Mobile Integrated Healthcare – Community Paramedicine Workgroup
Virginia Office of Emergency Medical Services
Embassy Suites Hotel
2925 Emerywood Parkway, Glen Allen, VA 23294
April 24, 2019
1 p.m.

Members Present:	Members Absent:	OEMS Staff:	Guests:
Allen Yee, Chair	**Brian Hricik**	Gary Brown	**Susan Sekerke**
John Bianco	**Tamera Barnes**	Scott Winston	**Amanda Bryant**
Marcia Tetterton	**Titus Castens**	Tim Perkins	**Ruthanne Risser**
Steve Higgins		Ron Passmore	**Joan Shifflett**
Kelly Parker		Wanda Street	**Heather Weeks**
Wayne Perry		George Lindbeck	**Christina Maxson**
Anthony Wilson			**Kayla Long**
Kim Craig			**Jimmy Mitchell**
Travis Karicofe			**Amanda Lavin**
			Amy Ashe
			Daniel Linkins
			Charles McLeod
			Elizabeth Rogers
			Kim Beazley
			Paul Houde
			Charles Feiring
			John Dugan
			Heather Anderson
			Clarissa Noble
			Brenda Clarkson

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Dr. Allen Yee:	Dr. Yee called the meeting to order at 1:00 p.m.	
II. Introductions:	Everyone around the room introduced themselves.	
III. Approval of March 1, 2019 meeting minutes:	The March 1, 2019 meeting minutes were approved as submitted.	**The minutes were approved as submitted.**
IV. Regulations/Legislation:	There were no new regulatory updates. Per Dr. Lindbeck, Chapter 32 is working its way along, but has not gone into the Virginia Regulatory Town Hall phase yet. For those of you who may be unaware, Chapter 32 is the new version of Chapter 31 which is	

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	the Office of EMS Rules and Regulations. Once on the Town Hall it will be up for public review and comments.	
V. Home Health Interface Discussion:	Dr. Yee explained that when the MIH programs started, there were many misconceptions and fears by home health agencies. MIH is not home health and we do not want to take home health patients. We want to work with home health and provide services that they cannot provide. The committee discussed the challenges such as the importance of communication among the agencies. They also discussed the rules for patients who can receive home health care such as 1) the patient has to be home bound, 2) the patient must have a medical skilled need. Typically, home health lasts 60 days and can be recertified another 60 days. It is not a long term care benefit. Joan Shifflett pointed out that great communication is key. She stated that at her home care agency, they direct EMS on what care they can provide for the patient. They set boundaries and establishes the services home health provide and the services community paramedics provide. Heather Weeks stated that EMS is emergent and home care is not. It takes constant communication and collaboration to understand the resources that are available and how we can work together. Jimmy stated that is important to define the services that EMS will provide and what home health will provide and communicate with each other. He stated that they take emergency calls from the patients because at 11:00 at night, a community paramedic patient calls and says they don't feel well and needs to be checked out, that is an emergent call. He also stated that 95% of the time the calls are not emergent. If the patient needs are not something they can provide, they let home health know right away. All the services are well defined. The committee continued to discuss chronic disease management and mental health. John Bianco and Travis Karicofe explained the challenges in their cities and the gaps in connecting the consumer with the services. Jimmy Mitchell stated that each community is like a tailor-made suit. The services are going to be tailored differently depending on the needs of the community and the availability of the services. Preventative maintenance is needed instead of reactive maintenance. Dr. Yee wants to see more prevention and the ability to see patients staying in their homes at the end of their life surrounded by loved ones instead of in the sterile environment of a hospital. Kim Craig mentioned the challenges of volunteer squads who need funding in order to make an MIH-CP program feasible. The committee also discussed hospice and palliative care and the disconnect between community paramedicine or EMS. The family also needs to be better educated on the end of life seizures, breathlessness, altered mental status, etc. as well as education on DNR forms and who to call. There is a need to come up with a standard education.	

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	To recap, Dr. Yee stated that in the last hour and ten minutes we talked about building relationships. It does not sound like we have many issues. However, we do have opportunities for improvement in the area of hospice. We can contact the Regional Councils to encourage them to create hospice guidelines. Dr. Yee then brought up the topic of health equities. We also have to reach out to the parts of the community that do not have opportunity. There are parts of the community that do not know who to call. There are cultural barriers. There are communities that do not trust public safety, government, hospitals, police, etc. They do not trust anyone in a uniform. This is something we need to look at down the road so that they can get the same opportunity.	**Discussion Topic for a later date: Health Equities.**
VI. MIH-CP Program Goals:	Dr. Yee stated that we need to create a framework within regulations. We also need to create a toolkit that can be customized or tailored to that specific community. We need to have this completed by October/November time frame. Dr. Yee wants toolkit added to the agenda. And regulations will also need to be discussed and established.	**Add to agenda: Toolkit, regulation framework**
VII. Educational Standards:	We discussed this at a previous meeting. Dr. Yee stated that educational standards will be decided by the localities. In terms of licensure and certification, many states have decided to have a special license for MIH practitioners. Marcia Tetterton stated that if we want to have licensed physician extenders, the licensure will have to go through the Board of Health Professions. They have a formalized process where they will conduct an evaluation to see if it's reasonable to move in that direction. Amanda Lavin stated that from what she understands they do not want to be physician extenders, they want to stay under the scope of EMS providers which are under the Department of Health and have nothing to do with the Department of Health Professions. It was advised that the committee needs to paint a skeleton (or minimum level) of the education that a community paramedic should have.	
VIII. Funding:	There are no funding opportunities that have been discovered yet. Dr. Yee feels that there are opportunities in the future for direct billing. Also, opportunities to contract with Anthem, Humana and other insurance companies. There are also opportunities to go to the Health Systems.	
IX. Barriers to Implementation:	Per Dr. Yee, today we were able to dispel one huge barrier which was home health. One of the biggest fears was that we would be in competition with home care, but we are not. We want to work collaboratively with them. We also came up with solutions on how to work better with hospice. The other barrier is funding, but we will get through that as well.	
X. Open Discussion/Program Announcements:	Susan Sekerke of Daily Planet Health Services wants to know where community health care services fit into this. She asked if they can be a resource for community paramedics. Within homeless services, they provide a continuum of care from taking someone from the street to permanent supportive housing or permanent independent housing. They are looking at creating a 24 hour street team with a number that people could call rather than taking that person to the ED, being arrested, plus having a trauma. They have 16 licensed clinical	

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	social workers on their staff. She wants to know how they can be supportive to you. There could also be some funding opportunities as well. Joan stated that it is very important for Susan to converse with every entity that has a MIH-CP program because communication is huge.	
XI. Next Meeting Date:	Tim will send the committee a Doodle Poll message and will also include some dates with morning meeting options.	
XII. Good of the Order:	None.	
XIII. Adjournment:	The workgroup meeting adjourned at approximately 2:52 p.m.	