



Trauma Advisory Council

August 21, 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
Dr. Viviana Suarez
Dr. Clint Evans
Dr. Ronald Robertson
Dr. Michael Pollock
Jon Wilkerson
R. T. Fendley
K. C. Jones
Terry Collins
Freddie Riley
Carrie Helm
John Gray
Keith Moore

MEMBERS ABSENT

Dr. Victor Williams
Dr. John Cone
Dr. Alvin Simmons
John E. Heard
Christi Whatley
Robert T. Williams
Kathryn Blackman
Colonel J.R. Howard (rep. by
Sr. Cpl. Karen E. Clark)

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Charles Mason
Dr. Marney Sorenson
Tonya Baier
Don Adams
Greg Hammons
John Recicar
D'borai Cook
Cathee Terrell
Faith Lyke
Sidney Ward
Jeff Tabor
Cheryl Vines
Kim Brown
Gary Ragen
David Simmons
Kathy Gray
Michelle Murtha
Tim Vandiver
Carrie Vickers
Teresa Ferricher
Donna Parnell-Beasley
Carla McMillan
Matt Brumley
Denise Carson
Rodney Walker
Michelle Parish
Robert Fox
Terri Imus
Donald Reed

GUESTS (cont.)

Carla Jackson
Cindy Metzger
Susan Kontir

STAFF

Dr. Todd Maxson
Donnie Smith
Bill Temple
Renee Patrick
Renee Mallory
Austin Porter
Greg Brown
Diannia Hall-Clutts
Rick Hogan
Marie Lewis
Margaret Holaway
Katy Allison
Debbie Bertelin
John Benjamin
Jim C. Brown

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, August 21, 2012, at 3:00 p.m. by Dr. James Graham, Chairman.

II. Welcome and Introductions

Dr. Graham welcomed all guests and members.

III. Approval of Draft Minutes From July 17, 2012.

The TAC reviewed the July 17, 2012 minutes. A motion to approve the minutes was made by Dr. Viviana Suarez and seconded by Terry Collins. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Personnel

- Mr. Temple said we think we have filled the Public Health Educator position with an exceptionally well qualified individual. However, we are still in the final stages of making it official. He also informed the TAC that Katy Allison will in all likelihood be hired for the second of our “Extra Help” positions.

Hospital Designation

- The number of total eligible hospitals now stands at 75, down from 76 because Physician’s Specialty Hospital, Level IV in Fayetteville, has dropped out. Fifty-five hospitals have now been designated. One hospital is in-process (St. Bernard’s), three have site surveys scheduled and we have verbal commitments from nine hospitals. Seven hospitals remain that must have site surveys scheduled by October 1, 2012 in order to be designated by April 1, 2013, which is the deadline.

Contracts

- The Quality Improvement Organization applications are in the review process. The two applicants’ oral presentations are scheduled for August 30, 2012. We expect the review committee to have a recommendation by the first week of September.

ATCC Report – Jeff Tabor

The ATCC is seeing a reduction in calls regarding minor trauma patients, so education is working to improve this situation as it is decreasing about two percent a month. ATCC representatives spoke at the EMS Conference to about 600 to 700 EMS providers. Year-to-date 2012, the ATCC is at 11,953 calls, compared to 13,172 last year. We expect to surpass last year’s volume.

Scorecard Issue

- Mr. Temple said work continues on the “scorecard” and that Austin Porter will provide monthly updates to the TAC. Mr. Porter discussed specific aspects of the “scorecard” and shared a hard copy initial report. Dr. Graham thanked Mr. Porter and was very complimentary of this first systematic data report to the TAC. Dr. Todd Maxson was also complimentary and said that based on his experience he knows of no other state able to turn around data this quickly. He noted that this is a great step toward process improvement.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson mentioned a meeting he attended where they discussed a medical advisory board for pathway and medical guidance to improve patient care. He is receiving input that we may need a medical advisory board for trauma and for traumatic brain injury (TBI). He suggested the TAC look at a clinical care committee. He specifically asked for support to consider creating a medical advisory board to address these needs. He noted some of the transfer time data in Mr. Porter’s report, pointed out statistics, and discussed the patient transfer issue. He noted the transfer time is a specific opportunity for improvement. He further shared that work is beginning on a statewide trauma meeting to be held in Little Rock on April 19 – 20, 2013. TAC members spoke positively regarding a medical advisory board and Dr. Graham said he would get to work on this issue. He asked those interested and willing to serve to contact him. Terry Collins mentioned that this board should be a multi-disciplinary group.

