Mobile Integrated Healthcare – Community Paramedicine Workgroup
Virginia Office of Emergency Medical Services
Embassy Suites by Hilton Richmond
2925 Emerywood Parkway, Richmond, VA 23294
May 30, 2019
10:00a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Allen Yee, Chair	**Kelly Parker**	Gary Brown	**Brenda Clarkson**
John Bianco	**Wayne Perry**	Tim Perkins	**Amanda Bryant**
Marcia Tetterton	**Anthony Wilson**	Ron Passmore	**Heather Weeks**
Steve Higgins	**Kim Craig**	Hannah Lyons	**Christina Maxson**
Travis Karicofe	**Kathy Miller**	Heather Phillips-Greene	**Kayla Long**
Brian Hricik		Chris Vernovai	**Jimmy Mitchell**
Tamera Barnes		Adam Harrell	**Amanda Lavin**
Titus Castens			**Amy Ashe**
			Daniel Linkins
			Heather Anderson
			Clarissa Noble
			Jeff Woolsey
			Lt. Stamm
			Lori Knowles

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Dr. Allen Yee:	Dr. Yee called the meeting to order at 10:02 a.m.	
II. Introductions:	Everyone in the room introduced themselves.	
III. Approval of April 24, 2019 meeting minutes:	The April 24, 2019 meeting minutes were approved as submitted, with the suggested change.	**The word "education" will be amended to "education and family concerns in respect to hospice care". Minutes were approved contingent on the suggested change.**
IV. CMS – ET3 Update:	Adam Harrell stated that at the National Association of EMS Officials recent meeting in Utah, there were multiple presentations on ET3. They are continuing to redefine what ET3 will include. There are three core features that include quality-adjusted payments for EMS innovations. This provides new payment options for transport and treatment in place of following a 911 call. It also allows CMS to tie	

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	payment to performance milestones and hold the participants of ET3 accountable for quality patient care. It aligns with regional markets and allows for participating agencies the ability to make cooperative agreements through local government. Lastly, it has enhanced monitoring enforcement to build accountability through specific quality measurements and adverse effects. They continue to reiterate that there will be robust enforcement to ensure patient safety with ET3 participants. They expect to release participant applicants this summer 2019. Once we get specific dates, they will be sent to the EMS agencies. Awardees will be announced in the Fall along with the Notice of Funding Opportunity Release. Early next year they will award the cooperative agreements. Dr. Yee asked if they are only looking at 20 agencies throughout the country. Adam responded that there could be a collective group of multiple agencies under an award.	
V. Draft MIH-CP Regulations:	Dr. Yee and the OEMS staff has put together a draft of the proposed MIH-CP regulations. The draft was shown on the audio/visual screen. The draft is a mirror of the air medical regulations but has been tweaked for MIH. The words in red are commentary. The term "paramedicine" is up for debate. There is a National EMS Nomenclature Workgroup that NHTSA put together to discuss what are we and what do we do. The National EMS Advisory Council said that everyone that does EMS should be called a paramedic, even though it is a Level and what we do is called paramedicine. Some of the national organizations have already undergone this. Marcia Tetterton requested a copy be sent to her. Mr. Passmore declined to send a copy. Ms. Tetterton added that under the APA it is allowable to submit copies to the workgroup. Upon not being granted access to a copy, Ms. Tetterton requested the workgroup start from the top of the addition and move slowly. She feels to properly do regulations it is a painful line-by-line process. Dr. Yee agreed. Brian Hricik questioned the addition of a copy form for himself as well. I. Operations and safety – Ron Passmore instructed that part 1 of section two will be stricken. Passmore also instructed that every time "endorsed" appeared, it should be changed to "licensed". Ms. Tetterton requested more specificity with regard to long-term care. a. Adam Harrell added that this will be addressed by NEMSIS. NEMSIS 3-5 is looking at inclusion of data elements relative to ET-3 as well as MIH-CP. There is a document coming down from NEMSIS on this. ImageTrend already has a module dedicated for community paramedicine that can be turned on for data collection. b. Jimmy asked, "what is the minimum that the state wants to see out of the ability to collect data statewide"? What is the minimum that we would like to see? c. Dr. Yee stated that this is two separate questions: What we want for documentation and what we want uploaded at the state level. They may not be identical. Must have an admission form with all the information completed and discharge summary must be documented. Is there anything else? i. John Bianco stated that you have to have an entry into CP program. The committee discussed the use of a consent form and a HIPAA form	

