

MISSOURI HOSPITAL ASSOCIATION
TIME CRITICAL DIAGNOSIS UPDATE
NOTES OF TELECONFERENCE
12 p.m. Tuesday, October 2, 2018

WELCOME AND INTRODUCTIONS

Sarah Willson, Jane Drummond, Jim Mikes, Ted Wedel from MHA were on the call.

CURRENT STATUS OF THE TCD PROGRAM

- Administered by TCD Unit within the Department of Health and Senior Services
- Three full time employees at DHSS have been reinstated to work on TCD.
- DHSS TCD Unit continues to survey and designate centers for Trauma, Stroke and STEMI. This should continue for the foreseeable future.
- Current regulations are in effect. Aware the current regulations, especially Trauma, are being reviewed despite effort underway to make changes to the system.
- The Governor has placed TCD on his workforce initiative agenda as a priority. Hospitals are primary employers in communities. In order to bring in additional business, they want to know health care is available.
- There have been a lot of issues with the current system voiced over the past several years. A short summary of some of the issues is on the MHA website under ‘Advocacy’ and ‘Time Critical Diagnosis.’

TCD STEERING COMMITTEE

- Committee was selected by Dr. Randall Williams. The criteria for selection to the committee included people who he had met across the state and thought would be a good contributor. MHA was not consulted initially on the committee composition. As sent in previous emails, hospital participation is key, however, not feasible nor supported to have large group of professionals on the steering committee. DHSS requested that MHA work with constituents and provide feedback to the committee.
- The meetings were held August 28, Sept. 13 and Sept. 27. The plan is to continue to meet every two weeks to keep a dedicated pace to addressing all aspects of the TCD system. Dr. Williams and Linneman are leading the meetings. Dr. Williams and Linneman’s expressed goal is to have a formal plan by July 1, 2019. Also, the desire to keep trauma as a part of TCD is strong.

FRAMEWORK APPROACH-DR. WILLIAMS'S DISCUSSION ON SHARED CONSCIOUSNESS.

- Governance: These discussions will center on how the program will be administered moving forward. The idea of a central TCD unit which designates centers upon survey is not set in stone. There is a strong desire to decentralize the survey and designation process to the regional level including community plans. There are a lot of questions about this including but not limited to what does the regional team need to look like to have fair representation; is it a goal for all hospitals to be involved; what if there is a dispute; what clinical guidelines will be used or designations accepted in the future; how will this be communicated? There has not been a lot of work on this to date.
- Data: The issue of data, registries, cost, coordination with EMS, etc. has been discussed. There is a data subcommittee being led by Dr. Braithwaite, Wash U, new state EMS Medical Director. The main concerns/requests made of what data would look like in the future includes integration between providers, registries; possible patient tracking; bi-directionality; timeliness; analytics; and efficiency.
- Clinical Guidelines-Again, there has not been a lot of work on this to date. The questions above begin to outline how and what the clinical guidelines will look like and what the process will be if there is the development of a community plan. Also, what national certifications will or should match to what state levels; will state levels continue to exist; etc.?
- Funding: This is a document provided to the TCD Steering Committee last week by Dr. Williams and Linneman. Per conversations at the meeting, Linneman et. al. believe the Virginia model is the best model. Funding for TCD would be supported by an additional fee to tickets for child safety seats, seatbelt violations, speeding tickets in excess of 20 mph, and second offense DWI/DUI tickets through MVR. The conversation was that this was not intended for revenue building for DHSS and that excess funds would be redistributed to cover things like uncompensated care for hospitals and EMS, grants to hospitals to cover registry and certification costs. Willson and Wedel have a meeting this Thursday at 7:30 a.m. with Linneman and Dr. Williams to discuss policy and funding.

HOSPITAL INVOLVEMENT/MHA SUPPORT

- Willson, VP Clinical and Regulatory Affairs, attends the TCD Steering Committee meetings. Theresa Roark, SVP HIDI, attended the last meeting and will continue to do so while the group is identifying data needs.
- Meeting minutes, committee contact list, and other documents being gathered and used by the committee in making recommendations are being posted on the MHA website site on the 'Advocacy' page under the 'Time Critical Diagnosis' tab.
- The data elements survey results are posted on the MHA website.
- Need to identify frequency of meetings/calls/etc. Will discuss with the group on the call.

- Need to ensure we are reaching the correct people. Peggy Taylor emailed a contact list to current known contacts today asking for review of the information and communication to update information.
- Requested DHSS to set up a call so hospital TCD members can listen. The line will be muted, however, information can be emailed to Willson.

MEETING COMMENTS

- Request explanation of phone call option for steering committee meeting. Member commented the Steering Committee is not representative.
- Member pointed out “guidelines” are not survey able.
- Trauma regulations are outdated. How nimble will it be to fix it?
- Member comments a monthly call would be good to summarize data with emails in between. Ask Peggy Taylor to send link to TCD page.
- Veto of monies, how is it being funding?