VI. Trauma Registry – Marie Lewis

- The new 2013 National Trauma Data Bank Data Dictionary has been released.
- The next data submission deadline is August 30, 2012, and that will be for second quarter data for April, May and June 2012.

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 said they continue to be actively engaged in developing pay for performance programs for pre-hospital, hospital and post acute care. Drafts have been submitted to Finance Subcommittee members for review and input. We are hopeful to complete work and submit them as a formal recommendations soon. He thanked the Arkansas Hospital Association and specifically

Mr. Don Adams for their help in working with hospitals.

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

Dr. Booker said the Subcommittee met today. Work continues on re-writing the Level III Rules. They hope to submit recommendations for the re-write next month. He noted the Subcommittee has received letters of interest from two facilities outside the state to participate in the system. They are CoxHealth, Springfield, MO, a Missouri Level II facility, and St. John Medical Center, Tulsa, OK, an ACS Level II facility. He said the Subcommittee has discussed how they would deal with out-of-state hospitals. Dr. Halverson said we should keep in mind the primary goal of encouraging the transfer of patients to the “right” facility, but at the same time be careful to assure that out-of-state facilities are in fact a needed facility. We never budgeted funding for an unlimited number of out-of-state hospitals. He noted some policy issues, including fairness to the taxpayers who are supporting the Arkansas Trauma System, that we need to think about prior to making final decisions. Dr. Booker mentioned that the Subcommittee agreed that any out-of-state facility have a recommendation from TRAC(s) in which they would participate. He noted that both facilities have a letter of endorsement from at least one TRAC sponsoring or suggesting that they be included in the system and further stating the need(s) that they met within the TRAC and overall trauma system. Dr. Halverson said we should also assess their continued ability to contribute. The motion from the Subcommittee that this methodology is how they would like ADH to deal with out-of-state applications was passed by the TAC. (see attachment)

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

Dr. Evans reported that the Subcommittee continues work on AWIN radios for helicopters. By-laws work continues and 11 voting member positions have been filled. He noted that a Training Representative position is yet to be filled. Officers and completing a voting core are the next steps. Backfill agreement work continues with nine services left to complete agreements. He expressed concern about data submission and specifically the quality of the data reported. Dr. Evans said work has begun on next year’s budget and decisions as to how trauma funds are to be divided.

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

Cheryl Vines reported that the Subcommittee continues work on the strategic plan. They have a meeting this week to begin the study of designating rehabilitation hospitals in the state. Research continues on the TBI registry. The 2013 Trauma Rehabilitation Conference will be held May 1-2, 2013 at Baptist Medical Center in Little Rock. Work also continues on outcome measures.

- QI/TRAC Subcommittee (Dr. Charles Mabry – Chair) (See attached report)

Dr. Mabry, on behalf of the Subcommittee, reported they met today to deal with a QI

issue. It was a very positive meeting and some system fixes and other issues were brought to light. Dr. Maxson complimented the process and said no other states are doing this to gain this kind of insight into their trauma system.

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

Dr. Aitken shared that the Subcommittee did not meet last month but will be meeting in September. Education and training sessions continue.

VIII. Other

Dr. Graham mentioned the possibility of having a retreat meeting. Last year we held the retreat on a TAC meeting day. He asked for feedback from the TAC. It was suggested that we again use the regular meeting day (third Tuesday of the month) and plan for the October meeting to be the 2012 retreat meeting.

Dr. Graham discussed a TAC attendance chart that was handed out at the meeting. He referenced the trauma legislation and the documented TAC by-laws regarding meeting attendance requirements. He expressed concern and decided to bring the attendance issue before the TAC. He asked the TAC for approval to allow him (Dr. Graham) to write a letter to those who have missed three successive meetings within the last year and/or have missed more than 50% of the meetings in a calendar year. The purpose of the letter is to inform them of the requirements and that the TAC, if necessary, can take appropriate action up to and including removal. Dr. Mabry made the motion for Dr. Graham, as requested above, to write the letter. R.T. Fendley seconded and the motion was approved.

Dr. Maxson noted that the Central Arkansas Trauma Regional Advisory Council is holding its first educational meeting immediately after the TAC meeting.