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	d. John suggested that the title/heading is changed from "Operations and Safety" to "Administration". The committee member agreed with that change. e. The committee discussed data element collection and reporting and Dr. Yee stated that the ImageTrend module for community paramedicine was not conducive to their business model. They charge per touch at a substantial rate. Dr. Yee realizes that EMS, 911 and non-emergency require data reporting, but is this something totally separate. He doesn't think the hospitals require a certain dataset. Ms Tetterton mentioned that there is a national standard for data submission for hospitals, opposing Dr. Yee's sentiment. a. Travis Karicofe pointed out that some regions only have to do the bare minimum in ImageTrend whereas others do much more. He thought point B did not need to be changed. b. It was suggested that the language is changed to "patient encounters to include all clinical encounters". f. In section C, the second sentence was removed. Everyone agreed. II. MIH-CP Personnel Classifications a. Doctors should be OMD, whether pediatric or not. There was concern that requiring doctors to become OMD would hinder the whole operation. b. Dr. Yee stated that a new category could be created. c. Ron Passmore said there is no literature that the agency must be an EMS agency. Heather said that it does say the agency must be an EMS agency. d. Tim clarified that if Dr. Yee is an OMD for Chesterfield and if he wants to bring Dr. Kildare in to do specific protocols, Dr. Kildare would still be working under Dr. Yee's OMD license. e. Dr. Yee suggested adding language that says MIH may have an OMD that may be different from the agency OMD. f. Dr. Yee says lets "parking lot" this issue so we can move on. The Nurse Practitioner with three years of clinical experience in emergency medicine or primary care. This was just minimum experience. Amy Ashe said that this should be left up to the agency. This comment was redacted because language was seen to exclude members of concern g. Ron Passmore stated that B,C,D, require a minimum of an EMT certificate within six months. This supports his issue with A that says "needs to hold an OMD endorsement". h. Amanda Lavin stated that from a legal standpoint anybody that is involved in this program must hold some sort of EMS certification because otherwise, OEMS had no regulatory authority over them. i. Dr. Yee stated that B,C,D add "must have EMT in 6 months"	

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	j. There was discussion about Section H – Leave up to the agency. Dr. Yee suggested matching language to air medical. The committee feels this is a different operating environment. k. Marcia Tetterton is not in favor of any year requirement for EMT to transition. 10 Minute intermission I. An unknown committee member stated that the requirement should be education, not number of years of service. II. Section 4 Training a. The B,C D can be removed because it is redundant b. B refers to entry level status c. Ms Tetterton said new EMTS are safe as long as the MIH-CP program curriculum is good. d. Substantial discussion held regarding years vs training hours. e. Titus Castens – "Medical director of the agency must approve an initial and continuing education and clinical competency demonstration, specific to the mission and scope of the MIH-CP program." III. Vehicles a. Ron Passmore stated that vehicles would have to be distinguished in markings so as not to cause confusion within the community. b. Equipment vehicle marking discussion will continue at the next meeting.	
VI. Open Discussion/Program Announcements:	None at this meeting.	
VII. Old Business:	None.	
VIII. Next Meeting Date:	Next meeting will be longer and go past lunch. Tim will send out a Doodle Poll to determine meeting date.	
IX. Public Comment:	None.	
X. Adjourn:	The meeting adjourned at approximately 12:00 p.m.	