



Trauma Advisory Council

June 19, 2012

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Dr. James Graham
Dr. Charles Mabry
Dr. Barry Pierce
Dr. Janet Curry
Dr. Paul K. Halverson (rep.
by Donnie Smith)
Dr. Clint Evans
Dr. Ronald Robertson
Dr. Michael Pollock
R. T. Fendley
Kathryn Blackman
Terry Collins
Jon Wilkerson
Freddie Riley
Robert T. Williams
Myra Looney Wood
Keith Moore

MEMBERS ABSENT

Dr. Victor Williams
Dr. John Cone
Dr. Alvin Simmons
Dr. Viviana Suarez
John E. Heard
Christi Whatley
Carrie Helm
K. C. Jones
Colonel J.R. Howard (rep. by
Capt. Mark Allen)

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Charles Mason
Allen Usrey
James Smith
Don Adams
Jon Swanson
John Recicar
D'borai Cook
Cathee Terrell
Carla Jackson
Sidney Ward
Jeff Tabor
Cheryl Vines
Kim Brown
Gary Ragen
Donna Ward
Kathy Gray
Gary Meadows
Tim Vandiver
Ron Crane
Teresa Ferricher
Jon Swanson
Carla McMillan
Laura Guthrie
Denise Carson
Rodney Walker
Joe Hennington
Milton Teal
Johnnie Schaumleffel
Shaun Best
Lynn Barrett
Teresa Gibbs

STAFF

Dr. Todd Maxson
Donnie Smith
Bill Temple
Renee Patrick
Renee Mallory
Teresa Belew
Diannia Hall-Clutts
Greg Brown
Joe Martin
Austin Porter
Marie Lewis
Margaret Holaway
Sue Ellen Peglow
Jack Hill
Katy Allison
Bethany McLaughlin
Debbie Bertelin
Jim C. Brown

I. Call to Order – Dr. James Graham, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, June 19, 2012, at 3:03 p.m. by Dr. James Graham, Chairman.

II. Welcome and Introductions

Dr. Graham welcomed all guests and members.

III. Approval of Draft Minutes From May 15, 2012.

The TAC reviewed the May 15, 2012 minutes. A motion to approve the minutes was made by R. T. Fendley and seconded by Dr. Charles Mabry. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Personnel

- Mr. Temple introduced the two new Administrative Specialists, Debbie Bertelin and Bethany McLaughlin. Katy Allison, our William Stead intern for eight weeks, was also introduced. Katy is working on a case study of the 2009 legislative session and will be doing a report focused on trauma system funding. Mr. Temple then introduced Jack Hill, who handles the Emergency Medical Services for Children Program under Greg Brown in the EMS Section, and noted that Mr. Hill will be attending the TRAC meetings.

Hospital Designation

- Fifty-four hospitals have now been designated, including five Level I, five Level II, 17 Level III and 27 Level IV trauma centers.
- There are twenty-one hospitals that are not designated and have not requested a site survey. These hospitals will be sent a letter that will give them three months to request a site survey. They will have an additional six months to complete the designation process to remain on the dashboard and continue to receive trauma system funding.

Contracts

- The Quality Improvement Organization Request For Proposal (RFP) intent letters were due on June 8, 2012 and three were received. We have responded to the vendor questions. The proposals are due on July 12, 2012 with an anticipated start date of November 1, 2012.

EMS Backfill Agreements

- On May 31, 2012, a certified letter was sent to all EMS providers informing them that two backfill agreements are required to be in place in order to be eligible for any future trauma funding. There are 184 EMS services that are required to have backfill agreements. As of today, 103 (56%) have met the requirement. Seventeen have only one agreement in place. Six have an agreement with services outside their adjoining county. Fifty-eight services (32%) have no backfill agreements in place. Non-compliance will result in funding being withdrawn. Dr. Graham requested that we ask ADH legal to give us an opinion whether the sub-grants to EMS are contracts and if so, how an EMS provider's non-compliance with this contract might affect other contracts it has with the state, such as Medicaid.

Physician Support Issue

- Mr. Temple recognized Don Adams, Arkansas Hospital Association, and encouraged hospitals to get this form submitted as soon as possible, but no later than August 15, 2012. This form documents the percentage of grant funds spent on physician support.