Mr. Temple recognized Mr. Rick Hogan, ADH General Counsel, for his work on behalf of the Injury Prevention and Control Branch and thanked him for his work in the development of the trauma system. Dr. Graham thanked Mr. Hogan and Reginald “Reggie” Rogers, ADH Attorney, for their work on behalf of the Arkansas trauma system.

IX. Next Meeting Date

The next meeting will be Tuesday, September 18, 2012 at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at Freeway Medical Tower.

X. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:08 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

Guidelines for designation of hospitals outside the borders of the state of Arkansas.

The applicant hospital will submit an intent application for designation. Upon acceptance of the intent application, the facility will be added to the dashboard based on the capabilities detailed in the intent application. The facility will be identified as being "in pursuit of designation" on the dashboard. An accrual period of one year will be required prior to a designation site visit.

In facilities in metropolitan service areas that do not overlap the Arkansas state line, determination of contribution to the Arkansas Trauma System will be calculated as a proportion of Arkansas residents treated by the facility. For inclusion as an Arkansas resident treated by the facility, one of two criteria need to be met: 1. The patient was injured inside the state of Arkansas and transported by Ambulance (air or ground) to the out of state facility, 2. The patient was transferred through the Arkansas Trauma Com to the out of state facility from a facility in Arkansas.

Trauma Advisory Council Finance Sub-Committee

August 7, 2012

Attending: R.T. Fendley, Chairman; Dr. Todd Maxson; Jon Wilkerson (via phone); Renee Patrick; Dr. Charles Mabry, Cheryl Vines, John Recicar; Bill Temple; Kim Brown; John Gray.

I. Call to Order at 3:30 p.m.

II. The first order of business was a recap of the meeting held this same date at the Arkansas Hospital Association (AHA). In that meeting, representatives of the TAC, AHA, ADH, St. Vincent, JRMC and UAMS met with representatives of BKD to discuss a potential project to develop a common costing methodology for hospitals. The goal of the project would be to determine hospital costs associated with trauma readiness, trauma center certification, and the costs and reimbursement associated with the care of trauma patients.

Staff from the ADH indicated that it would be acceptable for the AHA to serve as a contractor for this project and engage a consulting firm for the project, as long as AHA is willing to apply for a grant from the ADH for said purpose. R. Fendley will discuss with AHA leadership and, if AHA is willing to undertake this role, will put them in touch with R. Patrick. A special note is that hospitals owning/operating inpatient rehabilitation units will be asked to include their cost data for the rehab facility as well.

Another issue outstanding for the hospital component of the trauma system is the development of a Pay for Performance (P4P) program. R. Fendley agreed to develop a first draft of a hospital P4P program and route to Sub-Committee members for refinement. All the above information will be provided as an update to the full TAC at its next meeting.

III. EMS P4P program recommendations are also outstanding. J. Gray represents EMS and he agreed to contact Dr. Clint Evans and they would together begin to develop a written description of an EMS P4P program and route to the Sub-Committee for refinement.

IV. Post-Acute Care/Rehabilitation continues to work with a consultant from the UAMS College of Public Health to assist in developing a costing methodology for rehabilitation services provided to trauma patients. C. Vines agreed to develop a written description of a Rehab P4P program and route it to the Sub-Committee for refinement.

Because the fiscal period is into its second month, the development of P4P programs for this year must occur quickly. With this in mind, the first-drafters of the P4P programs were asked to route the initial drafts by August 17th.

There being no further business for the Sub-Committee to consider, the meeting was adjourned at approximately 4:40.

Meeting Title Designation Sub-Committee of the TAC

MINUTES 08-21-2012

FREEWAY MEDICAL BUILDING – BOARD ROOM

MEETING CALLED BY	Dr. Todd Maxson on behalf of Dr. Jim Booker (Dr. Booker arrived shortly after the meeting was called to order)
TYPE OF MEETING	Sub-Committee
FACILITATOR	Dr. Jim Booker
NOTE TAKER	Diannia Hall-Clutts
COMMITTEE MEMBER ATTENDEES	Dr. Todd Maxson , Dr. Jim Booker, Dr. Barry Pierce, Dr. Michael Sutherland, Terry Collins, John Recicar, Teresa Ferricher, Karen McIntosh, Carla Jackson (by phone),Kathy Gray for Keith Moore, Paula Lewis (by Phone), Donna Parnell (by phone)

