Trauma Advisory Council
Minutes
June 21, 2016
1:00 pm

MEMBERS PRESENT

Terry Collins
Daniel Davidson
Barry Davis
Keith Edmonds
RT Fendley
James Graham (Phone)
John Gray
Charles Mabry
Daniel McKay
Corey Montgomery
Barry Pierce
Michael Pollock
Freddie Riley
Ronald Robertson
Dr. Nathaniel Smith
Tim Tackett
James Tucker
Jamey Wallace (Phone)

MEMBERS ABSENT

Col. Bill Bryant
Janet Curry
Col. Addie Morris
Jonathan Palmer
Corey Scott
Carmen Smith
Ashlee Stockard
Jon Wilkerson

GUEST

Dr. James Booker
Liberty Bailey
Cecile Bledsoe
Kurt Blocker
Rayse Bradberry
Denise Carson
Lauren Castleberry
John Clay
Dr. Kirk Coker
D'Borai Cook
Kelly Dicks
Nicholas Elliott
Jasper Fultz (Phone)
Lee Galbraith
Meg Mirivel
Debbie Moore
Jeremy Ibison
Terri Imus
Jason Kennedy
Monica Kimbrell
Lee Lessenberry
Paula Lewis (Phone)
Scott Lewis
Alia Lien
Faith Lyke
Todd Maxson
Tamara McKee (Phone)
Carla McMillian
Susan Mengie (Phone)
Debbie Moore
Phillip Nahas
Dr. Samuel Norwood
Becky Parker (Phone)
Terra Patrom
Mandy Pender
Tracy Phillips
Jeff Pinto
Tim Porter

GUEST continued

Keith Schaefer (Phone)
Kevin Seiter
Velvet Shoults (Phone)
Sara Silverman
Michael Sutherland
John Swanson
Jeff Tabor
Chris Tarkington
Karolyn Thompson
Sedley Tomlinson
Jodiane Tritt
Kelly Urban
Allen Usrey
Aumarie Wallace

STAFF

Debbie Bertelin
Dr. James Bledsoe
Greg Brown
Melissa Foust
Scott Gann
Sarah Hinkson
Renee Mallory
Joe Martin
Arron Paduaevans
Austin Porter
Ron Stark

I. Call to Order – Mr. R. T. Fendley

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, June 21, 2016 at 1:00 pm by Mr. Fendley.

II. Approval of Minutes

The previous meeting minutes from December 2015 and March 2016 were brought before the committee to be approved. Mr. Tackett made a motion to approve the minutes. Dr. Mabry seconded. December 2015 and March 2016 minutes were approved.

III. Trauma/IVP Operations Report – Mr. Greg Brown

- Greg introduced the new employees. Sarah Hinkson, Administrative Specialist, Joe Martin, IVP Section Chief, Darren Braden, Trauma Nurse Coordinator, Dia Yang, Suicide Prevention Follow-Up Specialist, and Janice Butler-McGowan, IVP Grants Analyst.

- There was a discussion about the amendment to House Bill 1025, by Senator Irvin which deals specifically with the Department of Health's carryover funds. ADH will be allowed to use these funds next year with some provisions. Dr. Mabry expressed that he felt the Arkansas Medical Society should have had a chance to advocate for the funding. Mr. Fendley interjects with a reminder that these funds have always been subject to the State and Legislature whether there are carryover funds in the bucket or not and that everyone has been aware of that from the beginning. He also stated that since there is such a feeling of loss that at this time we should all try to work together. Mr. Fendley reminded everyone that we are an advisory council and we don't make decisions, we make recommendations.

- Greg shares that as of June 21, 2016 the department has 1.4 million dollars that has not been invoiced, He explains that these invoices should have been sent in already and that it's very challenging to prepare for a new budget when there is still dollars out there waiting to be invoiced and the deadline to turn them in is next week on June 28. That makes it almost impossible to predict a carryover budget with all the invoices still out and not knowing if the money has even been spent.

- Dr. Booker submitted his resignation as the Trauma Medical Director to the Department of Health.

