

**Mobile Integrated Healthcare – Community Paramedicine Workgroup**  
**Virginia Office of Emergency Medical Services**  
**Courtyard by Marriott – Virginia Center**  
**10077 Brook Road, Glen Allen, VA 23059**  
**January 29, 2019**  
**1 p.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Allen Yee, Chair</b>	<b>Tamera Barnes</b>	Tim Perkins	<b>Cary Middlebrook</b>
<b>Titus Castens</b>	<b>Joe Sciscowicz</b>	Scott Winston	<b>Bradley Beam</b>
<b>Chris Parker</b>	<b>Kathy Miller</b>	Ron Passmore	<b>Heather Anderson</b>
<b>John Bianco</b>	<b>Marcia Tetterton</b>	Wanda Street	<b>Clarissa Noble</b>
<b>Travis Karicofe</b>	<b>Mimi Sedjat</b>		<b>Daniel Linkins</b>
<b>Kelly Parker</b>	<b>Thomas Schwalenberg</b>		<b>John Dugan</b>
<b>Wayne Perry</b>	<b>Lori Knowles</b>		<b>Chris Vernovai</b>
<b>Steve Higgins</b>	<b>Thom Dix</b>		<b>Amy Burkett</b>
<b>Kim Craig</b>	<b>Anthony Wilson</b>		<b>Kayla Long</b>
<b>Brian Hricik</b>			<b>Jimmy Mitchell</b>
			<b>Amanda Lavin</b>
			<b>Amy Ashe</b>

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome – Dr. Allen Yee:</b>	Dr. Yee called the meeting to order at 1:01 p.m. He encouraged everyone to participate and provide feedback.	
<b>II. Introductions:</b>	Everyone around the room introduced themselves.	
<b>III. Approval of November 7, 2018 meeting minutes:</b>	The November 7, 2018 meeting minutes were approved as submitted.	<b>The minutes were approved as submitted.</b>
<b>IV. Regulations/Legislation/Senate Bill 1226:</b>	<p>On January 24<sup>th</sup>, the Senate Committee on Education and Health unanimously voted to pass SB1226 by indefinitely for this session, but it is important for the work group to review and discuss the bill. The bill language was sent to the committee in an email on January 25<sup>th</sup>.</p> <p>Tim read the summary of SB1226. Since this bill was passed by, it may be introduced at the next General Assembly session. The patron will have to rewrite the bill. Dr. Yee stated that the bill was prematurely submitted. Before the bill is resubmitted, we have an opportunity to shape MIH in Virginia.</p>	
<b>V. Mission Statement:</b>	<p>At the last meeting in November, Dr. Yee presented a draft mission statement. The rewritten workgroup mission statement is as follows:</p> <p>The Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) Workgroup (a workgroup of</p>	

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	<p>the State Medical Direction Committee) provides expert guidance to the EMS Advisory Board and the Virginia Healthcare System regarding appropriate standards and recommendations to promote high quality, data driven, and safe Mobile Integrated Healthcare – Community Paramedicine system operations for potential gaps in healthcare in Virginia. The workgroup aims to promote, advocate, and educate stakeholders about MIH and CP as a resource to collaborate, integrate, and enhance patient and family centered care.</p> <p>Other than the grammar, Dr. Yee, asked if there were any additions to the content. Once it is grammatically correct, Tim will send it out to the workgroup.</p> <p>Below are proposed projects that the MIH-CP will work on:</p> <ol style="list-style-type: none"> <li>1. Library of documents and resources.</li> <li>2. Library of MIH-CP programs in Virginia.</li> <li>3. Education of interested stakeholders in MIH, and it’s potential benefits in the continuum of healthcare.</li> <li>4. Evaluate the necessity for MIH-CP focused regulations.</li> <li>5. Documentation requirements.</li> <li>6. Examining the billing/financial aspect of MIH-CP.</li> </ol>	<p><b>Once the mission statement is grammatically correct, Tim will send it to the workgroup.</b></p>
<b>VI. MIH-CP Program Goals:</b>	<p>The goals of MIH-CP have not changed per Dr. Yee. Some of the goals include integration, prevention, resource navigation, etc.</p>	
<b>VII. Education Standards:</b>	<p>We will focus on the community paramedic side of this. What is the minimum level of certification that the Commonwealth should endorse? Should it be an EMR level, EMT, Advanced EMT, or the Paramedic level? In addition, the Intermediate, although the Intermediate testing will end in December of this year. The workgroup discussed nursing and the scope of care/practice of each nursing and EMT level. The workgroup decided that the paramedic level of certification should be endorsed. Other provider levels should be considered support staff. Ron will ensure that this is added to the Scope of Practice Formulary and the Scope of Practice Procedures as another column under Critical Care Community Paramedic.</p> <p>As for the educational standard, there is no nationally certified program. However, there is a test through IBSC (International Board of Specialty Certification). There is a course outline consisting of 125 questions, published by four different book companies. Is IBSC the direction the group would like to go with? The workgroup also discussed community college courses being offered in other states.</p> <p>Dr. Yee stated that community paramedicine was born out of the EMS Agenda 1996 and EMS Agenda 2050 has been released and embraces the concept of community paramedicine and family-centered care. It doesn’t get into the certification, but says this is a part of our job. He does not want to put the IBSC language in code, because it won’t be easy to change it. A workgroup member suggested doing the language as it is right now for EMT or CPR programs and eventually it may be more than one</p>	

