Mobile Integrated Healthcare – Community Paramedicine Workgroup
Virginia Office of Emergency Medical Services
Embassy Suites Hotel
2925 Emerywood Parkway, Glen Allen, VA 23294
March 1, 2019
1 p.m.

Members Present:	Members Absent:	OEMS Staff:	Guests:
Allen Yee, Chair	**Steve Higgins (Excused)**	Tim Perkins	**Susan Sekerke**
Tamera Barnes	**Travis Karicofe**	Scott Winston	**Amanda Bryant**
John Bianco	**Brian Hricik**	Wanda Street	**Karen Thomas**
Marcia Tetterton		Ron Passmore	**Jason Sweet**
Kelly Parker			**Heather Anderson**
Wayne Perry			**Christina Maxson**
Kathy Miller			**Cary Middlebrook**
Anthony Wilson			**Jimmy Mitchell**
Kim Craig			**Amanda Lavin**
Titus Castens			**Amy Ashe**
			Daniel Linkins
			Charles McLeod

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Dr. Allen Yee:	Dr. Yee called the meeting to order at 1:03 p.m.	
II. Introductions:	Everyone around the room introduced themselves.	
III. Approval of January 29, 2019 meeting minutes:	The January 29, 2019 meeting minutes were approved as submitted.	**The minutes were approved as submitted.**
IV. Regulations/Legislation:	There were no new updates.	
V. Mission Statement:	The mission statement was discussed at the last meeting and is included in the January 19, 2019 meeting minutes. Everyone reviewed it. Are there any thoughts or changes to the mission statement? No changes were suggested.	
VI. MIH-CP Program Goals:	For this meeting, Dr. Yee wanted to interface with home health care agencies. At this time, no home health agency representatives were present. The committee then discussed the interface with hospice. Hospice is an important part of what community paramedicine does. Are there any thoughts on how we should interface with hospice? Do we feel it is working now? The committee feels that we should work out some protocols and have more interactions. The committee also discussed having a resource list of available services. Physician referrals were also mentioned. The committee members shared how their services interact and collaborate with palliative care and hospice.	

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	The committee also discussed post-collaborative and Dr. Yee explained that it is a DNR with multiple parts. Part A is a valid DNR (Do Not Resuscitate) Order and Parts B & C are orders for limitations of care; the patient's wishes. Each part is specific to the patient.	
VII. Educational Standards:	Dr. Yee stated that at the last meeting we talked about education models. We discussed the community college model that a few states have already adopted and the train-as-you-go to target specific education. We all leaned toward targeting specific education at the last meeting. The committee members commented on the need for foundational information as well as targeted education. Does the state want to set a minimum education standard and the locality/community can build upon that? Dr. Yee asked, how this would be regulated? He stated that we are still leaning heavily toward targeted education. It may be worthwhile to incorporate mental health, palliative care, etc. Everyone has a different viewpoint of what MIH-CP is and what it does. Before displaying the EMS formulary, Scott stated that from a national perspective the National Association of State EMS Officials has a MIH-CP committee and had a meeting this week. Five years ago and again this year, they are assessing and evaluating state EMS offices and the status of MIH-CP programs. One of the areas of assessment is education. Five years ago there were 10 states that indicated on a survey that they expect to have regulations governing education and practice related to MIH-CP. The most recent results from this year indicate that the number is now 20 states that are looking at some way to regulate education. The results are very localized, so educationally, they are all very different. They are based on local need. There is a great variation in how scope of practice is defined across the nation. From a state level, this will be hard to wrap our hands around. We have allowed things to develop organically so far and Scott knows that some jurisdictions have been doing this for a number of years. So far, we have not heard any horror stories so we are allowing things to continue as they are. The value of having folks in the room today and continuing this effort going forward is important. Mr. McCleod stated that those last 10 states learned from the first 10 states that conducting a community needs assessment is very important. Everyone is wondering who is paying for this and where that money is coming from. This will determine what a program can actually do. The five levels of the EMS Formulary was presented on the AV screen and the committee went over it briefly. Another level will be added which will be the MIH-CP called "critical care" "advanced practice" or something to that effect. We cannot use "community paramedicine". The list of medications and skills performed by each level of practice were shown in the formulary. The EMS Formulary is the scope of what we can do in Virginia. Mr. Mitchell stated that partnering with regional and local hospitals and health departments will determine the needs assessments in each area. Kelly Parker stated that there is no standardization in the hospital CHNA that they review. VHHA would like to standardize them across the state since they will be using the same data sources. They would like to have a standard template by the end of the year.	