- Greg reviewed the recent events about education. He stated ADH will continue with trauma education. At no point was that ever going to change. There will not be any changes to the rules to remove education. Mr. Fendley talked about the four pillars to the systems which are: pre hospital, hospital, trauma comm, and education. Mr. Fendley stated we have to have and maintain the 4 pillars for the system but at this time we do not have a plan. That is our number one priority. Mr. Fendley asked Mr. Robert Brech (CFO, ADH) to elaborate more in depth on the removal of ATERF from the trauma system.

IV. EMS Medical Directors Report – Dr. James Bledsoe

- Dr. Bledsoe reported that since March he has conducted two medical directors meetings. The April meeting had seventy-eight participants. Over fifty received CME accreditation.

- Dr. Bledsoe conducted a Core Medical Directors Group Meeting. The meeting consisted of 13 participants who discussed state guidelines and protocol. The National EMS

Guidelines have been approved. These will be used on a statewide basis. The group has started discussing individual EMS protocols.

- The next EMS Medical Directors meeting will be in October. One of the items to be disused will be "Duties of an EMS Medical Director."

- The pilot program is about to start with the Stroke & STEMI initiative with ATCC. At this time Mercy Hospital-Ozark has been given the green light to begin their program and there are eight other hospitals that will be running the program by August 1, 2016.

- The Community Paramedics program has had some new changes, their rules and regulations have been sent to legislation and governor for approval.

V. Rehabilitation Update – Ms. Terra Patrom, Executive Director for Arkansas Spinal Cord Commission, for Mr. Jon Wilkerson, Chair

- Ms. Patrom shares the history, scope, strategic plan, and deliverables of the Arkansas Trauma Rehab Program. The causes of ongoing spinal cord traumatic injuries are vehicular 37%, falls 30%, and act of violence at 10%.
- Mr. Jeff Pinto reported on the Triumph Program which consists of the call center for patients to reach out to. They also offer education with an outreach program. The Triumph program has conducted 69 outreach visits, 5 webinars, 5 guidelines, 18 conference booths, and 9 educational in services.

VI. TAC Committee Reports

- Hospital Committee and Designation Subcommittee – Dr. James Booker, Chair

  The committees have not met. There is nothing to report at this time.

- EMS Committee – Mr. Tim Tackett, Chair

  The deliverables have been added to the EMS rules and regulations. EMS will be working with the ADH to create a new equation.

- System Outcomes and Evaluations Committee – Dr. Todd Maxson

  The committee has not met. There is nothing to report at this time.

- Injury and Violence Prevention Committee – Mr. Joe Martin

  The committee has not met. There is nothing to report at this time.

- QI/TRAC – Dr. Charles Mabry, Chair

  Dr. Charles Mabry shows his presentation on preventable trauma mortality. He shares the overall purpose which is to make recommendations to TAC, the ADH, and the Governor about potential concerns with quality, threats to health of citizens, or critical problems with the trauma system.

  - ❖ The QI/TRAC committee proposed an action item:

    - ➢ The preventable mortality review process has been valuable to identify underlying causes of death & potential solutions

- Timely educational programs aimed at the causes of preventable trauma mortality are essential to continue, without interruption, to avoid unnecessary deaths
- This process of QI review and education are supported by the findings of the National Academies of Sciences, Engineering, and Medicine publication: "Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury"
- Sudden cancellation of the sustaining contract with the only major State provider of education is not prudent, unwise, and will create a hardship on trauma providers to receive quality trauma education programs. It will limit Arkansas' ability to create new educational programs to further reduce preventable deaths.
- The committee refers these findings and concerns to the TAC, ADH, and to Governor Hutchinson, asking for his leadership, immediate review, and action to continue and sustain a viable trauma educational program for trauma, so as to further reduce preventable deaths of our citizens.

- There was a motion made to support Dr. Mabry's action item. The motion failed.

VII. Next Meeting Dates

- July 19 EMS, Hospital and Finance Committees
- July 28 Rehabilitation Committee
- August 16 EMS, Hospital and Finance Committees
- September 20 QI/TRAC Committee and TAC Meeting

VIII. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 3:18 pm.