Score Card Issue

- There have been a series of meetings in an effort to establish some relatively simple things we can measure to show how the trauma system is impacting patient care. We are working toward getting something published by this fall in advance of the legislative session.

ATCC Report – Jeff Tabor

The ATCC is averaging over 60 calls a day. There is nothing significantly new to report since last month. Work continues on the hand on-call and other technology issues.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson mentioned the scorecard and said the data will be outstanding and very compelling. We still need patient success stories to help validate the progress so it can be combined with the data. If you have such “grateful patient” stories, please obtain a HIPPA waiver allowing us to communicate directly with the patient. They may contact ADH directly. This will help to make a compelling story on trauma system progress. Mr. Temple asked and Diannia Hall-Clutts confirmed that the ADH Trauma Nurse Coordinators will be sending an e-mail to the trauma nurse coordinators at the hospitals seeking input on success stories. Tim Vandiver asked that we include a HIPPA form with the e-mail to be distributed. Dr. Maxson said we could comply with that request. Dr. Graham added that hospitals may want to use their HIPPA forms.

Dr. Maxson said he is receiving numerous requests to speak before groups regarding the appropriateness of transfers. He said he had reviewed the numbers indicating that transfers at Level II facilities have increased tremendously. This increase is mostly in the category of minor trauma patients. Appropriateness of transfers and reviewing individual cases must be done. Some hospitals are doing this as part of their performance improvement (PI) process. Federal regulations, such as EMTALA, require that hospitals stabilize patients to the level of their capability and capacity. Increased vigilance is required on this issue. Mr. Temple noted there have been two recent meetings on the urgent transfer issue and we are working toward consensus on how this will be handled. This will be incorporated into both the Trauma and EMS Rules. Dr. Graham inquired about the data being used for this purpose and suggested reporting the data could help with this issue. Dr. Maxson mentioned that data is already being reviewed. Dr. Mabry asked about developing an internal report form so that these issues can be brought to the surface and more timely action taken. Jeff Tabor said that a form is already being completed for this kind of evaluation.

Dr. Maxson recognized Margaret Holaway for surveying the entire state from the trauma coordinators perspective regarding staffing patterns. He noted we are getting national data with which to compare and evaluate our data, specifically for Level II hospitals. He is concerned that Level II hospitals are under resourced and said the information will be shared with the TAC for its review.

VI. Trauma Registry – Marie Lewis

- We are continuing to provide PI reports and are looking at adding specific items for comparison purposes and to assist with the scorecard process.
- We continue to monitor the ICD10 implementation date and are working with DI on a plan for this to be accomplished.
- The first quarter submission deadline was May 30, 2012. Mrs. Lewis encouraged any hospitals that have not submitted data to contact the Registry Section to let us know their circumstances so we can help them to get data submission completed.

VII. TAC Subcommittee Meeting Reports

(Note: Summaries are attached; only official action and additional information provided to the TAC is documented in this section.)

- Finance Subcommittee (R. T. Fendley – Chair) (See attached report)

On behalf of the Finance Subcommittee, Mr. Fendley shared a handout with a motion that the TAC endorse the Subcommittee's moving forward with a Pay-for-Performance (P4P) incentive plan to be included in the FY 2013 budget. The proposal, as read by Mr. Fendley, is as follows:

“The Finance Sub-Committee moves that the TAC endorse our moving forward with implementation of a Pay-for-Performance (P4P) incentive plan to be included in the 2013 fiscal period. The funding for the P4P plan would be pursuant to the 2013 budgeted amount of \$666,525, with splits to the various system components to follow the percentages historically supported by the TAC for Hospitals (50%), EMS (15%) and System Enhancement (20%). The Sub-Committee proposes that the percentage traditionally allocated for Injury Prevention (15%) be re-allocated to post-acute/Rehabilitation (limited strictly to the Performance Improvement Incentive budget line). Prior to financial awards distribution, P4P plans for each component of the trauma system must require: (1) Performance which is significantly beyond that required under existing trauma Grant Funding Contracts; and, (2) Outcomes which, when achieved, demonstrate a positive impact on the care of trauma victims within the state and/or improved operation of the statewide trauma system.