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	Dr. Yee stated that his program is more established. John Bianco was asked what it would take to get a new program started. He would like to have a list of all of the services in Virginia. He plans to do a survey to learn more about the services offered and the outcomes. John also stated that he needs general information about what hospice and home care does and what VHHA does and what the acronyms mean. He also wants to know who the stakeholders and partner agencies are that are already doing something that is considered community health. To recap Dr. Yee wrote the following information needed to start a MIH-CP program. 1) List of Programs a) Survey (Need general information about hospice and home health – what they do) 2) Gap Analysis a) Baseline Data b) Hospitals c) Health Departments Dr. Yee asked if it would be helpful to have a Virginia specific implementation guide to help agencies get started. That framework would be critical per John Bianco. The committee discussed the importance of establishing minimum standards. The Centers for Medicare & Medicaid Services (CMS) announced two weeks ago a pilot program which is an alternative funding program for EMS. It is the ET3 program – Emergency Triage, Treat and Transport. It is a voluntary five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. More information can be read on the handout that was distributed to everyone. Dr. Yee went through the steps for enrolling a patient. What is the first step? Completing an intake form. It was suggested to use a form similar to Oregon's assessment form. Within the form you will have consent, demographics, medical history, medications, goals for patient, providers, home safety assessment (risks, falls), and available resources. Mental health may also be on the form along with opioid/addiction information. The next step is the care plan or game plan/strategies/action plan/goals for healthy living, etc. Then we need a record of services rendered – client record/patient account. Next, you need benchmarks to ensure you are meeting your goals. This is individual to each patient. You will also need metrics.	

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	Lastly, an exit summary or exit plan will be needed. Next, we will need to pull data out. You will want to know how many patients made it to the benchmarking stage and how many made it to the exit plan.	
VIII. Funding:	Dr. Yee stated that the ET3 may or may not apply to this. Anthem, to his knowledge, has not released a whole lot of information on billing for alternative transports. This brings us to our DMAT colleagues. Are there opportunities of going through DMAS for billing of MIH services? Karen Thomas, of DMAS, stated not that she knows of. She will go back and look into it. The committee discussed how to get Medicaid to pay for MIH services. You will have to change legislative language or a waiver or both.	
IX. Barriers to Implementation:	Not covered at this meeting.	
X. Open Discussion/Program Announcements:	Dr. Yee stated that at the next meeting we will discuss the interface with home health. We want to have more home health agencies at the next meeting to coordinate our efforts. Amy Ashe stated that in September/October PEMS is hosting a Mobile Integrated Healthcare workshop/conference. She asked Tim/Dr. Yee to send her ideas on what topics to cover. She stated that funding is a huge topic for Chief Player; that is the main thing that people want to know. An implementation guide will also be very helpful. PEMS is in the process of setting it up. She has no definite dates yet. Heather Anderson stated that she and Amy will work together. The VDH Office of Rural Health will also hold a similar summit in August. Dr. Yee stated that at the EMS Symposium in November, we will do a roundtable of agencies. Tim is planning that now. John Bianco researched the term community paramedic. He looked up the trademark for community paramedic and it looks like an expired trademark. He will share that information once he gets an answer from the City Attorney. He likes the term community paramedicine because it integrates all different levels. John encouraged everyone to look at Vision 2050 and it is community paramedicine. Amy Ashe also shared NFPA 451 will be out on March 15 for a second draft revision, calling it Mobile Integrated Healthcare because everyone is working together. Dr. Yee also stated that next Tuesday a NHTSA workgroup meeting will be held to discuss getting rid of the common nomenclature of EMS. They want to get rid of the terms such as paramedic, EMT, Intermediate. It will all be called paramedicine. More to come on this.	**Tim will send out Vision 2050 to the committee.**
XI. Next Meeting Date:	Tim will notify the committee of the next meeting date by Doodle poll.	
XII. Good of the Order:	None.	
XIII. Adjournment:	The workgroup meeting adjourned at approximately 2:58 p.m.	