

Oklahoma Trauma and Emergency Response Advisory Council (OTERAC)  
REGULAR MEETING  
Wednesday, February 4, 2026 – 1:00 p.m.

Location of Meeting: Tulsa County Medical Society  
313 NE 50<sup>th</sup> Street • Oklahoma City, OK 73105

**Minutes**

1. Call to Order.....Dr. David Teague, Chair  
Dr. Teague called the meeting to order at 1:01 p.m.

2. Roll Call.....Secretary  
Secretary, Rebecca VandeBogart called roll call and quorum was met as follows:

Present at Roll Call	Absent at Roll Call
Dr. Alisa Cross	Dr. Julie Curry
Brad LanCaster	
Rebecca VandeBogart	
Dr. David Teague	
Matthew Young	

3. Introduction & announcement.....Dr. David Teague, Chair  
Lori Strider introduced

4. Approval of Minutes from November 5, 2025.....Dr. David Teague, Chair  
Dr. Teague asked the Council to review the minutes from the August 6, 2025, meeting. Matt Young made a motion to approve the minutes, and Dr. Julie Curry seconded the motion. A roll call vote was taken and the motion passed as follows:

Ayes	Nays	Abstain
Dr. Alisa Cross		Brad LanCaster
Rebecca VandeBogart		
Dr. David Teague		
Matthew Young		

5. Reports
- ACS update.....Kelli Rader, Interim Deputy Commissioner of Quality Assurance & Regulatory  
Deputy Commissioner Rader updated OTERAC Board and Members that there will be Initial meeting on March 5, 2026, from 9 am until noon at the Oklahoma County Medical Society building to start the system looking at what is the low hanging fruit and what we will need to work on long range. The initial meeting group will include members from OTERAC, Medical Direction & Coordination Subcommittee, Education and Training
  - Rural Health Innovation.....Lisa Rother, Director of Rural Health Transformation Program – Health Systems presented that it is a five-year federal investment to strengthen rural health \$223.5 million for the first budget period. They have been working with the Oklahoma Hospital Association, OSU school of , OU School of Medicine, etc.

Ms. Rother let the committee know that 59 of the 77 counties are rural and cover 90% of the state. This relates to patients having to travel 20 to 50 miles for basic and specialty care. Limited broadband, cell service, and transportation. This leads to higher chronic disease, maternal/infant, and behavioral health risk.

The program and groups they have been meeting with have come up with six core initiatives. Innovating the Care Model, moving upstream, Facilitating Regional Collaboration, Shifting to Value, Growing the next generation rural talent, and Building Health Data Utility. Some of the innovative Care Model they are focused on is Telehealth and technology expansion like maternal health, Telestroke, Primary Care Providers and others, expanded care such as paramedicine and school base health services support.

Topics for moving upstream include chronic disease management programs, community wellness programs, community care referral platform and lung cancer screening. Regional Collaboration would include provider collaborative network development, EMS centralization plan and rural hospital service reorientation. Shifting to Value would include primary care practices shifting to payment models that reward quality and outcomes, all inclusive care programs for older adults and Primary Care clinical extension models. Growing the next generation of rural talent would include health care workforce re-location incentives, rural residency programs and grow your own programs. Building Health Data Utility would include electronic health records expansion, Health Information exchange and data and analytics expansion.

Long-Term Sustainability ideas are billable services, private funding, provider assumed cost, one-time payments that support durable improvements, and ongoing government funding.

Some of the benefits the program sees are expanding access to obstetrics care for mothers and children, strengthen long-term care options for seniors, improve care coordination for Tribal communities, provide more consistent support for chronic conditions such as diabetes and behavior health. She encouraged people to go to their website to keep updated on their progress. [Oklahoma.gov/health/RHTP](http://Oklahoma.gov/health/RHTP).

Blake Braden gave a brief description of a platform Heartland Medical Direction is using that he said works well for their agencies. Dr. Cross asked if the platform was Pulsara and Ms. Rother advised it is. Brad LanCaster brought up his concern with the Mobil Health Initiative for community paramedicine is better billable codes and the sustainability once the five-year grant ends. Ms. Rother stated that one of their initiatives is to work on the sustainability of the funding.

- EMS.....Lori Strider, Interim EMS Coordinator
  - Licensure
 

Lori Strider reported that applications are now online for individuals, renewals and initial licenses which are fillable. She also went over the parts of the application that are most often not answered, making the application incomplete and us having to reach out to the applicant requesting a complete application. She also asked the directors in the meeting to have their employees submit their renewal applications sooner rather than later being we have a two-week turnaround on them.
- OERSSIRF.....Lewis Robinson, Trauma & EMS Manager
 

OERSSIRF grant money was allocated out of 38 applicants 17 were approved. \$1,750,000 was granted in the OERSSIRF fund, of that \$1,733,453.47 was sent to the 17 applicants. They have been contacted, and PO has been sent out. OEMS is getting the contracts signed currently and notifications will be on our website. Trauma Fund is issued twice a year and \$15 million will be reimbursed. EMS 2% hospitals 89% and physicians

9%. EMResource is available for our stakeholders and agencies to use.