The Sub-Committee proposes that work groups, comprised of Sub-Committee members and ad-hoc members (subject matter experts), working with ADH staff, finalize the numerous details of the P4P programs and proceed with the implementation thereof, with routine status reports back to the full TAC.”

After discussion, the motion, seconded by Dr. Mabry, passed without opposition.

- Hospital Designation Subcommittee and Site Survey/System Assessment Panel. (Dr. James Booker, Chair) (See attached report)

Dr. Booker said the Subcommittee reviewed the site visit for Arkansas Methodist Medical Center in Paragould as a Level IV. The Subcommittee recommends this hospital to ADH for approval. R.T. Fendley seconded the motion. The Subcommittee also reviewed a letter of intent from Cox Health, Springfield, MO, to be a Level II. Their level of intent was accepted and they will be asked to proceed with their application and the designation process. The Subcommittee continues work on the Level III Rules.

- EMS Subcommittee (Dr. Clint Evans - Chair) (See attached report)

Myra Looney Wood reported for Dr. Evans, who was on the phone. She reported the Subcommittee continues to meet and is working on numerous issues and projects, including communications systems and AWIN radios for helicopters. They have created a set of by-laws and are in the process of seating members per the by-laws. They need TRAC representatives. The Subcommittee continues to work on data submission and backfill agreements. They have also had preliminary discussions regarding a statewide GPS system so the ATCC would be able to know where ambulances are, including air ambulances.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (See attached report)

Mr. Wilkerson reported that the Subcommittee is working to finish up the strategic plan that will be presented to the TAC at the July meeting.

The Trauma Rehabilitation Symposium/Conference was very successful with great presenters and 130 attendees.

- QI/TRAC Subcommittee (Dr. Charles Mabry – Chair) (Did not meet) (No report)

Dr. Mabry, on behalf of the Subcommittee, made a motion to approve the Confidentiality Agreement and other process documents submitted from last month's minutes. R. T. Fendley seconded the motion and it was approved. The next meeting will be focused on PI and will meet on July 17, 2012 at 1:00 p.m., before the TAC meeting. A workgroup of the Subcommittee (Dr. Mabry, Renee Patrick and Terry Collins) will be working on additional forms to share at the next meeting.

- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (Did not meet) (No report)

Dr. Aitken noted that the June meeting was postponed, but they will be meeting prior to next month's TAC meeting. The Statewide Injury Prevention Program continues working on various initiatives, including car seat distribution, through seven training sites around the state. They continue capacity building and have trained 156 people in a variety of ways. They also continue to review the data over time to look at trends. Dr. Aitken requested to report on some additional information within the next couple of months and Dr. Graham asked that this be placed on the agenda when Dr. Aitken is ready to report.

VIII. Next Meeting Date

The next meeting will be Tuesday, July 17, 2012 at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at Freeway Medical Tower.

IX. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:33 p.m.

Respectfully Submitted,

Paul K. Halverson, DrPH, FACHE
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

Trauma Advisory Council Finance Sub-Committee

June 5, 2012

Attending: R.T. Fendley, Chairman; Dr. Todd Maxson; Mr. Jon Wilkerson; Ms. Renee Patrick; Mr. Donnie Smith; Dr. Charles Mabry, Mr. Don Adams, Ms. Cheryl Vines, Ms. Terry Collins, Ms. Myra Wood, Dr. Clint Evans, Mr. John Recicar

I. Call to Order at 3:30 p.m. by Mr. R.T. Fendley, Chairman

II. Old Business:

None

III. New Business:

Budget Review and Allocation Planning. R.T. Fendley provided an update on the Pay- for- Performance (P4P) 2013 budgeted funding amount of \$666,525. Discussion followed with recommended splits to follow the percentages historically used for Hospitals (50%), EMS (15%), Injury Prevention (15%) and System Enhancement (20%). Dr. Maxson recommended that the money traditionally allocated for Injury Prevention be re-allocated to Rehabilitation for this quality enhancement.