Arkansas Department of Health

4815 West Markham Street ● Little Rock, Arkansas 72205-3867 ● Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

Extended Notes from the June 20, 2016 TAC Meeting

Carryover Funds by Mr. Robert Brech: Mr. Robert Brech, who is the chief financial officer for the department of health, speaks on the carryover funds and the House Bill that was passed and he explained that this decision was made very late in the session. Senator Irvin contacted Mr. Brech and wanted to make an amendment to trauma funds and that it was her intent to take those 3.7 million dollars carry forward out of trauma. He suggested to Senator Irvin that he felt the funds should be applied to long term contraceptives and the local health units to fill up the units with inventory. Shortly after there was another conversation between Senator Irvin, Dr. Nate Smith, and Mr. Robert Brech and Dr. Smith wanted to add the language for Stroke, STEMI, and heart attacks so this is where that language came from. Dr. Mabry expressed that he felt that the Arkansas Doctors Association should have been informed so that they can advocate that those funds go to the trauma department and asked Mr. Brech for his advice on how to prepare for this situation if it happens next year. Mr. Brech replies that you can always advocate to keep carry forward monies but that most programs do not get to keep carry forward money, and this program was able to do so, initially that usually happens because in the beginning of a program the tax dollars start coming in before you can start spending the money. He says he's sure that everyone has noticed that at one point there could have been up to 8 million in carryover and that's not uncommon for the carryover language to be there early and for there to be carry forward in the beginning, but there's no guarantee that this program, or any other program will have carryover funds in the future because that's granted to you by the legislature and he recommends to start advocating now to the legislature to keep future carryover funds and that it's never too early to do that. Dr. Charles Mabry interjects that in the future if the Department gets notice that this is going to happen that Dr. Mabry and the Arkansas Medical Society with their lobbyists could advocate for the funds to stay within the trauma system. Mr. Robert Brech says that this was something that he was not comfortable with and that he doesn't have the ability to make million dollar deals. Mr. Brech went to Dr. Nate Smith and let him know that he was uncomfortable with the situation and that the carryover money was not going to stay in trauma. He says at least the language stayed the same and it's permissive so some of the carryover can be used for trauma.

Resignation as Trauma Medical Consultant for ADH by Dr. Jim Booker: R.T. asks Dr. Booker if he's going to sing the swan song, Dr. Booker replies, yes, but I will be brief because I sing badly. Dr. Booker shares that he's had the privilege of serving in leadership positions since the trauma system started at his hospital and in his region at the state. He says that he's really proud of all the changes that he's seen come about during that time period, and he wants to acknowledge that none of those changes would have been possible without the people in this room, the people on the phone, and the people

around this state that have a passion for trauma. He feels incredibly distressed because of the changes that are being made by the finance department that will affect trauma outcomes and the people who are making these decisions don't have a clue of the clinical impact and that they have not sought the advice of the people that they have paid to give them input and have no alternative plan. There's good data that has been repeatedly published that these changes will increase preventable deaths and to put that bluntly, these changes will cause Arkansans to die that could have lived but the people making those decisions can live with that. He hopes that everyone around the state continues to work with the trauma system like he plans to and continues to give the best trauma care.