Agenda topics

WELCOME & MINUTE APPROVAL

Dr. Todd Maxson

	Dr. Todd Maxson welcomed everyone.	
	HOSPITAL INTENT APPLICATIONS	Dr. Jim Booker
DISCUSSION	None	
	OLD BUSINESS	Dr. Jim Booker
DISCUSSION	<p style="text-align: center;">Process for Trauma Center Requests from Out-of-State Hospitals</p> <ul style="list-style-type: none"> ▪ An out-of-state hospital seeking entry into the Arkansas Trauma System will direct a formal, written request from the hospital’s Administrator/Chief Executive Officer (CEO) to Renee Patrick, Trauma Section Chief, Arkansas Department of Health, 4815 West Markham Street, Slot 4, Little Rock, AR 72205-3867. The request shall include the designation level the hospital is seeking (Level I-IV), a brief statement of trauma services provided, and a one-year average (based on three years of data) of all Arkansas residents admitted to the facility who are entered into the trauma registry. This total will be split into the following categories: ISS scores of 1-8, 9-15, and ≥ 16. ▪ The Arkansas Department of Health (ADH) Trauma Section will submit the request to each Trauma Regional Advisory Committee (TRAC) primarily served by the requesting hospital. The TRAC(s) will review the request based on need and availability, and recommend to the Designation Subcommittee to accept or deny the request. The TRAC(s) will specifically consider the current gap(s) in trauma service(s) this hospital will provide within the region. The TRAC(s) will review data such as demographics, maps, population growth, availability of resources, distance between facilities, EMS response times and coverage (ALS/BLS), proximity to major highways, trauma incidences, county planning information for new developments and 	

industries, statements of support from county commissioners, etc. Additional information should be provided if available, such as the region's bed capacity, transfer patterns, etc.

- The Designation Subcommittee will consider the request from the TRAC(s). The Subcommittee will recommend to the Trauma Section to accept, decline, or revise the TRAC(s) recommendation. The Trauma Section will develop a financial estimate of funding based on statistics provided by the requesting hospital.
- The Designation Subcommittee will forward its recommendation to the ADH Trauma Section. The final decision to accept the hospital into the Arkansas Trauma System will be made by the Trauma Section.

Recommendation by the Committee for Guidelines for designation of hospitals outside the borders of the state of Arkansas.

The applicant hospital will submit an intent application for designation. Upon acceptance of the intent application, the facility will be added to the dashboard based on the capabilities detailed in the intent application. The facility will be identified as being "in pursuit of designation" on the dashboard. An accrual period of one year will be required prior to a designation site visit.

In facilities in metropolitan service areas that do not overlap the Arkansas state line, determination of contribution to the Arkansas Trauma System will be calculated as a proportion of Arkansas residents treated by the facility. For inclusion as an Arkansas resident treated by the facility, one of two criteria need to be met:

1. The patient was injured inside the state of Arkansas and transported by Ambulance (air or ground) to the out of state facility,
2. The patient was transferred through the Arkansas Trauma Com to the out of state facility from a facility in Arkansas.

The funding calculations is based on the following formula:

- 1) First we calculate the annual average (based on 3 years of data) of AR trauma patients seen at the out-of-state hospital and compare it to the annual average of AR trauma patients seen at in-state trauma facilities of similar level.

For instance, if an out-of-state hospital was applying for a Level 2, we would compare their annual average of AR trauma patients to the average of all of the in-state Level 2's annual average of trauma patients. We then calculate a percentage of AR trauma patients seen at the out-of-state facility. So, if Hospital A in Oklahoma saw an average of 50 AR patients and all the in-state Level 2's saw an average of 600 patients, we would determine that Hospital A saw 8.3% of the total patients when compared to the in-state Level 2 hospitals.

- 2) Then we do the same calculations for patients with an ISS of 9 and greater.
- 3) Lastly, we take an average of the two percentages. The average of the percentage would then be the percentage of funding allocated for that hospital.