Action Item: The committee will recommend to the Trauma Advisory Council (TAC) implementation of the P4P incentive plan with splits to the various system components as follows: Hospitals (50%), EMS (15%), Rehabilitation (15%), and System Enhancement (20%)

Hospital Cost Study. The group discussed the implementation of the Hospital Cost Study. Dr. Mabry reported that a survey tool has been developed. A proposal to incentivize hospitals for submission of their trauma cost data was approved by the group. This incentive will be based on a per trauma patient basis. A state bid process will assist with the selection of a vendor to perform the analysis of this data. Donnie Smith verified that this process will be open to any hospital that wishes to participate and that the incentive will be utilized for quality data. Don Adams raised the question regarding out of state trauma centers and the group agreed that these centers will be included in the study based on volume of Arkansas patients.

Action item: A work group will be formed to develop metrics and definitions for completion of the financial survey tool.

System Enhancement. Dr. Mabry discussed incentivizing hospitals for participation in the Trauma Quality Improvement Program (TQIP). TQIP is designed to measure trauma center performance using process and outcomes measures. Dr. Mabry reports the cost to participate will be \$13,000 per center for the first year. Dr. Maxson commented that the ACS may be willing to negotiate this price. Dr. Maxson discussed the need to determine who would own the data.

Action item: Dr. Maxson will contact the ACS to discuss a statewide collaboration.

Rehabilitation Pay for Performance. Mr. Jon Wilkerson discussed a proposed cost study for trauma patients who are transferred from acute care to rehabilitation. The proposal would include only designated trauma centers with inpatient rehabilitation units. The group discussed that this data should be tracked to the individual trauma patients. Terry Collins reported that the current trauma registry does not include which rehabilitation facility the patient is being transferred to and the need to modify the registry to include this information. The group also agreed that there should be equity with the incentive between the hospitals and rehabilitation centers.

Mr. Wilkerson and Cheryl Vines proposed an incentive for collection of Functional Independence Measure (FIM) data from rehabilitation hospitals. The group was supportive of obtaining this outcome data and recommended additional refinement of the proposal.

Action item: A work group will be formed to recommend further incentive programs based on quality outcomes.

EMS Pay for Performance. Dr. Clint Evans and Ms. Myra Woods discussed the EMS trauma cost study that will help determine cost per call and cost per unit hour. The proposal outlines \$1000.00 per license for participation in this study. Donnie Smith discussed the need to tie quality measures within the cost report. In addition, EMS recommends incentivizing EMS services that attain PHTLS/BHTLS/ITLS certification for 85% of their personnel. There was a consensus of support for both proposals submitted by EMS.

Action item: The EMS work group will continue to work on the specific details of the proposal.

Meeting was adjourned at 5 p.m.

Meeting Title Designation Subcommittee

MINUTES 06-19-2012

1:30 – 3:00P.M.

FREEWAY MEDICAL BUILDING – BOARD ROOM

MEETING CALLED BY	Dr. Jim Booker
TYPE OF MEETING	Sub-Committee
FACILITATOR	Dr. Jim Booker
NOTE TAKER	Diannia Hall-Clutts
COMMITTEE MEMBER ATTENDEES	Dr. Jim Booker, Dr. Barry Pierce (by phone), Dr. Todd Maxson, Dr. Michael Sutherland, Terry Collins, John Recicar, Teresa Ferricher(by phone), Keith Moore, Paula Lewis (by Phone), Carla Jackson (by phone)

Agenda topics

WELCOME & MINUTE APPROVAL

Dr. Jim Booker

	Dr. Jim Booker welcomed everyone. A motion was made by Terry Collins to approve the May minutes, seconded by Dr. Donna Parnell-Beasley. The motion carried.	
	HOSPITAL INTENT APPLICATIONS	Dr. Jim Booker
DISCUSSION	None	
	OLD BUSINESS	Dr. Jim Booker
DISCUSSION	Out of State Hospital Designation – The state is in the process of writing a process for approving request for designation by out of state hospital. What if a TRAC does not endorse a hospital does the designation subcommittee override the TRAC? If the designation subcommittee sees a need of service that the TRAC doesn't see do we send the request back to the TRAC. Dr. Sutherland feels like the TRAC supplies the committee with an endorsement or a non-endorsement of the idea and that's weighed into the designation and the health department decision. It's a factor that comes into it and it has to be weighed out as what their reason for not endorsing is and whether that's congruent with the reason to grant or not to grant the request. The TRACs need to mention the need of service that the hospital will provide in their endorsement.	

