

Mobile Integrated Healthcare – Community Paramedicine Workgroup
Virginia Office of Emergency Medical Services
Norfolk Waterside Marriott
235 E. Main Street, Norfolk, VA 23510
November 7, 2018
3:00 p.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Allen Yee, Chair	Tamera Barnes	Tim Perkins	Heather Anderson
Amanda Lavin	Kelly Parker	Scott Winston	Clarissa Pachecho
Chris Parker	Kathy Miller	Ron Passmore	Ashley Clrk
John Bianco	Marcia Tetterton	Cam Crittenden	Chad Vaughan
Thomas Schwalenberg	Travis Karicofe	Wanda Street	Blanton Marchese
Lori Knowles			Pier Ferguson
Joe Sciscowicz			Valerie Quick
Mimi Sedjat			David Blais
Wayne Perry			Ryan Petty
Steve Higgins			Craig Evans
Thom Dix			Amy Ashe
Kim Craig			Robert Lee
Anthony Wilson			Jason Sweet
			Brad Beam
			Jeff Meyer

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Dr. Allen Yee:	The meeting was called to order at 3:02 p.m. Dr. Yee welcomed everyone to the meeting and invited him or her to chime in and provide input.	
II. Introductions:	Everyone around the room introduced themselves.	
III. Approval of September 19, 2018 meeting minutes:	The September 19, 2018 meeting minutes were approved as submitted.	The minutes were approved as submitted.
IV. Mission Statement/Goals:	<p>Dr. Yee added this topic to the agenda. He has created a draft mission statement for the Mobile Integrated Healthcare – Community Paramedicine program in Virginia. What is our mission or goals? The draft mission statement is as follows:</p> <p>“To advocate, promote and educate stakeholders about Mobile Integrated Healthcare/Community Paramedic as a resource to collaborate and integrate patient and family-centered care.”</p> <p>Dr. Yee asked if there were any other keywords or phrases that could be added to this mission</p>	

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	<p>statement. It was suggested to say “collaborate, integrate and <i>enhance</i> patient...” It was also suggested to add the words “navigation”, “data driven”, and “navigate gaps in healthcare”.</p> <p>Dr. Yee will continue to refine the mission statement and forward it to Tim for distribution to the workgroup. This will be finalized at the next meeting.</p>	
<p>V. Projects:</p>	<ul style="list-style-type: none"> i. Program Inventory Dr. Yee feels a library of documents/resources is needed. Which would essentially be like the NAEMT website. It would hold all the national documents that describe the different MIH programs, initiatives and data centers. There could also be library of Virginia programs. We could ask the programs that are already implemented to give us a description of their program to be added to the library. Maybe we could use their logo and once you click on it, it would give a description of their MIH program and the services they provide. ii. Education/Awareness How can we be proactive in getting the word out to the organization/stakeholders? How can we let them know that we are collaborating with them and not taking business from them? We need to develop an educational packet for stakeholders. Discussions need to be held with home health agencies to build relationships and explain what we are doing. Mr. Passmore would like to look at what other states have done, so as not to recreate the wheel. They will review what Texas, Minnesota, Colorado and Ohio have created. Mr. Scott Winston stated that the National Association of State EMS Officials (NASEMSO) has a page on their website dedicated to CP-MIH. They also have a standing committee of organizations for CP-MIH. iii. Regulations Dr. Yee asked the workgroup if they would feel threatened by regulations. Most of the workgroup agreed that they would welcome regulations for accountability and as checklists. James City County has implemented a Connect program in iv. Documentation What do we do for documentation? Dr. Yee stated that what they do does not coincide with the NEMSIS dataset. ImageTrend has a module that is not a part of the state ImageTrend system and it is very expensive. Dr. Yee explained that when Chesterfield first started CP-MIH, they did everything in Adobe using PDF fillable forms. They also had a home care checklist that was completed at every visit. Then they transitioned to ImageTrend in which they purchased themselves. They created, within Chesterfield Fire & EMS, a MIH agency so it was separate. They complete the demographics page to include name, address, etc. On the notes page, they took empty fields and made them fillable. They also created another tab for the discharge summary page and included the referral source by entering home health, social services, mental health, etc. <p>The workgroup discussed mental health issues and how best to deal with them. They discussed collaborating with local CSB – Community Services Boards and other mental health agencies. The workgroup feels that once more education and awareness is out there, more collaborations</p>	

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	<p>can begin to take place. Dr. Yee stated that an EMSAT video for Virginia could be created.</p> <p>NEXT STEPS:</p> <ol style="list-style-type: none"> 1) Dr. Yee will continue to refine the mission statement and send to Tim for email distribution. 2) The workgroup will work on community education documents 3) OEMS will work on revising the legislation. 4) The documentation will be worked on at a later time. Per Dr. Yee it will be put on hold. <p>The workgroup discussed the Community Paramedicine curriculum, certifications and degrees that are offered by community colleges that would help to educate paramedics.</p> <p>Dr. Yee asked if anyone was familiar with the 1996 copy of EMS Agenda for the Future. Back in 1996, they talked about the concept of Community Paramedic. The draft version of EMS Agenda 2050 was just released so it would be interesting to see what EMS would look like in 2050. It included about 8 elements and most of them were integration also patient and family-centered care.</p> <p>Scott Winston stated that this program is well worth it and is needed in the community. The Office of EMS will continue to provide support to create opportunities for collaboration and cooperation. It is the goal of the workgroup to present CP-MIH as complimentary to healthcare and not a threat.</p> <p>Mr. Passmore stated that we have an opportunity to brand ourselves and define what we do.</p>	
<p>VI. Components of MIH-CP and it's role:</p>	<ol style="list-style-type: none"> i. Community Health/Public Health ii. Community Resilience iii. Education iv. Loyal customers/frequent callers v. Mental Health vi. End of life care/decisions vii. Chronic Disease Management viii. Skilled nursing/long term facilities 	
<p>VII. Barriers to Implementation:</p>	<p>Per Dr. Yee, the barriers will be put on the back burner for now and will be removed from the next agenda.</p> <ol style="list-style-type: none"> i. Resources ii. Financial iii. Educational iv. Regulatory 	
<p>VIII. Unfinished Business:</p>	<p>None</p>	
<p>IX. New Business:</p>	<p>Some audience members expressed a desire to be added to the email list for meeting notices. Tim gave them his email address. Wanda Street will also share a copy of the roster with Tim.</p>	
<p>X. Next Meeting Date:</p>	<p>Tim will send out an email notice for the next meeting.</p>	

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XI. Public Comment:	None	
XII. Adjournment:	The workgroup meeting adjourned at approximately 4:22 p.m.	

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