So if Hospital A saw an average of 5% of the total patients when compared to the in-state

	<p>Level 2 hospitals, they would receive 5% of the funds designated for in-state Level 2 hospitals.</p> <p>Cox Regional Medical Center – Northwest Arkansas TRAC voted that there was not a gap in service that was not being covered adequately. The North Center TRAC voted to include Cox into the Arkansas Trauma System. Baxter is the only hospital in the NCTRAC to use Cox Regional.</p> <p>Motion -The committee recommends Cox and St. Johns to be listed on the dashboard under the provision as “intent to designate.” During the one year period they will accrue data for their designation site visit and we would use their outcomes during that period of time and their home state designation to determine whether they able to be designated in within the Arkansas system at the time of their designation the one year data will be used to determine what their remuneration based on their percentage of patients that they received that were injured within the confines of Arkansas and brought there by ambulance or transferred there from a Arkansas facility. Dr. Barry Pierce seconded the motion, the motion passed unanimously.</p> <p>The committee would like to ask the finance committee to look at how they would compensate facilities that’s metropolitan area doesn’t overlap the State line.</p>	
	NEW BUSINESS	Dr. Jim Booker
DISCUSSION	<p>Change of Facility Ownership The committee’s recommendation to ADH the following process for facilities changing ownership. The committee recommends that those facilities be notified that if the new owner submits a letter that the facility intends to continue to participate they will remain on the dashboard for one year. At the end of the year they will have to undergo a re-verification that they have continued to meet the requirements for their level of certification.</p>	
	RULES AND REGULATIONS REVISION –LEVEL III	Dr. Jim Booker
DISCUSSION	<p>The committee spent the remainder of the meeting reviewing and making recommendations on the revision of the Level III Rules and Regulations.</p>	
ADJOURNMENT	<p>Designation Sub-Committee meeting adjourned at 12:00 p.m.</p>	
GUESTS		
OBSERVERS	<p>Diannia Hall-Clutts, Margaret Holaway, Don Adams</p>	
NEXT MEETING	<p>September 18, 2012, 10:00-12:00p.m. @ Freeway Medical Building Rm # 906</p>	

EMS Trauma Subcommittee
Meeting Summary
August 14th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on August 14th at 1500. There were 21 people in attendance, with 5 people on the conference call.

There was no update for AWIN radios for helicopters. A cost benefit analysis is currently in progress.

We are still attempting to complete our voting membership. We have 10 or 13 positions filled, and are working on filling the remaining spots.

Backfill agreements continue to come in. There are currently 9 services without backfill agreements on file.

Greg reported that data audit letters were to go out the following week. This is part of the ongoing effort to improve the quality of data submission. A second workgroup meeting was also scheduled to work on the NEMSIS 3 data sets.

There was no update on the performance improvement proposal. We are still waiting to hear from the finance subcommittee. John Gray is the new EMS representative on the finance subcommittee, replacing Myra.

Greg presented the proposal for special project funding which we would like to take to the finance subcommittee. The hope is that, by assisting services with the purchase of ePCR systems, the quality of data submitted to the state will greatly increase. Greg did a great job of justifying the need and benefit of this project. There was consensus that it will be hard to argue against this proposal. However, there was much discussion over the details of the proposed budget. Ultimately, it was decided that we would revamp the budget portion of the proposal to hopefully make this more palatable to the finance committee. We hope to then submit this to the EMS committee for review over e-mail, and then hopefully to the finance subcommittee for review before next month's meeting.

We then began preliminary discussions on the budget for the next fiscal year. We have heard several complaints, particularly from the NW TRAC, about transfer only services that receive the same funding as the local 911 providers, but who selectively refuse trauma transfers based on the insurance status of the patient. We discussed adding a deliverable to address this. We discussed possibly funding these transfer only services at 50% of the 911 providers. This brought up the ongoing discontent with our current population based funding mechanism. There are volunteer services that may make one or two calls per year that are currently receiving the same funding as the primary providers covering the entire county. We again came back to utilizing call volume in some fashion. We will continue to address this issue in future meetings.

Our next meeting will be September 11th at 1500.

Trauma Advisory Council
Rehabilitation Subcommittee Meeting
1:30 p.m. Thursday, August 23, 2012
Arkansas Spinal Cord Commission Conference Room
1501 N. University Avenue, Room 411, Little Rock, Arkansas

MINUTES

Members in Attendance: John Bishop (BHRI), Letitia DeGraft (ARS, via speakerphone), Elizabeth Eskew (DRC), Sarah McDonald (NeuroResorative-Timber Ridge), Stacy Sawyer (St. Vincent Health System, via conference call), Cheryl Vines (ASCC), Jon Wilkerson (Chair).