- Trauma.....David Graham Trauma Coordinator
  - Trauma Fund is currently working on data cleaning for the major trauma cases. Disbursement of July 24 to December 24 will be done in April 2026. Disbursement of January 1 to June 2025 will be disbursed October 2026.
  - EMResource nothing to report
  - Trauma Transfer and Referral Center nothing to report
- System Regional Continuous Quality Improvement.....Norma Perez, CQI Coordinator  
Norma reports that Regions 6 & 8 have resumed their CQI meetings and regions 1,2,3,4,5,7 are waiting on final ACS report.
- Education and Training Committee: EMS training, instructional guidelines, scope of practice, National Registry testing.....Blake Braden, Chair  
The committee tried to meet but did not make quorums so we have nothing new to bring to the committee.
- Progress report on Medical Direction & Coordination Committee workgroup updating State EMS Protocol: work product recovery, timeline and next steps.....Dr. Patrick Cody, Committee Chair  
Dr. Cody reported that the committee is still working on updating the state protocols and also spending time speaking about CQI. The committee wrote a statement on CQI, and he read it out loud. (Can add as addendum to minutes) Michaelde'Angelo Tascier asked if Dr. Cody's statement was part of the report and Dr. Cody explained that the statement was part of the committees work that day and should be considered part of the report.
- Regional Trauma Advisory Boards: Trauma Trends, CQI reviews, standards of patient care:
  - Region 1 NW – Spencer Lieiter – advised the committee they were unable to meet during the first quarter due to weather, so he has nothing to report.
  - Region 2 NE – Carson Combest – Reported that region 2 RPC and CQI are in a holding pattern no report
  - Region 3 SW - Brad LanCaster - Brad LanCaster gave the Region 3 report letting the committee know that Region 3 report is currently working on their transfer matrix and Hospital updates.
  - Region 4 EC - Tricia Fleming – No report
  - Region 5 SE – Garrett Johnson – no report
  - Region 6 Central - Jason Likens – no report
  - Region 7 Tulsa - Krista Norrid-Keuchel – Let the committee know it has been a rough time for them being they recently lost one for the trauma family. She also advised that the committee is currently working to update their trauma plan.
  - Region 8 OKC – David Howerton – no report

Dr. Teague asked the RTABs to discuss with their regions on the proposal to modify the number of RTABS per year and report back in May.

- 6. Discussion, consideration, possible action and vote to approve.....Dr. David Teague, Chair
  - Add to Medical Direction and Coordination Committee
    - Dr. Joseph Love

- Dr. Alica Cross
- Dr. John Schellenberger

There was a brief discussion on adding the Physicians listed above to the Medical Direction and Coordination Committee. Motion to approve the three Physicians to Medical Direction and Coordination Committee made by Brad LanCaster and seconded by Matthew Young. A roll call vote was taken and the motion passed as follows:

<b>Ayes</b>	<b>Nays</b>	<b>Abstain</b>
Brad LanCaster		Dr. Alisa Cross
Rebecca VandeBogart		
Dr. David Teague		
Matthew Young		

- Review members and duties of Medical Direction and Coordination Committee.  
Dr. Teague asked the council for thoughts on Medical Direction and Coordination Committee. Matthew Young stated he feels it is a necessary committee and would be able to give the council guidance in Medical Direction. The rest of the council agreed the committee is still relevant.
- Review members and duties of Education and Training Committee.  
Dr. Teague asked the council for thoughts on Education and Training Committee. Matthew Young stated he feels that this committee is necessary to give the council guidance on updated Education trends and practices.
- Discuss goals for 2026  
Dr. Teague asked the council goals they would like to work on for 2026. The committee all agreed that Rural Health Innovation as well as ACS would be worthy goals for the council to work on.

7. Public Comment

Mr. Ray Jenning with Altus Fire Department asked the council to support Lori in any way they can as she has been an asset for them.

Ms. Lindsay Lindsey talked about the Trauma Registry platform, not communicating properly with their registries. She also said that the Level I and II trauma centers are having to move their Trauma Registries to the cloud stay complainant with TQUIP and ACS by January 1, 2027. She states the states trauma registry data dictionary is outdated. Ms. Lindsay also commented that the data dictionary for Hospital and EMS need to be updated. Ms. Rebecca VandeBogart stated that the Trauma Registry data dictionary needs to be upgraded. She also suggests maybe the council could put together an ad Hoc group of trauma registrars to work on this. Ms. VandeBogart asked that the Trauma Registry classes the Department used to put on be brought back. Ms. Maryavis Howell asked who the state is working with on the platform update.

8. Next meeting – May 6, 2026 – Tulsa County Medical Society

9. Adjournment

Matthew Young made a motion to adjourn, and Dr. Cross seconded the motion. A roll call vote was taken and the meeting adjourned at 2:52 p.m.

<b>Ayes</b>	<b>Nays</b>	<b>Abstain</b>
Dr. Alisa Cross		



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Dr. Julie Curry		
Rebecca VandeBogart		
Dr. David Teague		
Matthew Young		