	RULES AND REGULATIONS REVISION –LEVEL III	Dr. Jim Booker
DISCUSSION	The committee spent the remainder of the meeting reviewing and providing recommendations on the revision of the Level III Rules and Regulations. Dr. Marvin Leibovich attended on request of the Arkansas Chapter of the American College of Emergency Physicians. The national college has a resolution from their council states that their board certification supersedes any merit badge course like ATLS. They strongly object to this requirement being placed in the trauma rules. Dr. Todd Maxson would support that all surgeons and ED physicians be current in ATLS, but he knows it would not pass. Maybe some of the paid for performance incentive money could go to facilities that required their physicians (ED and Surgeons) to be current in ATLS. This would be a great compromise.	
ADJOURNMENT	Designation Sub-Committee meeting adjourned at 2:50 p.m.	
GUESTS		
OBSERVERS	Diannia Hall-Clutts, Margaret Holaway, Bill Temple, Renee Patrick, Dr. Marvin Leibovich, Marie Lewis	
NEXT MEETING	July 17, 2012, 10:00-12:00p.m. @ Freeway Medical Building Rm # 906	

EMS Trauma Subcommittee
Meeting Summary
June 12th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on June 12th at 1500. There were 24 people in attendance, with 8 people on the conference call.

We heard from representatives from the Air services that the consensus is mobile units are needed, as opposed to handhelds. Fortunately, it appears the cost for these will be substantially less than initially feared. We will continue to hear updates as more information becomes available.

We continue to attempt to complete our voting core. So far, we have 8 of our 13 voting positions filled, as well as several permanent alternates named. We are still waiting to hear from some of the TRACS, as well as the training subcommittee.

The backfill agreements are still lacking. As of this meeting, 64 services had two backfills. 77 had no backfills. 21 have one backfill only, and 7 have backfills with non-adjointing counties. These services are being contacted, and it will be stressed that they will not receive additional trauma funding until these are complete. There have been two changes to the backfill agreements. They now state the backfill must be with adjoining counties, and it is now possible for an ALS service to be backed up by a BLS service.

Greg and Ryan updated us on data submission. Greg notes data submission continues to improve. However, there is still considerable variance between the EMS data and the call center data. They continue to work to improve the accuracy of the data. Ryan discussed a NEMESIS 3.0 workgroup, as we need to decide what data elements we would like to collect when we migrate to the new dataset.

Since our last meeting, we discussed pay for performance initiatives with the finance subcommittee. One plan involved funding services who participated in a cost analysis survey. Another plan involved giving additional funds to services that have 85% of their field personnel certified in PHTLS or equivalent. After the finance committee met, it appears the total funds available for EMS are around \$100 K. There is some concern from the health dept that financing the cost survey would not truly be considered a performance improvement initiative. From our perspective, we would rather abandon this option and pursue the PHTLS initiative. The exact amount each service would get would not be known until the deadline, which has yet to be determined. All services that met the qualifications would divide the total available funds, with the amount depending on how many personnel they had certified. The initiatives were to be discussed further at the next TAC meeting.

At the last TAC, we asked the ATCC and Health Dept to look into the cost and feasibility of implementing Fleeteyes, or some other statewide AVLS system. Jeff provided us with some numbers, noting the cost varied widely depending on the vendor and options we got, but it would likely be around \$260-360 K, not counting the annual cost of using the service. Many people expressed considerable concern that providers would be unwilling to participate in this. There is

concern that this would allow competing services to see where another services trucks are. We were assured the system would not be set up to allow this. There was also concern this would allow the ATCC to dispatch an out of town truck to transfers, further delaying the return of said truck to their service area. It was pointed out this is not the intention of having this system at all. After much discussion, the general consensus of the group was this is a good idea. However, there will likely need to be more discussions with all providers to allay their fears and make it clear what the intention of this system would be.