Staff/Guests in Attendance: Bradley Caviness (ASCC), Marie Lewis (ADH), John Riggins (The Riggins Group), Bettye Watts (ADH-IPC)

Members/Staff not in Attendance: Dana Austen (BIAA/VA), Kim Brown (ASCC), Yousef Fahoum (BIAA/UAMS), Alan Phillips (ACTI).

Welcome, Introductions, and Call to Order

Mr. Wilkerson welcomed everyone and asked everyone to introduce him or herself as he called the meeting to order.

Trauma Rehabilitation Program Report

Ms. Vines reported that the Trauma Rehabilitation Program has entered in a contract with The Riggins Group to craft an action plan to carry out the goals of the strategic plan. Ms. Vines related that Ms. Brown met with personnel at extended care facilities that work with respiratory issues, including the Arkansas Health Center. These facilities were willing to consider expanding their capacity to take on ventilator dependent patients, but all also said that any expansion would depend on funding. Ms. Vines said that the TRP is working with Ms. Lewis at ADH on adding outcome measures to the trauma registry. Ms. Lewis said that only 10 percent of people on trauma registry receive rehabilitation care.

South Carolina Trip Report

Ms. Vines said that the trip to observe the ventilator rehabilitation program in South Carolina was very encouraging. The average patient's length of stay is less than two weeks, the average spinal cord patient's stay is between two and four weeks. The program had 340 patient days in the vent unit's last year. The program works closely with the hospital's pulmonary unit and it admits a lot of ALS patients to help families learn how to manage. That volume helps keep the staff's skills up to date. Ms. Vines

said that patients are admitted to the unit with portable ventilators they were issued in ICU and that goes with them at discharge. The biggest challenge program staff reported is outdated facilities that are slowly being updated. They also said that the reimbursement rate for vent-dependent patients is about the same as for non-vent patients.

Mr. Bishop said that South Carolina's administrators thinks Arkansas can implement a similar program, but Arkansas needs to provide more discharge options.

Ms. McDonald asked how limits in Medicaid funding, particularly Medicaid Pending would affect ventilator patients. Ms. Vines said that the group that observed the vent program in South Carolina found that additional time is not often needed beyond the 24 days allotted by Medicaid in South Carolina. Ms. McDonald pointed out that, unlike acute care hospitals, rehab hospitals do not get Medicaid money for unreimbursed care to pay for indigent clients.

Regarding the red flag type program to expedite trauma patients' Medicaid eligibility, Ms. Vines said that expedited SSA disability determination could be done in three days according to the Director of Arkansas SS Disability Determination. She has contact information for the person who can accomplish this there. She added that determination of financial eligibility at DHS and Social Security Administration for SSDI are also factors in the timeliness of the determination and those areas need more investigation.

Mr. Wilkerson pointed out that it is important for acute care and rehab hospitals to have a place to discharge vent-dependent patients to. Mr. Wilkerson would advocate for the TAC to make funds available for step-down care for patients with limited finances.

Ms. Vines said that once additional information is obtained on discharge options, TRP would meet with BHRI to begin planning education, infrastructure, and discharge options.

Strategic/Action Plan

Mr. Riggins announced that TAC approved the strategic plan at its July meeting. He is working with Ms. Vines and Ms. Brown to craft the action plan aligned with its goals and strategies. The goal is to have the action plan completed by the end of 2012. The three of them compiled a list of names and organizations to ask to work in teams to plan the action steps for each strategy and goal. John Riggins distributed the list and asked for additional recommendations.

Strategy 1A: Mr. Bishop will represent BHRI on this workgroup. Mr. Wilkerson would like Mr. Bishop's input to recruit a pulmonologist to also serve on this group.

Strategy 1B: A group is already formed and working. They have a scheduled meeting on August 24. Mr. Wilkerson would like to have a respiratory therapy practitioner represented on this group.

Strategy 1C: Mr. Wilkerson would like to have invite Lee Gentry from BHRI to work on or consult with this group. Jenny Gregory at St. Vincent may also be a good resource.

Strategy 1D: Ms. Watts recommended Veronica Row. Ms. McDonald suggested that NeuroRestorative should also be represented on this team. This would also be a good team to include an academic, ideally from UCA's Physical Therapy department.

Strategy 1E: Dr. Mick Tilford has already begun work on the cost study to address this strategy. Austin Porter at ADH is also contributing data to the study. Ms. McDonald indicated that she would also like to serve on this work group.

Strategy 2A: Mr. Wilkerson suggested that this is another good place to recruit an academic from UCA. Steve Bowman was also recommended as a recruit.