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	<p>certification.</p> <p>The next topic that Dr. Yee mentioned was, should this be limited to EMS agencies? Should the function of the community paramedic portion of the MIH be limited to EMS agencies? Only licensed EMS agencies can participate in community paramedicine. It was also mentioned by Amanda Lavin to have a definition of Community Paramedicine. Scott stated that a great deal of work has been done by the NAEMT and NASEMSO and we can use those resources for defining community paramedicine.</p> <p>Dr. Yee also asked about licensure versus certification. From what he is told, Dr. Yee, stated that there is no difference between certification and licensure. Amanda Lavin clarified it for him and stated that this type of licensure does not mean DHP (Department of Health Professions). Since it is all under <i>Code Section 32.1</i>, it is under the Commissioner of Health so it pretty much the same thing as certification.</p> <p>Per Dr. Yee, there is a big move to make Community Paramedicine a provider of services such as levels of care sort of like an emergency department. We may not have to worry about licensure or certification. It will work itself out.</p>	
<b>VIII. Funding:</b>	<p>The workgroup discussed the funding issues and concerns of community paramedicine and stated that there is a lack of funding particularly in rural areas. Dr. Yee stated that the Commonwealth has missed some funding opportunities. The 1226 bill requires the Department of Medical Assistance Services (DMAS) to create payment strategies. Last January, Virginia authorized Anthem to pay for non-transport activities. Virginia is one of the fourteen states that allows billing for non-transport services. Has anyone heard anything from Anthem concerning this? Dr. Yee stated that Anthem and DMAS representatives should be asked to attend the workgroup. Tim stated that there is a DMAS representative on the workgroup. Some of the workgroup members shared their contract and payment system information with the workgroup. They also discussed chronic disease management and working with home health care agencies.</p>	
<b>IX. Barriers to Implementation:</b>	<p>Dr. Yee stated that home health care agencies might be a barrier, because some of them may not know what services we provide. At the next meeting, Dr. Yee wants to focus on the home health/MIH interface. Where do we end and they start? It will be much easier if we invite them in on this process.</p> <p>What is to stop someone from opening a business and calling it community paramedicine? This is unknown. The Office of EMS will need to look into this.</p> <p>Tim stated that the following health care entities have been extended an invitation to participate: DMAS, VDH Licensure and Certification, VHHA, Virginia Association of Homecare and Hospice, Virginia Department of Aging and Rehabilitative Services, Virginia Association of Community Services Boards, Commercial Based EMS, Governmental and Municipal Based EMS, Hospital and Healthcare Based EMS, and EMS Operational Medical Directors.</p>	

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	<p>Kelly Parker, of VHHA, stated that when it comes to readmissions, this would be very attractive to hospitals to reduce the rate of readmissions. She is not sure about the funding aspect of it yet though. Dr. Yee stated that it definitely decreases emergency department visits.</p> <p>Dr. Yee stated that a few years ago, we changed the definition of EMS to allow preventative care and the perception of injury and illness. Does that change the rules or guidelines for cease and desist? You have to check with the Office of Licensure before starting a program. He feels that directive is still in place.</p> <p>Amanda stated that each agency will go to home health to talk about the scope of services that they are proposing to provide. It is up to each agency to coordinate with home health. This is for state licensure.</p> <p>Dr. Yee asked what is needed from a legislative point of view. Amanda, again, stated that a definition of community paramedicine would make it clear that it is not home health services. It is different than what people think of as EMS.</p>	
<b>X. Open Discussion/Program Announcements:</b>	<p>Brian Hricik of Alexandria Fire stated that they partnered with INOVA because 97% of their transports go to INOVA Alexandria Hospital. Patients being discharged with CVA or TIA will receive a follow-up within 48 hours of the discharge. They are hoping to expand the services in the near future.</p> <p>Amy Ashe of PEMS stated that they are in early talks with one of the hospital agencies to work with two of the municipalities to partner and try a regional approach. They are working out the details.</p> <p>Heather Anderson of the Office of Health Equity said that a Mobile Integrated Healthcare meeting will be held in August. They have the capability to further the work of this group and get the word out to educate more people about it.</p>	
<b>XI. Next Meeting Date:</b>	<p>Dr. Yee stated that previously we have met quarterly. Is there a desire to meet more frequently? The workgroup all agreed that it is beneficial to meet more frequently, so they decided to meet monthly. Tim will send out a poll with a couple of dates and the majority that can attend will determine the date. Dr. Yee would like to invite more home health care agency stakeholders to the meetings to increase discussion on the scope of services and build support.</p> <p>The next meeting will be held the end of February and Tim will get everything set up and will send out an email with the date, time, place, etc.</p>	<b>Tim will send out the next meeting logistics for the end of February.</b>
<b>XII. Good of the Order:</b>	None.	
<b>XIII. Adjournment:</b>	The workgroup meeting adjourned at approximately 2:49 p.m.	