The Health Dept then presented a proposed draft for urgent trauma transfers. This ignited considerable discussion. The Health Dept notes this was developed in response to EMS complaints that they are inundated with transfer requests that aren't truly urgent, and often inappropriate. They note this will help reduce unnecessary transfers, and will also define what truly constitutes an urgent transfer. There was considerable resistance from many EMS providers, who were generally opposed to the idea that these urgent transfers would have to be treated like any other 911 call. After much discussion, it was agreed on by all parties that the document was a good step, but that the language would need to be reworked. The Health Dept had hoped to present this to the Board of Health at the July meeting, but they agreed to postpone this until the document could be revised.

Our next meeting will be July 10th at 1500.

Trauma Advisory Council
Rehabilitation Subcommittee

Meeting Minutes
1:30 p.m. Thursday, June 28, 2012

Freeway Medical Tower Board Room
5800 W. 10th Street, Room 906
Little Rock, AR 72204

Members in attendance: John Bishop (BHRI), Yousef Fahoum (BIA), Alan Phillips (ARS) – via speakerphone, Cheryl Vines (ASCC), Jon Wilkerson (Chair).

Members not in attendance: Dana Austen (BIA), Letitia DeGraft (ADH), Elizabeth Eskew (DRC), Stacy Sawyer (St. Vincent's).

Others in attendance: Kim Brown (ASCC), Brad Caviness (ASCC), John Riggins (Riggins Group), Ramona Staton (WRMC) – via speakerphone, Bettye Watts (IPC)

Welcome and Call to Order

Mr. Wilkerson called the meeting to order and welcomed everyone.

Voting Membership

At the next meeting Mr. Wilkerson would like the subcommittee to examine its bylaws, examine subcommittee membership, and determine who are the voting representatives appointed to the committee. Mr. Caviness will search the minutes of last year's meetings to determine the full membership.

Strategic Plan

Mr. Riggins presented the latest draft of the strategic plan and briefly reviewed the process by which it was drafted.

He stated the importance of communicating the mission as presented in the plan to constituents. From the overarching goals, several strategies were devised to achieve those goals. Once the TAC approves the strategic plan, an action plan will be devised.

Mr. Wilkerson reviewed the goals and strategies and solicited comments from the committee members present. Revisions and corrections to the document were proposed.

Ms. Vines pointed out that the TBI registry should be part of fourth goal to be used to determine services. She has developed the language with Mr. Riggins and Ms. Brown and will incorporate that language into the plan.

Mr. Fahoum made a motion to adopt strategic plan with the noted corrections and revision, and under the condition that the TBI registry component is addressed as discussed. Mr. Bishop seconded the motion, and it was approved on a voice vote.

Pay for Performance

Mr. Wilkerson read a statement from the TAC Finance Sub-Committee regarding a change to the proposed Pay-for-Performance projects:

The Finance Sub-Committee of the Governor's Trauma Advisory Council (TAC), after investigation and multiple working sessions and with the active involvement of the Arkansas Hospital Association, the EMS Sub-Committee of the TAC and the Rehabilitation Sub-Committee of the TAC, and with guidance from the Trauma Section of the Arkansas Department of Health, offers the following motion to the TAC:

"The Finance Sub-Committee moves that the TAC endorse our moving forward with implementation of a Pay-for-Performance (P4P) incentive plan to be included in the 2013 fiscal period. The funding for the P4P plan would be pursuant to the 2013 budgeted amount of \$666,525, with splits to the various system components to follow the percentages historically supported by the TAC for Hospitals (50%), EMS (15%) and System Enhancement (20%). The Sub-Committee proposes that the percentage traditionally allocated for Injury Prevention (15%) be re-allocated to post-acute/Rehabilitation (limited strictly to the Performance Improvement Incentive budget line). Prior to financial awards distribution, P4P plans for each component of the trauma system must require: (1) Performance which is significantly beyond that required under existing trauma Grant Funding Contracts; and, (2) Outcomes which, when achieved, demonstrate a positive impact on the care of trauma victims within the state and/or improved operation of the statewide trauma system.

"The Sub-Committee proposes that work groups, comprised of Sub-Committee members and ad-hoc members (subject matter experts), working with ADH staff, finalize the numerous details of the P4P programs and proceed with the implementation thereof, with routine status reports back to the full TAC."