Strategy 2B: Work has already begun on this piece. Ms. Vines said she is working to work out a system for facilities that report to E-Rehab to send data to UDS.

Strategy 2C: Mr. Wilkerson said Steve Bowman would have an interest in working with this group. Disability Rights Coalition and Mary Atkins were also recommended.

Strategy 3A: Karen Miller and Caren Delevan at Systemedic was recommended as a recruits to the workgroup.

Strategy 3B: Ms. McDonald recommended pulling in some out of state resources for conferences, as well as training for respiratory therapists. She added that many vendors would also do in-service training on assistive technology for medical staff.

Strategy 3C: This group has been active for a while. It held its first conference in June. The second conference is scheduled for May 2 and 3, 2013.

Strategy 4A: Ms. Lewis suggested recruiting Austin Lewis. Timber Ridge and the Brain Injury Alliance were also suggested.

Strategy 4B: Mr. Wilkerson suggested recruiting personnel from Hometown Health Coalition and Disability Rights Center.

Strategy 4C: Eddie Miller was suggested as a recruit.

Mr. Riggins said the recommended recruits will be contacted and once we get a sense of who will be working with us, a schedule for meetings will be established.

Discussion of Bylaws

Mr. Wilkerson tabled some of the discussion on bylaws for the next meeting. He encouraged members to complete the questionnaire regarding the bylaws sent by Ms. Brown. Mr. Caviness will resend the questionnaire to committee members after the meeting.

Pay for Performance Proposal

Ms. Vines reported that pay for performance initiatives are being directed to Trauma Quality Improvement Programs that measure improvement in trauma systems. Post acute and rehab facilities are allotted roughly \$100,000 to support performances improving state trauma system. Outcome measures being reported by hospitals for free, so there was no need to propose funds for that. Ms. Vines presented a new proposal to provide pay for performance initiatives to facilities that fulfill one of three metrics:

- Reporting cost study data associated with comprehensive rehabilitation treatment for trauma patients;
- Reward acquiring or retaining CARF accreditation.
- Reward facilities for having certified ATP to coordinate evaluations.

Ms. Vines said that the TAC Finance committee is examining pay for performance proposals. Mr. Wilkerson will brief everyone on outcome of the proposal.

Work Group Reports

Education

Mr. Bishop reported that the next Trauma Rehabilitation Conference will be held May 2-3, 2013. The planning committee begins meeting in September. He asked the subcommittee to consider if are there things that the group needs to work on besides the conference. Ms. Vines encouraged the work group to pursue other educational opportunities as well. Mr. Wilkerson put the work group in contact with the TAC education group.

System Analysis

Ms. Vines reported that the Hospital Designation Work Group is holding its first meeting on August 24.

TBI Registry

Ms. Vines reported the TRP is meeting with The Disability Rights Center TBI Protection and Advocacy Advisory Council in September to get their input regarding a TBI registry. She said she would like to recruit more stakeholders, including consumer input, to determine what a useful TBI registry would look like. After that, Ms. Lewis has arranged for the trauma registry vendor (DI) to demonstrate its TBI registry product to TRP staff. If an agency other than BIAA collects registry data, a legislative revision may be needed. Ms. McDonald volunteered to assist with that activity.

FIM

Ms. Vines reported that 10 of the state's 16 rehabilitation hospitals have signed on to report outcome measures. Four of the remaining hospitals are seeking administrative approval. She added St. Mary's in Russellville might stop reporting to UDS. Nine hospitals report to ERehab. Ms. Brown and Ms. Vines are working to collect data from those hospitals to send to UDS. The first data will be reported in October. UDS will create reports for 2010-2011 to establish a baseline. Ms. Vines said that ADH is in the process of creating a hospital scorecard for the trauma registry that includes demographics and transfers.

Financial Analysis

Ms. Vines reported that Dr. Mick Tillford is performing the cost study. He is also working with Austin Porter at ADH to gain access to injury severity scores and discharge data. Ms. Vines added that Arkansas Foundation for Medical Care will provide staff to build the database. Mr. Wilkerson said that cost studies are first step in this study. The study will examine case costs and piece costs of rehabilitation care. Efficacy and quality of life studies are the next steps.

With no other business to consider, the meeting adjourned at 3 p.m.

Respectfully submitted,

Bradley Caviness,
Administrative Specialist III