the end, the groups would have to come together anyway so let them work separately in the beginning and then combine at the end if necessary. Mr. Bishop said there are other issues besides readiness and uncompensated care, but the group should take a more holistic, global look at how trauma centers are paid. Mr. Sponseller reminded the GTCNC that if they combine committees they must ensure that a quorum is not created by having too many members. Regarding uncompensated care, he said whatever system is used, the criteria in the statute must be followed and he reads that as being retrospective.

Mr. Stuenkel suggested specifying a percentage of the funds for the trauma centers and a percentage for EMS. Mr. Hinson said the GTCNC had a division of funding that gave EMS a percentage, but $4 million was taken away from EMS for the hospitals during the process. He said the $4 million removed in the process should be put in the budget for EMS. Mr. Bishop said the percentages can be decided on later.

MOTION GTCTC 2009-06-03:	**I move that the Trauma Center Committee be composed of Dr. Haley, Dr. Medows, Mr. Stuenkel, and Mr. Moore, and the EMS Committee be composed of Mr. Hinson, Ms. Cole, Dr. Robinson, and Ms. Vaughn.**
MOTION BY:	Dr. Haley
SECOND BY:	Dr. Medows
DISCUSSION:	Ms. Cole suggested that Ms. Vaughn be moved to the Trauma Center Committee.
FRIENDLY AMENDMENT:	Add the following to the end of the motion: "The Chair retains to right to make changes to the members on the committees."
FRIENDLY BY:	Mr. Hinson
MAKER OF MOTION:	Agreed.
SECOND OF MOTION:	Agreed
FURTHER DISCUSSION:	None.
FINAL WORDING OF THE MOTION:	**I move that the Trauma Center Committee be composed of Dr. Haley, Dr. Medows, Mr. Stuenkel, and Mr. Moore, and the EMS Committee be composed of Mr. Hinson, Ms. Cole, Dr. Robinson, and Ms. Vaughn. The Chair retains the right to make changes to the members on the committees.**
ACTION:	The motion ***PASSED*** with no objections, nor abstentions.

After the motion passed, Dr. Ashley appointed Dr. Haley Chair of the Trauma Center Committee and Mr. Hinson Chair of the EMS Committee. He charged the committees with the task of moving forward with their work and to schedule conference calls with Mr. Bishop to learn what other states are doing.

- CONTRACT WITH BISHOP AND ASSOCIATES: Mr. Bishop spoke about his proposal for his services in FY 2010 and provided background information on it. In the new agreement, he

proposes to report to the GTCNC. As for the status of the contract, Mr. Bishop said Dr. O'Neal informed him that DHR has extended all the contracts including this one. He said he is not quite sure what that means and will clarify with Dr. O'Neal. Although the contract was originally written as a sole source provider contract, it may be necessary to revise it. Mr. Bishop said he was reluctant to tell the Commission the specific details of the contract are until he is told what it is that is expected of his organization. He did say that part of the plan is to gradually turn all work over to the OEMS/T staff and Mr. Pettyjohn so this will likely be the last year of Bishop and Associates involvement.

Dr. Medows said the officers will review what Mr. Bishop proposes while he finds out if the contract has been extended. Going forward from that, the GTCNC will define the scope of work, but there will be a competitive bid process if appropriate. The amount of the contract needs to be determined in the budget process so as to develop a robust state of the art trauma system for Georgia and to be able to put our best foot forward in November and December to work with the Legislature.

Mr. Moore said the services of Bishop and Associates were invaluable last year and he would like to see a plan that would allow the GTCNC to retain their services during this transition from DHR to DCH.

In closing the discussion, Dr. Ashley said the top priority is to help the GTCNC move from a retrospective to a prospective process with financial formula development.

OTHER BUSINESS:
None.

NEXT MEETING:
The next meeting of the GTCNC will be held from 1000 – 1230 hours on Thursday, July 30, 2009, in Macon at a location to be announced later.

ADJOURN:
Hearing no call for additional business, Dr. Ashley declared the meeting adjourned at 1245 hours.

Minutes scribed by Sam R. Cunningham and Jim Pettyjohn.