Mr. Wilkerson said this sends the subcommittee back to the drawing board on what it wants to do through a Pay-for-Performance project. The subcommittee will be allotted 15% of \$666,525.00 (\$99,978.75).

Ms. Vines indicated a cost study of level 1 and 2 trauma center hospitals was being done by the Arkansas Hospital Association and they were going to include rehab facilities attached to designated hospitals in this study.

Work Group Reports

Education

Mr. Wilkerson commended the Education workgroup for its work organizing the first annual Trauma Rehabilitation conference. He said the conference was a big success and that the TAC was very happy with its results.

Mr. Wilkerson said he had gotten positive feedback from some of the attendees. They said that they would like to have more information about TBI presented at the next conference.

Some further suggestions for next year's conference were to consider holding it a little earlier in the year (late April to early May) so as not to bump up so close to the end of the fiscal year, and to consider condensing the conference to one day.

Ms. Vines will present a total financial statement for this year's conference at next meeting.

Systems Analysis

Mr. Fahoum reported that a meeting is being planned for late July or early August with a small group of interested stakeholders concerning the next step in development of a new rehab system for Arkansas. The participants will possibly be brought in for two half-day meetings. The Subcommittee will pay for the attendees' hotel room. The following are the proposed participants:

Representative from St. Michael's Mercy Medical Center, Texarkana
Representative from Medical Center of South Arkansas, El Dorado
Representative from Regional Medical Center, Memphis, TN.
Dr. Mark Wren, PM&R physician, Texarkana
Deb Way, Rehab Administrator, Baxter Regional Medical Center, Mountain Home
Karthic Muthu, Rehab Administrator, Jefferson Memorial Medical Center, Pine Bluff
CRRN Representative
John Bishop, Program Manager, Baptist Health Rehabilitation Institute-Little Rock
Stacy Sawyer, Speech Path/Clinical Director, St. Vincent's Rehab, North Little Rock

Prior to the meeting, an email will be sent to all of the stakeholders to determine the most important questions to answer at the meeting. The email will also provide a link to a Doodle poll to determine the most convenient meeting dates.

One of the most important topics at the meeting will be to propose three designation models and have the stakeholders tell us which they prefer. The three models are the Washington-style multi-level model, the Florida-style (either/or) designation model or a hybrid, and a Specialty designation model.

Mr. Fahoum also proposed the creation of rehab system website (either state-run or independent) that could be used as a sounding board for consumer feedback, and evolve to issue report cards on various facilities for consumers. The website could also be used to monitor the progress of the action steps created as part of the strategic plan. Further, a good marketing campaign for the website will need to be put into place.

Mr. Fahoum will bring an implementation timeline for this project to a future meeting. Mr. Wilkerson suggested getting input from the work group going to observe vent units in North Carolina.

FIM

Ms. Vines reported that the Trauma Rehabilitation program has contracted with UDS to be a state affiliate for FIM data and will solicit rehab hospitals in the state who report to UDS to consent to submit their data. Once that is in place, the Program will work to collect information from hospitals that report to other data collection services, such as E-Rehab. By September, Ms. Vines hopes to have sent out letters to the hospitals, secured their cooperation, and begun to establish a baseline using 2010-2011 data.

In addition, Ms. Brown and Ms. Vines are working on establishing a subset of five or six FIM questions that could collect information in the acute setting and could be analyzed with rehab FIM for patients who go to rehab. The information could also possibly be used in a longitudinal community sample. Trauma hospitals already collect three elements, feeding, mobility and self-expression. A draft will be sent soon to a key group of acute, rehab and registry staff.

Financial analysis

Ms. Vines reported that Dr. Tilford will spend eight weeks conducting a review of literature and crafting a request to Medicaid and determining what information to examine. Once that is complete, a request will be submitted to Medicaid, and analysis of the information received will begin. Dr. Tilford begins work on the project on July 1, 2012, which will take up to a year to complete. Ms. Brown will liaise with Dr. Tilford as the project progresses.

With no other business to consider, the committee moved to adjourn at 2:57 p.m.