ATERF Contract Agreement by Mr. Robert Brech: Mr. Brech thanks R.T. for letting him speak to the committee and guests. He says he knows that Dr. Booker is passionate, but "finance", meaning Mr. Brech, did not make this decision. He shares that he would like to back up and share how this decision was made. If you go back to the first contract with ATERF which was in January 2012 at that time there were two components to the contract, one had to do with the administrative costs for ATERF and the other had to do with the courses. The administrative costs were paid one hundred percent by ADH, their lease, their employees, their fringe, their internet, their advertising, their legal, their accounting, and just about everything else you can imagine all of their administrative overhead, ADH was paying for. He believes that their first contract was for $168,000.00 for that component of the contract and there was a second component to the contract that was dealing with the classes. The classes if you look at the contract, he had nothing to do with the contract, he didn't write the contract, the contract is clearly reimbursement for actual expenses. He says that he thinks that even Dr. Michael Sutherland has acknowledged that in a couple of his statements that the language does seem to indicate that, but Mr. Brech says that there is no doubt that the language in the contract is for "actual reimbursable expenses". He says he will tell us what he's told every person that he's talked to, that since the department did not ask for those actual receipts the department is at fault for that, the department did not administer the contract correctly, and by that he means that the trauma section didn't. They should have been asking for those receipts from the beginning, and they didn't so the contract was renewed. It was evident to ATERF, or should have been evident to ATERF that they were making quite a profit off of these classes. He says he doesn't know if anyone is aware of this but in the first five months of their operation after the contract was done in that first five months they banked $168,000.00 he believes. So it was obvious to them in the beginning that they were making a profit. If you go to the next year they made another $100,000.00 or so and by the third year they had a half of a million dollars cash in the bank and that had to have come from the classes. So they were well aware that they were making a profit from the classes. If you fast forward to February 2016 the Department asked for the receipts after new leadership came in at ADH which the department is entitled to do and the contract states that we (ADH) are given access to the receipts upon request. ADH asked for those receipts back in February 2016 and ATERF declined to give us those receipts. ATERF said that they had done a survey and what they were charging us for the classes was reasonable so therefore they would not be sharing any of the information with us. ADH made a second request in February 2016 and again ATERF declined to give us the receipts and there really was no legal, he states and "I am a lawyer too", backing for them not to give those receipts and again there is no doubt that the contract was for actual reimbursable expenses. At this point this is where he became involved. He had a meeting with Nate, (Dr. Nate Smith), and informed him that they were refusing to give the department the receipts and at that time Dr. Smith asked him to make a courtesy call to ATERF's director, Claudia Parks-Miller, to try to get the receipts. He made that request to her, called her and

talked to her about it, and it was her contention that it was a fee for service contract. That was ATERF's contention for some time until they realized they couldn't get around the language of the contract anymore. He gave her a week or so and she was supposed to get with the board to determine whether or not they were going to give us the receipts and we didn't get the receipts. So eventually he wrote an e-mail to ATERF one afternoon and said that we would no longer pay any invoices until we get the receipts, and that was well within our right to do so. The next day they delivered $90,000.00 worth of invoices to the health department asking how quickly can these get paid. He had already instructed the staff not to pay those invoices. If you fast forward a little bit further he thought we had finally come to an agreement with ATERF through an intermediary that we would meet, shake hands, and apologize to each other and they would give us the receipts, and the people invited to that meeting were Claudia Parks-Miller, Dennis Robertson, and the health department staff, but instead of Claudia showing up Dr. Sutherland showed up with his attorney. The first thing the attorney did was call him a liar because he pointed out that it was a reimbursement contract and the attorney called him a liar because he said that part of the contract was not reimbursement and $168,000.00 for administrative expenses, but what that told him is that he did recognize that the remaining portion of the contract was reimbursement. In the middle of this process we had a vendor that would not give us receipts that we had paid millions of dollars to, and we knew because of their tax returns that are publicly available, that they had a half of a million dollars in cash at the end of June 2014. At that time we had no choice but to go to our legislative auditors and the health department gets audited every year and we work closely with the auditors. Whenever we find something that we haven't done correctly we self-report that and we don't wait for them to find it. So we met with the auditors and currently they are looking into things and they will audit this contract and at the time we wanted them to do it because they had full subpoena authority and we did not. Once the auditors got involved, and it looks like there's enough there to be involved for, at that point there's no way we could move forward with the contract. He says that he would hope that any of the committee members and guests that if they were put in his position and they had a vendor that would not give you receipts, you asked for them on multiple occasions, they declined to do so, what would you do? We couldn't continue the contract, we couldn't renew the contract, we couldn't pay the invoices, and he asks for you to put yourself in his position. From everything that he has heard ATERF has done a great job teaching classes and he respects education as much as anyone, but what would you do, he says he did the only thing he could do. That's laying it out for you and I'll take any questions you might have.

- **Dr. Jim Booker** comments that he would like to point out that unless he missed it the department does currently have all of the receipts and that they were provided to you before you cancelled the contract and Mr. Brech replies that the contract would have been cancelled before we got the receipts and that it would not have been submitted to the legislature in time to be reviewed, however, he points out that they did get the receipts and the receipts did reflect what they had thought. If you take all of their expenses, everything that we paid, even expenses that would not be allowable, ATERF made $600,000.00 off of those classes. He agrees that Dr. Booker is absolutely right in that we did get the receipts, the receipts confirmed what they thought, there's no doubt that there was quite a bit of profit, and that $600,000.00 in receipts that would not have been allowable.
- **Mr. R.T. Fendley** asks Mr. Robert Brech what is the timeline for the legislative audit? Mr. Brech answers that the auditors work at their own pace and they are limited on staff just like everyone else. Initially the auditors told him they would do this along with the departmental audit

next year but keep in mind they audit us nearly year round. They have talked about stepping it up and perhaps doing it quicker but that's really up to the leadership of the legislative audit and when and how many resources to put toward this and we have no control over that whatsoever. He can only hope that they do this in a timely way but he thinks to be honest and fair expect it to be months from now.

- **Mr. R.T. Fendley** asks Mr. Robert Brech if we have to wait for the audit to be complete until we can clear up the issue between ATERF and ADH. Mr. Brech replies he feels that's correct and even if we tried to put this contract forward, keep in mind that it would have to be reviewed by the legislature. And would they approve a contract with an entity that's under audit? He says he doesn't recommend putting it forward like that. To the extent that both parties are at fault he thinks that if ATERF had cooperated early on and provided the receipts we'd perhaps be in a different spot but that's not what happened.
- **Dr. Todd Maxson** interjects, that he feels that is not fair. He then asks the room how many of you have a contract with the department of health, how many of you have had a receipt sent back because it was disallowed, and he replies all of us. He says that all of us that have a contract have had something sent back because it was disallowed. The department administered the contract this way for five years, it screwed up, it administered it that way, and it never gave the entity an opportunity to go back and look at the contract. So the request for receipts came before they knew that you were interpreting the contract differently. "You've" given a very one sided view of this, a very one sided view and it's unfair, and it's inaccurate. Every other contractor when I was involved that we dealt with if we had a dispute with them we called them in civilly, we sat down, we said here's what we expect from this and here's what you've delivered from this, there's a discrepancy here and we have a right to expect it to be fixed to your satisfaction, and if it's not fixed get rid of the contractor. That was not done here, that's not what was done. We have struggled with DI, we've struggled with DI contract for years now, we keep calling them, sending them performance plans, and we keep going with our contract with them. With our system that's probably the right thing to do, to keep trying to work it out because once you burn this bridge, and you have burned this bridge, who do you think is going to deliver this education, who's going to do that? It works, this works, what Dr. Charles Mabry is talking about partially because education has been delivered and that's very important we had the highest mortality rate in the country we remedied it 50% because we brought people up to speed. We educated pre-hospital, nurses, and physicians and we did a great job doing that. The other 50% was that the men and women going out and doing it were your neighbors, the people that look at trauma patients every day and night in Arkansas and care. He went in, Ron Robertson, and Terry Collins went in to every hospital in this state and represented the system, the department of health and we improved care there's no doubt about that. And the way this was handled was absolutely wrong and absolutely burns a bridge. So he'll answer your question very specifically, what would he have done in your position? He would have picked up the phone and called to say we have a problem we've discovered, we've administered this contract poorly for five years from the health department side and we need to make you aware of it, and we need to make you aware of where we are and where we need to be and then we need to sit down and remedy this. That was not done, Mr. Robert Brech interjects that was done, and Dr. Todd Maxson responds with that was not done not until afterwards. Mr. Robert Brech says that Dr. Nate Smith instructed him to make the phone call which was after two e-mails that were not confrontational; they were two e-mails

simply asking for information. Dr. Todd Maxson replies by saying you're hearing a one sided argument ladies and gentlemen. Mr. Robert Brech says he made the call and asks Dr. Maxson, why was that unreasonable? Mr. Brech says let me ask you this, let's say it was a fee for service contract, let's say that it was administered exactly like a fee for service contract, do you think that all of the expenditures that ATERF made were ordinary and necessary to save lives for the trauma system? Dr. Maxson replies that he doesn't know the answer to that but if they weren't it was your responsibility to look at them and send them back and disallow them. That's the check and balance that's the way every other contract that came through was done and items came back and they said hmm those aren't right. I used to have people walk into my office and ask does this really improve trauma care.